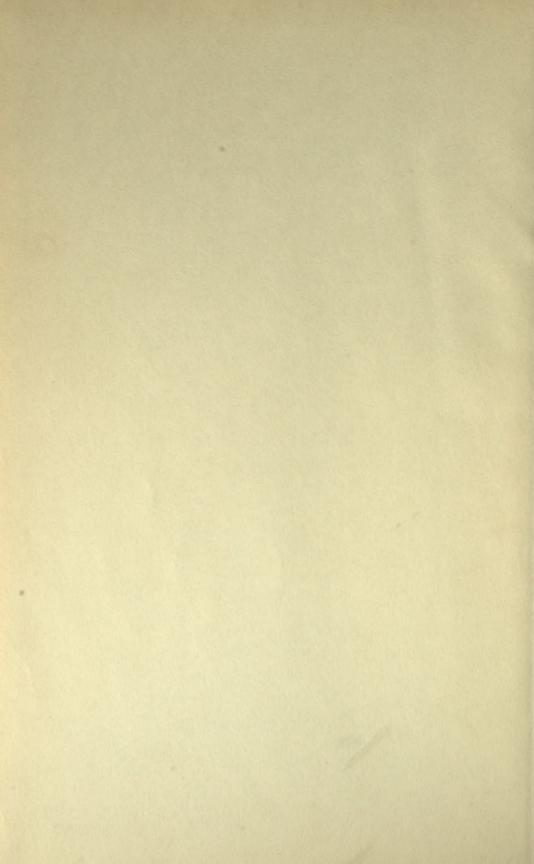
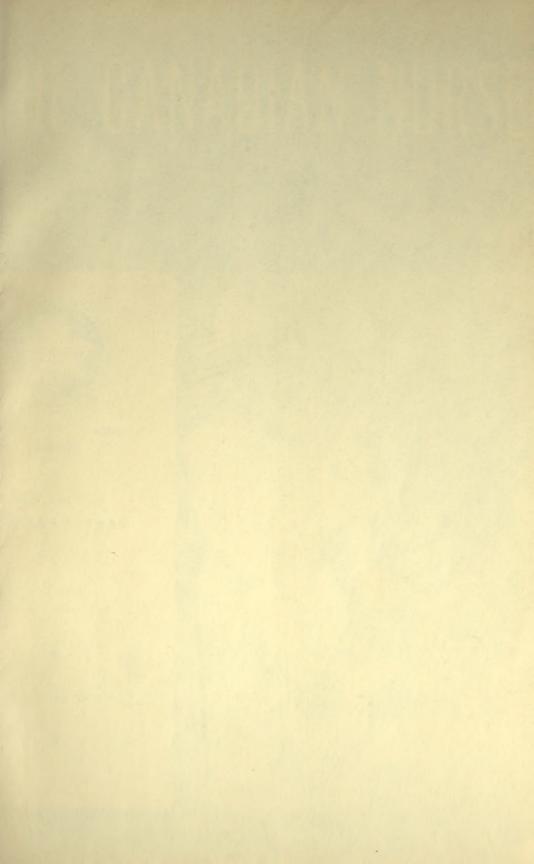
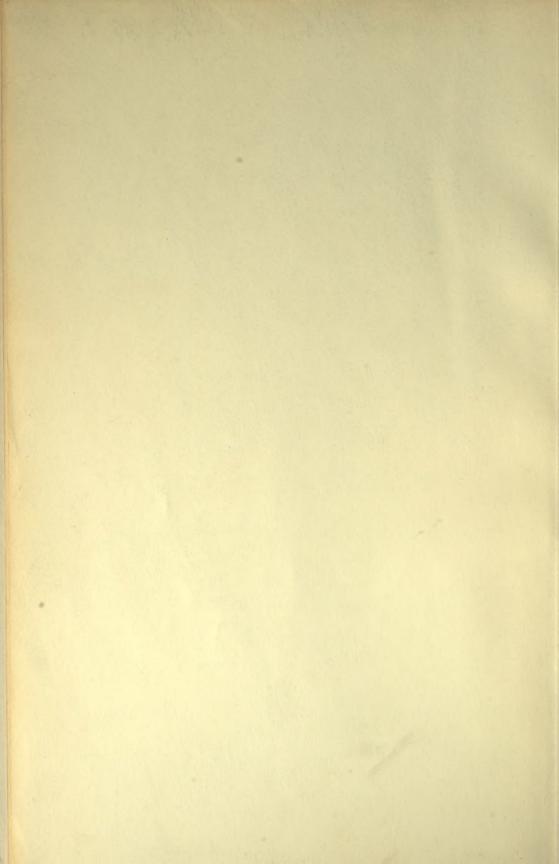


DO NOT TAKE







THE CANADIAN NURSE

L'Infirmière canadienne



ME 55

NUMBER 1

MONTREAL

Highlight for

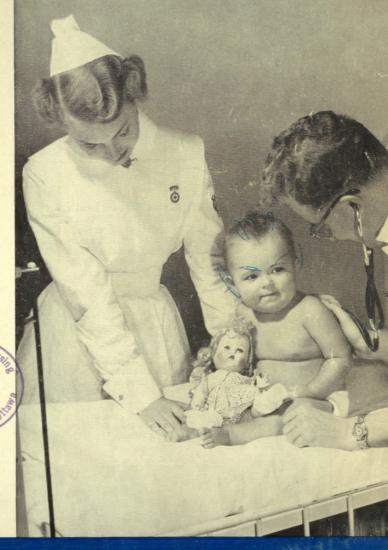
ANUARY 1959

STRABISMUS

Dr. Howard Reed

· (sano)

READY FOR 1959



OWNED AND PUBLISHED BY

HE CANADIAN NURSES! ASSOCIATION

"For the utmost in fashion and quality, it's time to wear White Sister."

THREE-WAY BEAUTY



This is a "PREFERRED" uniform by White Sister

featured at fine stores throughout Canada

THE CANADIAN NURSE

INDEX



Volume 55

1959

L'INFIRMIERE CANADIENNE

OWNED AND PUBLISHED BY THE CANADIAN NURSES' ASSOCIATION

PROPRIETE ET PUBLICATION DE L'ASSOCIATION DES INFIRMIERES CANADIENNES

THE CANADIAN NURSE

JOURNAL BOARD

VOTING MEMBERS:

Chairman — Mrs. Isobel MacLeod

Sister Mary Felicitas

Rae Chittick

Helen M. Carpenter

Suzanne Giroux

Alice Girard (ex officio)

Ethel Gordon

Katherine MacLaggan

Non-Voting Members:

M. Pearl Stiver

Secretary - Margaret E. Kerr

EDITORIAL ADVISERS

Alberta	Irene M. Robertson, Nurse Supervisor, Imperial Oil Limited, Edmonton.		
British Columbia	Marion E. Macdonell, Health Unit No. 5, 2610 Victoria Drive, Vancouver 12.		
Manitoba	Sheila L. Nixon, 25 Langside St., Apt. 24, Winnipeg.		
New Brunswick	Shirley Y. Alcoe, 180 Charlotte St., Fredericton.		
Newfoundland	Isabel Sutton, 66A Mullock Street, St. John's		
Nova Scotia	Mrs. Hope Mack, P.O. Box 76, Hantsport.		
Ontario	Jean Watt, R.N.A.O., 33 Price Street, Toronto.		
Prince Edward Island	Sister Mary David, Director of Nursing Service, Charlottetown Hospital, Charlottetown.		
Quebec	Genevieve Lamarre, School of Nursing, Hôpital de l'Enfant- Jésus, Quebec. Sister Mary Assumpta, Obstetrical Supervisor, St. Mary's Hospital, Montreal.		
Saskatchewan	Victoria Antonini, Executive Secretary, S.R.N.A., 2066 Retallack Street, Regina.		

THE CANADIAN NURSE L'INFIRMIERE CANADIENNE

Index to Volume 55

1959

The material in this Index is arranged under subjects, authors, and titles. Titles are given in full with the author's name.

L'arrangement des articles dans cet index se comprend d'après le sujet, l'auteur et le titre. Le titre se lit au long, de même que le nom de l'auteur.

The following abbreviations appear in this Index:

Les abréviations suivantes sont utilisées dans l'index:

A.I.C. — Association des Infirmières Canadiennes

CNA - Canadian Nurses' Association

(ed.) — editorial

I.C.N. — International Council of Nurses I.L.O. — International Labor Organization

O.I.T. - Organisation Internationale du Travail

(por.) — photograph (rev.) — book review

UNESCO — United Nations Educational, Social and Cultural Organization U.S. — United States

Note: The italicized numbers in this Index indicate pages in L'Infirmière Canadienne.

Avis: Les nombres en italique dans cet index indiquent les pages de l'Infirmière Canadienne.

Page numbers for Volume 55 — The Canadian Nurse, are:

January	D. 1- 88	July	nn 585- 672
February	p. 89-184	August	pp. 673-768
March p	p. 185-288	September	pp. 769-872
April p	p. 289-392	October	pp. 873- 968
May p	p. 393-466 n. 489-584	December	pp. 969-10/2

Les numéros des pages du volume 55 de l'Infirmière Canadienne sont :

juin pp. juillet - pp. août pp.	65-128	octobre	DD.	257-312
décembre		pp. 377-440		

A

ABOUT the staphylococcus (Murray), 787

Accident prevention:

Boracic acid — the wolf in sheep's cloth-

ing (Halliday), 1093
Death from plastic film (Jeffrey), 1096
Get down to brass tacks — prevent home accidents (Robertson), 1097

The problem of poisons (Dean), 1091 Table of antidotes, 1095

ACIDE borique — ou le loup sous la peau d'une brebis, l' (Halliday), 392
ACTUALITÉ et perspective (Tremblay), 434

Administration de nursing: L'évaluation du personnel (Boshouwers),

Interdépendance du coût quotidien du nursing et de sa qualité (Décary), 30 ADVANCED preparation in nursing (Rheault), 904

Adviser to schools of nursing (Schumacher), 332

Affections rénales: Le rein artificiel (Rackham), 165

Les soins infirmiers (Harris, Dossetor),

Transplantation rénale chez les jumelles identiques (MacKinnon), 17

Affections du sang:

Anémie hémolytique familiale (Sagesse),

Erythroblastose foetale (Rutledge), 365 Aikin, Ruth Catherine & por., 37

Air pollution: Garbage in the sky, 260

ALBERTA:

The adviser to schools of nursing (Schumacher), 332

Annual meeting in (Van Dusen), 1046 Assemblée annuelle en, (Van Dusen), 343 Certified Nursing Aide Association (Quirk), 254 A dream comes true (Van Dusen), (ed.),

News notes, 66, 164, 262, 362, 463

Provincial roundup, 352

ALBERTA Certified Nursing Aide Association (Quirk), 254

ALCOE, Shirley Yvonne & por., 529, 37

ALEXANDER, Edythe L.

Care of the patient in surgery including technique (rev.), 436

ALLEMANG, Margaret

An analysis of the experiences of eight cardiac patients during a period of hospitalization in a general hospital, 702, 151 Corrected information, 876, 260

Analyse des expériences personnelles de huit cardiaques pendant un séjour dans un hôpital général (Allemang), 151, 260

Analyse de la visite à domicile en santé

maternelle (Doyon), 148

Analyse des visites aux nourrissons (Car-

penter), 229

Analysis of the experiences of eight cardiac patients during a period of hospitalization in a general hospital (Allemang), 702, 876

ANALYSIS of home visits to newborn infants made by the public health nurses in the East York-Leaside Health Unit, Ontario (Carpenter), 809

Anderson, Jean (rev.), 652, 189 Anderson, Kay (rev.), 652, 189

Anemie hémolytique familiale (Sagesse), 112

ANNE-MARIE

L'aube de la joie (rev.), 250

Annuaire officiel, 64, 129, 192, 256, 376

Annual meetings

Alberta (Van Dusen), 1046 British Columbia (Wright), 846 Canadian Tuberculosis Association (Mc-Killop), 1144

Saskatchewan (Antonini), 842

Anomalies congénitales

Le spina-bifida et l'hydrocéphalie (Perret), 369

Another reason for hope (Lamarre), 1026 ANSHELL, Mrs. N. (rev.), 1051, 375

Anthony, Catherine Parker

Textbook of anatomy and physiology (rev.), 1050, 375

Antibiotics in cosmetics, 1052

ANTIDOTES

Table of, 1095

ANTIDOTES essentiels, 394

Antoniades, Katherine (Goos, Sellers)

Pre-eclamptic toxemia, 1005

Toxémie pré-éclamptique, 349 Antonini, Mabel Victoria & por., 531, 39 Annual meeting in Saskatchewan, 842 Assemblée annuelle en Saskatchewan, 245 APPLICATION for participation in retirement

plan, 1117 Appréciation de textes, l', 63, 125, 189, 250,

309, 375, 436

AQUILA, Mother, 1133, 426 Architecture des hôpitaux:

Un aspect moderne du soin des malades (Flanagan), 163

Armstrong, Inez L. (Browder)

The nursing care of children (rev.), 748, 252 ARTICLE writing:

Here's how to do it, 840 Writer's cramp (Poland), 523 ARTIFICIAL kidney (Rackham), 716 ASPECT communautaire et le nursing, l' (Du Gas, Blackwood), 298

Aspect moderne du soin des malades, un (Flanagan), 163

Assemblées annuelles:

en Alberta (Van Dusen), 343

en Colombie-Britannique (Wright), 247 en Nouveau-Brunswick (Coté), 248 en Saskatchewan (Antonini), 245 Association Canadienne de la Tuberculose,

438

Association des Infirmières Canadiennes, l': Changement d'adresse, 227

Le comité de recherche de, 408

Conférence des membres du personnel des associations nationales et provinciales,

Demande de participation au plan de retraite, 411

Fonds de construction, 248 Son histoire 1954-59, 354 Liste des publications, 58 Nouveau siège social, 407

Plan de retraite, 162, 410
Assumpta, Sister Mary & por., 531, 39
Attribution exclusive, une, 29
Aube de la joie, l' (Anne-Marie), (rev.), 250

AUTRE raison d'espérer, une (Lamarre), 364 AUXILIAIRES en nursing:

Des cours d'entraînement pour la certification de l'infirmier (Dick, Carruthers),

Avery, Hazel (Miller)

Gynecology and gynecologic nursing (rev.), 1150

AWARD winners — Macmillan Co. of Canada, Ltd., 1958, 362

BACTERIOLOGIE:

L'infection staphylococcique (Southern-Holt), 210

Les maladies staphylococciques chez les nourrissons (Robinson), 215

Le staphylocoque (Murray), 205

BACTERIOLOGY

About the staphylococcus (Murray), 787 The control of staphylococcal infections (Rose), 795

Prevention and control of cross-infection in the nursery of the normal newborn (Zwicker), 797

Prevention of staphylococcal infections in the operating room (MacNeill), 799

The problem of staphylococci in the operating room and central supply room (Smith), 801

Staphylococcal diseases in infancy (Robinson), 794

Staphylococcal infection (Southern-Holt), 791

BARBEAU, Huguette & por., 1035, 362

BARBER, Edith M. (Cooper, Mitchell, Rynbergen)

Nutrition in health and disease (rev.), 746, 251

BARCELO, Soeur Juliette (rev.), 125

Basic teaching in surgical nursing (Dusseault), 891

BEAN, Nancy (rev.), 461

BEAUDIN, Norman R., 495

The CNA retirement plan becomes a reality, 329

Comment vous pouvez aider, 59

How you can help, 524
BELCHER, Helen C. (Tschudin, Nedelsky) Evaluation in basic nursing education (rev.), 256 BENESCH, Ann

Cardiac catheterization — specific nursing care, 696

Bentley, Reginald S. The male potential, 344

Bergeron, Annonciade (Martineau) & por.,

Besoin d'entreprendre des recherches en

nursing, le (Fidler), 41
BETTER utilization of the students' time in the clinical field (Felicitas), 321

Between ourselves, 4, 92, 188, 292, 396, 492, 588, 676, 772, 876, 972, 1076

BIENNIAL convention, 1960: Application form, 1011 CNA European tour, 548

Convention accommodation, 1012 Post-convention study tour, 713 Preliminary program, 1115 Program takes shape, 442, 446

Revised itinerary, 1960 European tour, 1018 BIENVENUE à l'Infirmière Canadienne (Gi-

rard), 13

BIRD, Joseph G. (Musser)

Modern pharmacology and therapeutics (rev.), 256

BLACK'S medical dictionary (Thomson), (rev.), 840, 309

BLACKWOOD, Barbara (Du Gas)

'aspect communautaire et le nursing, 298 Teaching community aspects of nursing,

BLAKE, Florence G. (Jeans, Wright) Essentials of pediatrics (rev.), 560, 63 Blessures à la tête :

Effet mental d'une, (Gibson), 420

Blood conditions

Erythroblastosis fetalis (Rutledge), 1022 Familial hemolytic anemia (Sagesse), 641 Bobey, Grace (rev.), 1148, 436

Bone conditions:

Multiple myeloma (Kuczmak), 623

Book reviews, 256, 358, 461, 558, 652, 746, 840, 1049, 1146

Boracic acid — the wolf in sheep's clothing (Halliday), 1093 Boshouwers, H.

The evaluation of personnel, 532, 45

Bourns, Beulah V Sawdust beds, 162

BOYER, Annie (Merrylees), 639, 104

British Columbia

Annual meeting in, (Wright), 846

Building on our likenesses (Rossiter), (ed.), 407

News notes, 68, 166, 264, 364, 463 Provincial roundup, 352

Browder, Jane J. (Armstrong)

The nursing care of children (rev.), 748,

Brown, Amy Frances

Research in nursing (rev.), 256

Le problème des, (Christie), 288 Le programme de réhabilitation (Pakalnins), 293

Dans la salle (Lepot), 289

A la salle d'opération (Szmidt), 292

Les soins infirmiers à donner aux lésions thermiques (Virginia), 417

Soins infirmiers individualisés (MacLeod),

Bryant, Floranna Dorothy & por., 1129,

BUILDING on our likenesses (Rossiter), (ed.), 407

BURNS:

One person's nursing care (MacLeod), 912 In the operating room (Szmidt), 918

The problem of, (Christie), 912

The rehabilitation program (Pakalnins), 922

On the ward (Lepot), 914

BURTON, Genevieve

Personal, impersonal and interpersonal relations (rev.), 653, 190

BUTLER, Dorothy

The rehabilitation of Mrs. Moritz, 215 Buts professionnels:

Lettre à ma nièce (Zalloni), 181

CAIRNEY, John (Cairney)

First studies in anatomy and physiology

(rev.), 1148 CAIRNEY, John

Surgery for students of nursing (rev.), 462

CALASANCTIUS, Sister Mary (rev.), 560, 127 CAMPION, F. Lillian

Rapport d'un comité spécial de l'O.I.T., 56 Report of I.L.O. ad hoc committee, 52 CANADIAN Nurses' Association:

Association activities, 1954-59, 1010

Building fund, 244

Exchange of privileges program, 632 ... house, 444, 448

Institute - staffs of national and provincial nursing associations, 712 New location, 805, 1113 Publications list, 556

Research committee personnel, 53, 540, 1116 Retirement plan, 244, 248, 329, 444, 524, 713, 1116

CANADIAN Tuberculosis Association annual meeting (McKillop), 1144

CANCER: du sein droit (Johnston), 175

Infiltrative duct carcinoma of right breast (Johnston), 738

Malignant stomach ulcer (Parrent), 834 Ulcère gastrique malin (Parrent), 178

CANCER du sein droit (Johnston), 175 CARDIAC arrest (Cruickshank), 305

CARDIAC catheterization (Cumming), 691 CARDIAC catheterization — general nursing care (Macmillan), 695

CARDIAC catheterization — specific nursing care (Benesch), 696

CARDIAC surgery

Cardiac arrest (Cruickshank), 305

Cardiac catheterization (Cumming), 691 Cardiac catheterization — general nursing care (Macmillan), 695

Cardiac catheterization - specific nursing care (Benesch), 696

Congenital heart surgery (Mildenberger),

Nursing care in a mitral commissurotomy (Snidal), 421

Preparation for nursing in, (Parent), 902 CARE of the patient in surgery including technique (Alexander), (rev.), 436

CARMEL, Sister Mary

Health work on Okinawa, 40 CARPENTER, Helen M. & por., 807, 226

Analyse des visites aux nourrissons, 229 An analysis of home visits to newborn infants made by the public health nurses in the East York-Leaside Health Unit, Ontario, 809

CARRUTHERS, Peter R. (Dick)

A certified orderly training program, 732 Des cours d'entraînement pour la certification de l'infirmier, 184

Cas d'hépatite infectieuse, un (Trenchard),

CATHÉTÉRISME cardiaque (Macmillan), 146 CATHÉTÉRISME du coeur, le (Cumming), 141

CEREBELLAR artery thrombosis (Jutras), 424 CERTIFIED orderly training program (Dick, Carruthers), 732

CÉTOSE diabétique, la (Dahl), 302

CHARTER, Christine E. & por., 1128, 422

CHEST conditions

Nursing care of the thoracic surgical patient (Hinson, Oleksyn, Dafoe), 218 CHILD welfare:

Supportive maternal and child care (Cunningham), 990

CHIRURGIE cardiaque:

Cathétérisme cardiaque (Macmillan), 146 Le cathétérisme du coeur (Cumming), 141 Nursing chirurgical en cardiologie (Parent), 279

Traitement de l'insuffisance aortique à l'aide d'une valve en plastique (Creighton, Hufnagel, Thorn, Presley), 21

CHRISTIE, Anna

The problem of burns, 912 Problème des brûlures, le, 288

(ed.), CHRISTMAS reverie (Giroux), CINQ années de progrès (Story), (ed.), 73

CIRCULATORY conditions: Cerebellar artery thrombosis (Jutras), 424 Coronary artery thrombosis (Trenholm),

Hereditary factor in high blood pressure, 554

Strokes, 50 CIVIL defence:

Content for nursing education programs in the U.S., 444

CLAIR-OBSCUR of the picture (Coté), (ed.), 689

CLAIR-OBSCUR du tableau, le (Coté), (ed.),

CLEFT lips and palates (Hill), 439

CLINICAL teaching

Better utilization of the students' time in the clinical field (Felicitas), 321 in surgical nursing (Ouimet), 893

CLINICAL teaching in surgical nursing (Ouimet), 893

CNA retirement plan becomes a reality (Beaudin), 329

COLOMBIE-BRITANNIQUE: (Voir aussi British Columbia)

Assemblée annuelle en, (Wright), 247

Color in your home, 241

COLVIN, Isabel T. & por., 425 COLVIN, Isabel T. (Jones, Mitchell) Planning a demonstration night, 938

Une séance de démonstrations, 371 COMMENT vous pouvez aider (Beaudin), 59 Common cold. 905

COMMUNICABLE diseases:

The venereal disease clinic (Schroeter), 42 COMMUNICATION

L'infirmière éducatrice et conseillère (Notebaert), 314

COMMUNITY aspects of nursing:

Teaching, in the basic curriculum (Du Gas, Blackwood), 932

Congenital abnormalities: Spina bifida and hydrocephalus (Perret),

CONGENITAL heart surgery (Mildenberger),

Congrès biennal, 1960:

Application, 357 Itinéraire revisé, 359

Le logement pour le, 358

L'organisation de ce voyage d'études, 162 Programme préliminaire, 409

Voyage en Europe, 55

Conseil international des infirmières:

bureau des directeurs, 286

CONTROL of staphylococcal infections (Rose), 795

Coombs, Ralph (rev.), 436

COOPER, Lenna F. (Barber, Mitchell, Rynbergen)

Nutrition in health and disease (rev.), 746, 251

CORONARY artery thrombosis (Trenholm),

Coré, Gabrielle Dolorès & por., 526, 34 Assemblée annuelle en Nouveau-Bruns-

wick, 248 Le clair-obscur du tableau (ed.), 139

The clair-obscur of the picture (ed.), 689 Cours approfondis en obstétrique destinés aux finissantes (Mann), 347

Cours d'entraînement pour la certification de l'infirmier, des (Dick, Carruthers), 184 (Poland), 32

CRAMPE des écrivains, la (1 CRANNA, Elva M. (rev.), 462 CRAWFORD, Elva (rev.), 1150 CRAWFORD, Myrtle E. (Heieren)

Rehabilitation in a teaching program, 201 Creasor, Alberta & por., 909, 285

CREIGHTON, Helen (Hufnagel, Thorn, Presley)

Entraide au-delà de la frontière, 21 CROKEN, Mary

Don't bend an elbow, 744 Pour ne pas lever le coude, 101

CRUICKSHANK, Lionel F. G. Cardiac arrest, 305 CRYDERMAN, Ethel & por., 36

CUMMING, G. R.

Cardiac catheterization, 691 Cathétérisme du coeur, 141 COMMUNICABLE diseases

The venereal disease clinic (Schroeter), 42

CUNNINGHAM, Norah E Soins de soutien de la mère et l'enfant,

Supportive maternal and child care, 990 CUTLER, Ryllys Mae & por., 233

D

DAFOE, C. A. (Hinson, Oleksyn) Nursing care of the thoracic surgical patient, 218

DAHL, Doris Haave La cétose diabétique, 302 Diabetic ketosis, 1038 Dallaire, Gertrude & por., 233 Dans la salle (Lepot), 289 DANS le bon vieux temps, 44, 97, 162, 209, 283, 3<mark>3</mark>8, 438 David, Sister Mary & por., 530, 38 Dean, John The problem of poisons, 1091 Le problème des poisons, 389 DEATH from plastic film (Jeffrey), 1096 Décary, Soeur Mance Une fructueuse pratique, 228 Interdépendance du coût quotidien du nursing et de sa qualité, 30 The relationship between the quality of nursing care and its cost, 521 Defense civile: Enseignement de la, parmi les infirmières, Les soins infirmiers à donner aux lésions thermiques (Virginia), 417 Delisle, Claude Traitement de la pneumonie, 412 DERMATOSE: Pemphigus vulgaris (Sobie), 114 DESJARDINS, Mariette Le nursing chirurgical pédiatrique, 272 Pediatric surgical nursing, 896 Développements professionnels: Cinq années de progrès (Story), (ed.), Une nouvelle réalisation (Wheeler), (ed.), Les trois autres R — ces inconnus (Hickman), 24 DIABÈTE La cétose diabétique (Dahl), 302 DIABETES Diabetic ketosis (Dahl), 1038 DIABETIC ketosis (Dahl), 1038 DIAGNOSTIC procedures: Cardiac catheterization (Cumming), 691 Cardiac catheterization — general nursing care (Macmillan), 695 Cardiac catheterization — specific nursing care (Benesch), 696 Gastrointestinal intubation (Grobin), 106 DICK, Dorothy (Carruthers) A certified orderly training program, 732 Des cours d'entraînement pour la certification de l'infirmier, 184 DIGNITY of service (Kerr), (ed.), 303 DISINFECTION Skin antisepsis (Price), 222 DIVERTICULE oesophagien (Myers), 91 Dix commandements de la future maman, les (Thibault), 33 Dolora, Sister Mary (rev.), 360 Don't bend an elbow (Croken), 744 Dorland's pocket medical dictionary (rev.), 461 Dossetor, John (Harris) Renal transplant — nursing care, 508

Les soins infirmiers, 19

santé maternelle, 148

niste, 95

nurse, 635

Doyon, Mary Alice Rita & por., 1132, 424

Une analyse de la visite à domicile en

Home visiting and maternal health, 700

Les responsabilités de l'infirmlère hygié-

The responsibilities of the public health

Dream comes true (Van Dusen), (ed.), 103 Du Gas, Beverly W. (Blackwood) L'aspect communautaire et le nursing, 298 Teaching community aspects of nursing, 932 DUNN, Rosalie, 234 DUODENAL ulcer (Lemieux), 109 DUPLAIN, Patricia L'organisation et la conduite d'une assemblée, 143 Dusseault, Rita Basic teaching in surgical nursing, 891 Enseignement de base en nursing chirur-Ε EAR conditions: Hearing loss, 27 Measurement of sound, 38 Middle ear surgery, 62 EATON, Amaryllis Pneumonie lobaire, 416 Right lobar pneumonia, 1108 Editorials: Building on our likenesses (Rossiter), 407 A Christmas reverie (Giroux), 1089 The clair-obscur of the picture (Coté), 689 The dignity of service (Kerr), 303 A dream comes true (Van Dusen), 103 Five years of progress (Story), Great expectations (Poole), 889 The meaning of faith (Girard), 13 A new milestone (Wheeler), 503 Nursing in New Brunswick (Smith), 199 Our golden jubilee (Gerard), 783 Visiting our neighbors (MacGregor), 985 EDITORIAUX Cinq années de progrès (Story), 73 Le clair-obscur du tableau (Coté), 139 De grandes attentes (Poole), 265 Notre jubilé d'or (Gérard), 201 Une nouvelle réalisation (Wheeler), Réflexions pour la vigile de Noël (Giroux), 387 En visite chez nos voisins (MacGregor), EDUCATION de nursing: L'aspect communautaire et le nursing (Du Gas, Blackwood), 298 Une autre raison d'espérer (Lamarre), 364 Cours approfondis en obstétrique destinés aux finissantes (Mann), 347 Enseignement de base en nursing chirurgical (Dusseault), 270 Formation supérieure en nursing chirurgical (Rheault), 281 Instruction clinique à l'étudiante en nursing chirurgical (Ouimet), 267 Lettre à ma nièce (Zalloni), 181 Le nursing au rythme des progrès mo-dernes (Gagnon), 323 Le nursing chirurgical pédiatrique (Des-jardins), 272 Le perfectionnement par l'exercice (Tardif), 276 Le rôle de l'infirmière-sage-femme en Grande-Bretagne (Mills), 334 Une séance de démonstrations (Colvin, Jones, Mitchell), 371 Les trois autres R — ces inconnus (Hickman), 24

Education for nursing leadership (Lam-

bertson), (rev.), 558, 127

EDUCATIONAL programs: Advanced preparation in nursing

(Rheault), 904

Basic teaching in surgical nursing (Dusseault), 891

Clinical teaching in surgical nursing (Ouimet), 893

Pediatric surgical nursing (Desjardins),

Perfection through practice (Tardif), 899

Planning a demonstration night (Colvin, Jones, Mitchell), 938

Effets de la solitude à l'admission aux hôpitaux, des, 311

Effet mental d'une blessure à la tête (Gibson), 420 Egan, Margaret M. (rev.), 256

Eldridge, Carole Peptic ulcer, 114

ELLE a beaucoup aimé (Mitchell), (rev.),

Ellis, Kathleen W. (rev.), 558, 127

EMERGENCY care

Cardiac arrest (Cruickshank), 305 Rabies, 558

Table of antidotes, 1095

EMOTIONAL problems of the worker (Hamilton), 409

EMOTIONALLY disturbed patients (Ward), 1144

EMPLOYMENT opportunities, 72. 169. 372, 467, 566, 656, 750, 848, 946, 1055, 1153 Enseignement de base en nursing chirur-

gical (Dusseault), 270 Entraide au-delà de la frontière (Creigh-

ton, Hufnagel, Thorn, Presley), 21
Entre nous, 4, 68, 132, 196, 260, 314, 380
ERYTHROBLASTOSE foetale (Rutledge), 365
ERYTHROBLASTOSIS fetalis (Rutledge), 1022 ESOPHAGEAL diverticulum (Myers), 616 ESOPHAGEAL speech

Teaching, (Stockley), 310 Esquisses du mois, les, 34, 102, 173, 225, 284, 362, 422

ESSENTIALS of pediatrics (Jeans, Wright, Blake), (rev.), 560, 63
EUROPEAN tour, 548, 1018

EVALUATION:

The adviser to schools of nursing (Schu-

macher), 332 EVALUATION in basic nursing education (Tschudin, Belcher, Nedelsky), (rev.),

EVALUATION du personnel, l' (Boshouwers),

EVALUATION of personnel (Boshouwers), 532 Eye conditions

Squint or strabismus (Reed), 16

Eye, ear, nose and throat manual for nurses (Parkinson), (rev.), 840, 310

FAITH and loyalty (Riley), 39 FAMILIAL hemolytic anemia (Sagesse), 641 Family guide to teenage health (Wilkes), (rev.), 747, 309 Family handbook of home nursing and

medical care (Rossman, Schwartz), (rev.), 652, 189

FELICITAS, Sister Mary

Better utilization of the students' time in the clinical field, 321

FIDLER, Nettie D.

Le besoin d'entreprendre des recherches en nursing, 41

The need for research in nursing, 224

Hospital sepsis: a communicable disease,

FINGER nails:

A new treatment for brittle, (Halliday), 348

FIRST aid:

Table of antidotes, 1095

To use or not to use (Lindsey), 1142 First studies in anatomy and physiology (Cairney, Cairney), (rev.), 1148

Five years of progress (Story), (ed.), 599 FLANAGAN, Eileen C

Un aspect moderne du soin des malades, 163

A modern version of patient care, 726 Fonctions professionnelles:

Cinq années de progrès (Story), (ed.),

Food fads, 460

Food habits of new Canadians, 945 Foreign countries:

Japan:

Mission to, (Naudett), 128

Okinawa

Health work on (Carmel), 40

Formation supérieure en nursing chirurgical (Rheault), 281

Fowler, Dorothy & por., 133

Francis, Carl C Introduction to human anatomy (rev.),

1148, 436 FRAUDE civile:

Sous de fausses couleurs (MacGregor), 118

From witchcraft to world health (Leff, Leff), (rev.), 1051, 375

FRUCTUEUSE pratique, une (Décary), 228 Fundamentals in nursing care (Montag, Swenson), (rev.), 1146, 436

Furlong, Evelyn L., (rev.), 749, 252

Gagnon, Jacqueline (por.) 323

Le nursing au rythme des progrès modernes, 323

In step with modern progress, 987

GARBAGE in the sky, 260

Gass, Florence, (rev.), 562, 126 Gastrointestinal conditions: Duodenal ulcer (Lemieux), 109

Esophageal diverticulum (Myers), 616

intubation (Grobin), 106 Malignant stomach ulcer (Parrent), 834

Peptic ulcer (Eldridge), 114 Pyloric stenosis (Pavan), 120

GASTROINTESTINAL intubation (Grobin), 106 GAVIN, Ann F

The registrar, 164

Geiger, Elsbeth & por., 714, 173 GERARD, Sister Catherine, & por. 232, 772 783, 196, (por.), 201

Notre jubilé d'or (ed.), 201

Our golden jubilee (ed.), 783 GERIATRICS:

Mental health hazards in later life (Stevenson), 414

GET down to brass tacks - prevent home accidents (Robertson), 1097

Gibson, John Effet mental d'une blessure à la tête, 420 Involutional melancholia, 1028 The manic-depressive psychosis, 928 La mélancolie involutive, 367 Mental effects of head injury, 1118 La psychose maniaco-dépressive, 296 Schizophrenia, 830 La schizophrénie, 242 GILCHRIST, Joan Muriel & por., 1130 GIRARD, Alice (por.), 13
Bienvenue à l'Infirmière Canadienne, 13 The meaning of faith (ed.), 13 Welcome to l'Infirmière Canadienne, 505 Giroux, Suzanne, 1076, & por. 1089, (rev.), 250, 380, (por.) 387 A Christmas reverie (ed.), 1089 Réflexions pour la vigile de Noël (ed.), GOLDBLOOM, Alton Small patients (rev.), 1049, 376 Goos, Katherine (Sellers, Antoniades) Pre-eclamptic toxemia, 1005 Toxémie pré-éclamptique, GRAGG, Shirley Hawke (McClain) Scientific principles in nursing 560, 128 (rev.), Graham, Eleanor Scott & por., 807, 225 Grandes attentes, de, (Poole), (ed.), 265 Graydon, William R. A new orthopedic brace, 350 Great expectations (Poole), (ed.), 889 GREETINGS from the ICN president (Ohlson), 138 GRENIER, Edouard Voix secrètes, 435 GRIEVE, Doris M. & por., 232 GROBIN, W. Gastrointestinal intubation, 106 GYNECOLOGY and gynecologic nursing (Miller, Avery), (rev.), 1150 Habitudes alimentaires des Néo-Canadiens, HALLAS, Charles H. The nursing of mental defectives (rev.), HALLIDAY, Claire L'acide borique - ou le loup sous la peau d'une brebis, 392 Boracic acid — the wolf in sheep's clothing, 1093 A new treatment for brittle nails, 348 HAMILTON, Kenneth A. Emotional problems of the worker, 409 HANDBOOK of cardiology for nurses (Modell, Schwartz), (rev.), 562, 126 HARMON, Francis L. (Sheehy) Psychology for nurses (rev.), 747, 252
HARRIS, Shirley (Dossetor)
Renal transplant — nursing care, 508
Les soins infirmiers, 19 HEAD injuries Mental effects of, (Gibson), 1118 HEALTH work on Okinawa (Carmel), 40

HEART conditions:

An analysis of the experiences of eight cardiac patients during a period of hospitalization (Allemang), 702

Cardiac catheterization (Cumming), 691 Cardiac catheterization — general nursing

Cardiac arrest (Cruickshank), 305

care (Macmillan), 695 Cardiac catheterization — specific nursing care (Benesch), 696 Congenital heart surgery (Mildenberger), Myocardial infarction (McDermid), 610 Nursing care in mitral commissurotomy (Snidal), 421 HEIEREN, Eleanor L. (Crawford) Rehabilitation in a teaching program, 201 Нејьстер, Bente & por., 637, 102 HENRICHON, Marthe Le maintien de l'enfant d'âge scolaire, 240 Posture and the school age child, 826 HERE's how to do it, 840 HIBBARD, Marjory, 327 HIBBERT, Dorothy Maud & por., 132 HICKMAN, W. Harry The other three R's, 516 Les trois autres R — ces inconnus, 24 HIGHWAY deaths, 1054 HILL, Dorothy J. Cleft lips and palates, 439
HINSON, J. W. (Oleksyn, Dafoe)
Nursing care of the thoracic surgical patient, 218 HISTOIRE L'association des Infirmières Canadiennes, 1954-59, *354* Dans le bon vieux temps 44, 97, 162, 209, 283, 338, 438 Notre jubilé d'or (Gérard), (ed.), 201 Voici le Canada (Young), 75 La voix du passé, 426 HISTORICAL: Canadian Nurses' Association, 1954-59, 1010 In the good old days 20, 131, 204, 359, 416, 512, 640, 713, 806, 944, 1036, 1150

Medicine man (Wyatt), 46 Our golden jubilee (Gérard), (ed.), 783 A silver anniversary (University of Toronto), 48 This is Canada (Young), 601 Voice of the past, 1133 and maternal health (Doyon), 700 The rehabilitation of Mrs. Moritz (Butler), 215 The story of Johnny (Miller), 214 Home visiting and maternal health (Doyon), 700 HOSPITAL architecture: A modern version of patient care (Flanagan), 726 Hospital housekeeping (Wickens), 1100 HOSPITAL maintenance: housekeeping (Wickens), 1100 La tenue d'un hôpital (Wickens), 400 Hospital personnel The evaluation of, (Boshouwers), 532 How, feel about nursing care (Schweisheimer), 456 HOSPITAL sepsis: a communicable disease (film), 1126 How hospital personnel feel about nursing care (Schweisheimer), 456 How you can help (Beaudin), 524 Hudson, Marie E. & por., 807, 225 Huffman, Verna & por., 1032 HUFNAGEL, Charles A. (Creighton, Thorn, Presley) Entraide au-delà de la frontière, 21 HURLER'S disease (Philippe), 1122

HYDROCÉPHALIE:

Le spina-bifida et l', (Perret), 369

HYDROCEPHALUS

Spina bifida and, (Perret), 1111

HYGIÈNE publique:

Une analyse de la visite à domicile en santé maternelle (Doyon), 148

Analyse des visites aux nourrissons (Carpenter), 229

Le maintien de l'enfant d'âge scolaire (Henrichon), 240

Les responsabilités de l'infirmière-hygié-

niste (Doyon), 95

Le rôle de l'infirmière-sage-femme en Grande-Bretagne (Mills), 334 Soins de soutien de la mère et l'enfant (Cunningham), 327

IDEAL retirement plan for nurses, 1116

ILE du Prince-Edouard (Voir aussi Prince Edward Island)

IN memoriam, 29, 134, 238, 327, 450, 544, 639, 715, 778, 942, 1009, 1140, 57, 124, 174, 228, 301, 361, 430

In the good old days, 20, 131, 204, 359, 416, 512, 640, 713, 806, 944, 1036, 1150

In the operating room (burns), (Szmidt),

In step with modern progress (Gagnon),

INFARCTUS du myocarde (McDermid), 85 INFECTION in hospitals:

About the staphylococcus (Murray), 787 The control of staphylococcal infections (Rose), 795

Prevention and control of cross-infection in the nursery of the normal newborn

(Zwicker), 797 Prevention of staphylococcal infections in the operating room (MacNeill), 799

The problem of staphylococci in the operating room and central supply room (Smith), 801

Staphylococcal diseases in infancy (Robinson), 794

Staphylococcal infection (Southern-Holt), 791

INFECTION staphylococcique, 1' (Southern-Holt), 210

INFECTIONS hospitalières:

L'infection staphylococcique (Southern-Holt), 210

Les maladies staphylococciques chez les

nourrissons (Robinson), 215 Prévention des infections staphylococciques à la salle d'opération (MacNeill),

Prévention et contrôle de l'infection mixte

à la pouponnière du nouveau-né (Zwicker), 217

Le problème des staphylocoques à la salle d'opération et au service central (Smith),

Problèmes et contrôles des infections à staphylocoques (Rose), 213 Le staphylocoque (Murray), 205

INFECTIOUS hepatitis (Trenchard), 552 INFILTRATIVE duct carcinoma of right breast

(Johnston), 738 L'INFIRMIÈRE éducatrice et conseillère (Note-

Instruction clinique à l'étudiante en nur-

sing chirurgical (Ouimet), 267

Interdépendance du coût quotidien du nursing et de sa qualité (Décary), 30

INTERNATIONAL Council of Nurses:

Board of Directors meeting, Helsinki, Finland, 442

Bureau de direction, 446

Greetings from the . . . president (Ohl-

International essay competition, 62, 442 Report of Board meeting, 906

Study of psychological problems in general hospitals, 540, 52

INTERNATIONAL essay competition (I.C.N.), 62

INTERNATIONAL Labor Organization, ad hoc committee, 52, 56

Introduction to human anatomy (Francis), (rev.), 1148, 436

Involutional melancholia (Gibson), 1028 Is nursing at the service of patients (Reynolds), 513

IVES, Janet Cranston, 909, 285

JAMES, Ethel (rev.), 653, 190 JAMES, Leroy

Relaxation, 325

Jamieson, F. Louise & por., 908, 284

Jeans, Philip C. (Wright, Blake)

Essentials of pediatrics (rev.), 560, 63

Jeffrey, Fred W.

Death from plastic film, 1096

Pellicule de polythène: danger de mort, 395

Johnson, Doreen (rev.), 360 Johnson, Ida Evelyn & por., 714, 173

Johnston, Dorothy C.

Cancer du sein droit, 175 Infiltrative duct carcinoma of right breast,

JONES, Gertrude

A research project in a premature nursery,

Jones, S. (Colvin, Mitchell) Planning a demonstration night, 938

Une séance de démonstrations, 371 JUTRAS, Ellen Cerebellar artery thrombosis, 424

Kenp, Edith (rev.), 1148, 437 Kennedy, Fanny Ann & por., 1032, 363 Kerr, Margaret E. & por., 526, 34

The dignity of service (ed.), 303

Kidney conditions

The artificial kidney (Rackham), 716 Renal transplant -- nursing care (Harris, Dossetor), 508

Renal transplantation in identical twins (MacKinnon), 506

KILLIAN, Hans
Sous le regard de Dieu (rev.), 251

Kraines, Samuel Henry

Mental depressions and their treatment

(rev.), 461 KUCZMAK, Annie

Multiple myeloma, 623

LADY STANLEY Institute for trained nurses (MacBeth), (rev.), 1151

Lamarre, Geneviève & por., 531, 39 Another reason for hope, 1026 Une autre raison d'espérer, 364 LAMBERTSEN, Eleanor C.

Education for nursing leadership (rev.), 558, 127 LANDRETH, Catherine The psychology of early childhood (rev.), 360 LANE, Isabel & por., 234 LARYNGECTOMY Teaching esophageal speech (Stockley), LECKIE, Irene & por., 1128, 422 LEFEBURE, Sister Denise (rev.), 654, 125 LEFF, S. (Leff) LEFF, Vera (Leff) From witchcraft to world health (rev.), 1051, 375 LEMIEUX, Helen Duodenal ulcer, 109 LEPOT, Doreen Dans la salle, 289 On the ward, 914 LETTER to my niece (Zalloni), 728 LETTRE à ma nièce (Zalloni), 181 LIFGREN, Edna E. (Shafer, Sawyer, Mc-Cluskey) Medical-surgical nursing (rev.), 652, 189 LIGUE Nationale du Nursing Le nursing au rythme des progrès modernes (Gagnon), 323 En visite chez nos voisines (MacGregor), (ed.), 321 Lindsey, Douglas S'en servir, oui ou non, 186 To use or not to use, 1142 LISTE des publications (l'A.I.C.), 58 LIVER conditions: Infectious hepatitis (Trenchard), 552 Loretto, Sister Mary (rev.), 747, 252 LUNG conditions: Pneumonia (de la Mare), 1105 Right lobar pneumonia (Eaton), 1108 MACARTHUR, Christine

MacArthur, Christine
We teach — do our patients learn, 205
MacBeth, Madge
Lady Stanley Institute for Trained Nurses,
1151
MacDonell, Marion Edith & por., 528, 36
MacGregor, Jean Elizabeth & por., 526, 34
No boundary lines, 644
Sans bornes et sans fins, 120
Sous de fausses couleurs, 118
Under false colors, 633
En visite chez nos voisines (ed.), 321
Visiting our neighbors (ed.), 985
MacIsaac, Rita (por.), 354
Un tribut, 354
Tribute to, 1010
Mack, Hope (Munro) & por., 529, por., 808, 37, 226
MacKinnon, Kenneth J.
Renal transplantation in identical twins,

Transplantation rénale chez des jumelles

identiques, 17 MacLeod, Ann Isobel

One person's nursing care, 912 Soins infirmiers individualisés, 288

MACMILLAN award winners, 362

MACMILLAN, Nancy D. Cardiac catheterization - general nursing care, 695 Cathétérisme cardiaque, 146 MacNeill, Hazel L. Prévention des infections staphylococciques à la salle d'opération, 219 Prevention of staphylococcal infections in the operating room, 799 MADELEINE of Jesus, Sister & por., 1034, 362 MAINTIEN de l'enfant d'âge scolaire, le (Henrichon), 240 MALADES aux troubles émotifs (Ward), 244 MALADIE de foie Un cas d'hépatite infectieuse (Trenchard), Maladie de Hürler (Philippe), 431 MALADIES de coeur Analyse des expériences personnelles de huit cardiaques pendant un séjour dans un hôpital général (Allemang), 151 Cathétérisme cardiaque (Macmillan), 146 Le cathétérisme du coeur (Cumming), 141 Infarctus du myocarde (McDermid), 85 Traitement de l'insuffisance aortique à l'aide d'une valve en plastique (Creighton, Hufnagel, Thorn, Presley), 21 Maladies de l'estomac: Diverticule oesophagien (Myers), 91 Ulcère gastrique malin (Parrent), 178 MALADIES mentales Effet mental d'une blessure à la tête (Gibson), 420 La mélancolie involutive (Gibson), 367 La psychose maniaco-dépressive (Gibson), La schizophrénie (Gibson), 242 MALADIES pulmonaires La pneumonie (de la Mare), 413 Pneumonie lobaire (Eaton), 416 Traitement de la pneumonie (Delisle), 412 Maladies staphylococciques chez les nourrissons, les (Robinson), 215 MALE nurses: The male potential (Bentley), 344 The past has a future (Wedgery), 135 MALE potential (Bentley), 344 MALIGNANT stomach ulcer (Parrent), 834 Manic-depressive psychosis (Gibson), 928 MANITOBA News notes, 68, 166, 264, 463 Provincial roundup, 352 MANN, Helena C. E. Cours approfondis en obstétrique destinés aux finissantes, 347 Planning senior experience in obstetrics, 1003 MANUEL de nutrition et de diétothérapie (St-Jean-Eudes), (rev.), 125 MARE, de la, Eleanore Pneumonia, 1105 La pneumonie, 413 MARNEY, Florence Nursing at Springhill, 156, 160
MARTEL, Yvonne, 38
MASTER plan of rotation (Street), 30, 139
MATHESON, Margaret Mary & por., 714, McClain, M. Esther (Gragg) Scientific principles in nursing (rev.), 560, McCluskey, Audrey M. (Shafer, Sawyer,

Lifgren)

Medical-surgical nursing (rev.), 652, 189 McColl, Margaret Lorena The rehabilitation team, 210

McCrimmon, Jean

Nursing in psychiatric divisions of general hospitals, 250

McDermid, Sister Rita Infarctus du myocarde, 85 Myocardial infarction, 610 McDowell, Edith M. (rev.), 256 McHale, Helen (rev.), 1146, 436

McKillop, Madge

Canadian Tuberculosis Association annual meeting, 1144, 438

McPhedran, Margaret G. & por., 1128,

MEANING of faith (Girard), (ed.), 13 MEASUREMENT of sound, 38

MEDICAL-surgical nursing (Shafer, Sawyer, McCluskey, Lifgren), (rev.), 652, 189 MEDICATION

A new, setup (Morley), 312 MEDECINE man (Wyatt), 46 MÉLANCOLIE involutive, la MÉLANCOLIE involutive, la (Gibson), MEMORIAL to Gretta MacKay Ross, (Gibson), 367 MENTAL deficiency

Mongolism (Nelson), 452

MENTAL depressions and their treatment (Kraines), (rev.), 461
MENTAL effects of head injury (Gibson),

MENTAL health:

Emotional problems of the worker (Hamilton), 409

hazards in later life (Stevenson), 414 The psychiatrist and the child (Statten), 620

Safety signs for (Stevenson), 907

MENTAL health hazards in later life (Stevenson), 414

Mères célibataires:

Pourquoi les juger (Ste. Mechtilde), 339

MESURES préventives :

L'acide borique — ou le loup sous la peau d'une brebis (Halliday), 392

Liste d'antidotes essentiels, 394

Pellicule de polythène: danger de mort (Jeffrey), 395

Le problème des poisons (Dean), 398 Soyons prudentes — prévenons les accidents au foyer (Robertson), 396

MÉTHODES d'enseignement

L'aspect communautaire et le nursing (Du Gas, Blackwood), 298

de base en nursing chirurgical (Dusseault), 270

L'infirmière éducatrice et conseillère (Notebaert), 314

Instruction clinique à l'étudiante en nursing chirurgical (Ouimet), 267

Le nursing chirurgical pédiatrique (Desjardins), 272

Le perfectionnement par l'exercice (Tardif), 276

METROPOLITAN Demonstration School of Nursing:

Present activities of alumnae members, 540. 53

Microbiology and epidemiology (Thompson), (rev.), 560, 127

MILDENBERGER, A. T

Congenital heart surgery, 307

MILLER, Lorraine F The story of Johnny, 214 MILLER, Norman R. (Avery)

Gynecology and gynecologic nursing (rev.), 1150

MILLS, Alice C.

Le rôle de l'infirmière-sage-femme en Grande-Bretagne, 334

The role of the nurse-midwife in Great Britain, 995

MINER, Eleanor Louise & por., 1032

Misrepresentation

Under false colors (MacGregor), 633

Mission to Japan (Naudett), 128 MITCHELL, D. (Colvin, Jones)

Planning a demonstration night, 938 Une séance de démonstrations, 371

MITCHELL, Soeur E.

Elle a beaucoup aimé (rev.), 250 MITCHELL, Helen S. (Cooper, Barber, Rynbergen)

Nutrition in health and disease (rev.), 746, 251

Modell, Walter (Schwartz)

Handbook of cardiology for nurses (rev.), 562, 126

pharmacology and Modern therapeutics (Musser, Bird), (rev.), 256

Modern version of patient care (Flanagan),

Mongolism (Nelson), 452

Montag, Mildred L. (Swenson) Fundamentals in nursing care (rev.), 1146

Moore, Thomas Verner (Stevens) Principles of ethics (rev.), 654, 125

MORLEY, P. A new medication setup, 312

Moroney, James

Surgery for nurses (rev.), 462

MORTALITÉS de la route, les, 374 MORTON, Sister Victoria & po por., 639, 104

MULTIPLE myeloma (Kuczmak), 623 Munro, Jessica

The nurse's life, 356 MURRAY, E. G. D.

About the staphylococcus, 787 Le staphylocoque, 205 Musser, Ruth D. (Bird)

Modern pharmacology and therapeutics (rev.), 256

Myers, Bernice

Diverticule oesophagien, 91 Esophageal diverticulum, 616

MYOCARDIAL infarction (McDermid), 610

N

NATIONAL League for Nursing:

Biennial meeting May 11-15, 1959 (Mac-Gregor), (ed.), 985

In step with modern progress (Gagnon),

NATURE de la recherche, la (Uprichard), 105

NATURE of research (Uprichard), 318

NAUDETT, Hazel F Mission to Japan, 128

NEDELSKY, Leo (Tschudin, Belcher)

Evaluation in basic nursing education

(rev.), 256

NEED for research in nursing (Fidler), 224 NELSON, Winnifred

Mongolism, 452 New Brunswick

News notes, 166, 265, 364

Nursing in, (Smith), 199 Provincial roundup, 352 New medication setup (Morley), 312 New orthopedic brace (Graydon), 350 New products, 6, 94, 190, 294, 398, 494, 590, 678, 774, 878, 974, 1078 New treatment for brittle nails (Halliday), 348 NEWFOUNDLAND: Five years of progress (Story), (ed.), 599 Provincial roundup, 354

News notes, 66, 164, 262, 362, 463

NIBLETT, Muriel E. & por., 1132, 425

NIXON, Sheila Margaret & por., 529, 36 No boundary lines (MacGregor), 644 Notebaert, Yvette L'infirmière éducatrice et conseillère, 314 Notre jubilé d'or (Gérard), (ed.), 201 Nouveau-Brunswick: (Voir aussi New Brunswick) Assemblée annuelle au, (Coté), 248 Nouveaux produits, 6, 69, 134, 187, 199, 261, 315, 382 (Voir "New Products" pour liste alphabétique) Nouvelle-Écosse: (Voir aussi Nova Sco-Notre jubilé d'or (Gérard), (ed.), 201 Nouvelle réalisation, une (Wheeler), (ed.), NOVA SCOTIA: News notes, 68, 265, 364, 464 Our golden jubilee (Gerard), (ed.), 783 Provincial roundup, 354 NURSE'S life (as mirrored in Shakespeare), (Munro), 356 NURSING across the nation, 52, 154, 242, 338, 442, 540, 631, 712, 805, 906, 1010, 1113 NURSING administration: The evaluation of personnel (Boshouwers), 532 In step with modern progress (Gagnon), The relationship between the quality of nursing care and its cost (Décary), 521 NURSING assistant Alberta Certified Nursing Aide Association (Quirk), 254 certified orderly training program (Dick, Carruthers), 732 NURSING au rythme des progrès modernes, le (Gagnon), 323 Nursing care: The artificial kidney (Rackham), 716 Cardiac catheterization — general (Macmillan), 695 Cardiac catheterization — specific (Benesch), 696 Cerebellar artery thrombosis (Jutras), 424 Cleft lips and palates (Hill), 439 Congenital heart surgery (Mildenberger), 307 The control of staphylococcal infections (Rose), 795 Coronary artery thrombosis (Trenholm), 428 Diabetic ketosis (Dahl), 1038

Hurler's disease (Philippe) 1122 Infectious hepatitis (Trenchard), 552 Infiltrative duct carcinoma of right breast, (Johnston), 738 Malignant stomach ulcer (Parrent), 834 in a mitral commissurotomy (Snidal), 421 A modern version of patient, (Flanagan), 726 Mongolism (Nelson), 452 Multiple myeloma (Kuczmak), 623 Myocardial infarction (McDermid), 610 One person's, (MacLeod), 912 The pediatric nurse and play therapy (Pinkerton), 28 Pemphigus vulgaris (Sobie), 627 Peptic ulcer (Eldridge), 114 Pre-eclamptic toxemia (Goos, Sellers, Antoniades), 1005 Preparation for, in cardiac surgery (Parent), 902 Pyloric stenosis (Pavan), 120 The rehabilitation of Mrs. Moritz (Butler), 215 The rehabilitation team (McColl), 210 Renal transplant, (Harris, Dossetor), 508 Right lobar pneumonia (Eaton), 1108 Sawdust beds (Bourns), 162 Spina bifida and hydrocephalus (Perret), 1111 The story of Johnny (Miller), 214 Supportive maternal and child care (Cunningham), 990 of the thoracic surgical patient (Hinson, Oleksyn, Dafoe), 218 On the ward (Lepot), 914 We teach — do our patients learn (Mac-Arthur), 205 Nursing care of children Browder), (rev.), 748, 252 (Armstrong, NURSING care in hemorrhoidectomy (Rowland), 123 NURSING care in a mitral commissurotomy (Snidal), 421 NURSING care of the thoracic surgical patient (Hinson, Oleksyn, Dafoe), 218 NURSING chirurgical en cardiologie (Parent), 279 NURSING chirurgical pédiatrique, le (Desjardins), 272 NURSING education: Advanced preparation in nursing (Rheault), 904 The adviser to schools of nursing (Schumacher), 332 Another reason for hope (Lamarre), 1026 Basic teaching in surgical nursing (Dusseault), 891 Better utilization of the students' time in the clinical field (Felicitas), 321 Clinical teaching in surgical nursing (Oui-Financial assistance for, brief on, 631 The master plan of rotation (Street), 30, 139 The other three R's (Hickman), 516 Pediatric surgical nursing (Desjardins), Perfection through practice (Tardif), 899 Planning a demonstration night (Colvin, Jones, Mitchell), 938 Planning senior experience in obstetrics Mann), 1003 Rehabilitation in a teaching program (Crawford, Heieren), 201

(Croken),

Don't bend an elbow (Cro Duodenal ulcer (Lemieux), 109

Erythroblastosis fetalis (Rutledge), 1022

Esophageal diverticulum (Myers), 616 Familial hemolytic anemia (Sagesse), 641

in hemorrhoidectomy (Rowland), 123

How hospital personnel feel about, (Schweisheimer), 456

The role of the nurse-midwife in Great Britain (Mills), 995

In step with modern progress (Gagnon), 987

Teaching community aspects of nursing (Du Gas, Blackwood), 932

NURSING est-il au service du malade, le (Reynolds), 13 NURSING in New Brunswick (Smith), (ed.),

199

Nursing in psychiatric divisions of general

hospitals (McCrimmon), 250 Nursing of mental defectives (Hallas), (rev.), 358 Nursing profiles, 36, 132, 232, 326, 526, 637, 714, 807, 908, 1032, 1128

NURSING service:

An analysis of the experiences of eight cardiac patients during a period of hospitalization (Allemang), 702

Better utilization of the students' time in the clinical field (Felicitas), 321

(Dick, Carruthers), 732 ne dignity of (Kern)

The dignity of, (Kerr), (ed.), 303

Une fructueuse pratique (Décary), 228 Great expectations (Poole) (ed.) 889 Great expectations (Poole), (ed.), Is nursing at the service of patients (Rey-nolds), 513

The master plan of rotation (Street), 30,

Prevention and control of cross-infection in the nursery of the normal newborn (Zwicker), 797

Prevention of staphylococcal infections in the operating room (MacNeill), 799

The problem of staphylococci in the operating room and central supply room (Smith), 801

The relationship between the quality of nursing care and its cost (Décary), 521 Nursing Sisters' Association, 122

Nursing at Springhill (Marney), 156 Nursing à travers le pays, 56, 158, 246, 341, 446, 52, 109, 161, 227, 286, 354, 406

NUTRITION :

Food fads, 460 Food habits of new Canadians, 945 Habitudes alimentaires des Néo-Canadiens,

NUTRITION in health and disease (Cooper, Barber, Mitchell, Rynbergen), (rev.), 746,

NUTRITION manual for nurses (Shackleton), (rev.), 360

NUTTING, M. Adelaide, 226

0

Erythroblastosis fetalis (Rutledge), 1022

Home visiting and maternal health (Doyon), 700 Planning senior experience in, (Mann),

Pre-eclamptic toxemia (Goos, Sellers, Antoniades), 1005

The role of the nurse-midwife in Great Britain (Mills), 995 Supportive maternal and child care (Cun-

ningham), 990

OBSTÉTRIQUE : Une analyse de la visite à domicile en santé maternelle (Doyon), 148

Cours approfondis en destinés aux finissantes (Mann), 347

Erythroblastose foetale (Rutledge), 365 Le rôle de l'infirmière-sage-femme en Grande-Bretagne (Mills), 334

Soins de soutien de la mère et l'enfant (Cunningham), 327

Toxémie pré-éclamptique (Goos, Sellers, Antoniades), 349

OCCUPATIONAL nursing:

Emotional problems of the worker (Hamilton), 409

Official directory, 286, 370, 673, 770

Offres d'emplois, 63, 128, 191, 255, 312, 373, 439

Ohlson, Agnes (por.), 29 Une attribution exclusive, 29

Greetings from the ICN president, 138 Unique award, 558

OLEKSYN, E. E. (Hinson, Dafoe),

Nursing care of the thoracic patient, 218

On the ward (burns), Lepot, 914

ONE person's nursing care (MacLeod), 912 ONTARIO:

Appointments, transfers, resignations, 64, 262

News notes, 70, 167, 266, 364, 465 Provincial roundup, 354

OPHTHALMOLOGICAL conditions: Squint or strabismus (Reed), 16

Organisation et la conduite d'une assemblée, l' (Duplain), 143 ORTHOPEDICS:

A new, brace (Graydon), 350 OTHER three R's (Hickman), 516

OTOLARYNGOLOGY Hearing loss, 27 Measurement of sound, 38 Middle ear surgery, 62

OUIMET, Jacqueline & por., 638, 103 Clinical teaching in surgical nursing, 893 Instruction clinique à l'étudiante en nurs-

ing chirurgical (Ouimet), 267 Our golden jubilee (Gerard), (ed.), 783 OUTPATIENT department

The venereal disease clinic (Schroeter), 42

PAKALNINS, Irmgard

Le programme de réhabilitation, 293 The rehabilitation program, 922

PARAPHRASE of Paul's thirteenth chapter of First Corinthians for nurses (Waters), 746

PARENT, Adrienne

Nursing chirurgical en cardiologie, 279 Preparation for nursing in cardiac surgery, 902

PARKINSON, Roy H.

Eye, car, nose and throat manual for nurses (rev.), 840, 310 Parrent, Maureen

Malignant stomach ulcer, 834 Ulcère gastrique malin, 178

PARRY, Dora & por.. 37 PAST has a future (Wedgery), 135 Paul, Evelyn Mary & por., 326

PAVAN, Adeline Pyloric stenosis, 120

PEART, Margaret L., 639, 104 PEDIATRIC nurse and play therapy (Pinkerton), 28

PEDIATRIC nursing: Cleft lips and palates (Hill), 439 Hurler's disease (Philippe), 1122 Mongolism (Nelson), 452 The pediatric nurse and play therapy (Pinkerton), 28 Prevention and control of cross-infection in the nursery of the normal newborn (Zwicker), 797 Pyloric stenosis (Pavan), 120 A research project in a premature nursery (Jones), 432 Staphylococcal diseases in infancy (Robinson), 794 Pediatric surgical nursing (Desjardins), 896 Maladie de Hürler (Philippe), 431 Les maladies staphylococciques chez les nourrissons (Robinson), 215 Prévention et contrôle de l'infection mixte à la pouponnière du nouveau-né (Zwicker), 217 Pellicule de polythène: danger de mort (Jeffrey), 395 Pemphigus vulgaris (Sobie), 627, 114 Peptic ulcer (Eldridge), 114 Perfection through practice (Tardif), 899 LE PERFECTIONNEMENT par l'exercice, (Tardif), 276 Perret, Shirley Spina bifida and hydrocephalus, 1111 Le spina-bifida et l'hydrocéphalie, 369 Personal, impersonal and interpersonal relations (Burton), (rev.), 653, 190 PHENOMÈNES métaboliques:
Maladie de Hürler (Philippe), 431 PHILIPPE, Marilyn Hurler's disease, 1122 Maladie de Hürler, 431 PILOT project Board of review, 156 Bureau de revision, 158 Comment faire connaître le, 160 Institutes and workshops, 632, 712 Interpreters of the, 154 Membership, board of review, 340, 343 Portefeuille sur le projet d'accréditation, Study folio on accreditation, 244 Surveys completed, 340, 343 PINKERTON, Patricia A. The pediatric nurse and play therapy, 28 Plan de retraite: Comment vous pouvez aider (Beaudin), PLANNING a demonstration night (Colvin, Jones, Mitchell), 938 PLANNING senior experience in obstetrics (Mann), 1003 PLASTIC film:

Death from, (Jeffrey), 1096

Right lobar, (Eaton), 1108 PNEUMONIA (de la Mare), 1105

Traitement de la, (Delisle), 412

PNEUMONIE, la (de la Mare), 413 PNEUMONIE lobaire (Eaton), 416

lobaire (Eaton), 416

Cleft lips and palates (Hill), 439

The pediatric nurse and, (Pinkerton), 28

PLASTIC surgery

PLAY therapy

PNEUMONIA:

PNEUMONIE

POEM:

Les dix commandements de la future maman (Thibault), 33 Voix secrètes (Grenier), 435 Poisons: L'acide borique — ou le loup sous la peau d'une brebis (Halliday), 392 Boracic acid — the wolf in sheep's clothing (Halliday), 1093 Liste d'antidotes essentiels, 394 The problem of, (Dean), 1091 Le problème des, (Dean), 389 Table of antidotes, 1095 POLAND, Fred W La crampe des écrivains, 32 Writer's cramp, 523
POOLE, Pamela Eleanor & por., 527, 35
De grandes attentes (ed.), 265 Great expectations (ed.), 889 Posture and the school age child (Henrichon), 826 maintien de l'enfant d'âge scolaire (Henrichon), 240 POSTURE and the school age child (Henrichon), 826 POTTS, Dorothy A., 232 Pour ne pas lever le coude (Croken), 101 Pourquoi et comment écrire, 239 Pourquoi les juger (Ste. Mechtilde), 339 Practical suggestions Audio-analyzer, 1082 Clinilab, 878 Disposable clothing, 847 Disposable plastic container with a de-tachable medicine-card safety-cap, 690 Don't bend an elbow (Croken), 744 Linenmobile, 1030 Mechanical floor cleaning equipment, 1138 A new medication setup (Morley), 312 A new orthopedic brace (Graydon), 350 Rotary glove washers, dryers and powderers, 1054 Sawdust beds (Bourns), 162 Silicone ointments, 1094 Synthetic casualties, 213 Textile magic marker, 909 Tri-Top thermometers, 843 Pre-Eclamptic toxemia (Goos, Sellers, Antoniades), 1005 Prelude to a report (M. E.), 838 PREMATURITY A research project in a premature nursery (Jones), 432
PREPARATION for nursing in cardiac surgery
(Parent), 902 PRESLEY, Florence G. (Creighton, Hufnagel, Thorn) Entraide au-delà de la frontière, 21 Prévention des accidents: L'acide borique - ou le loup sous la peau d'une brebis (Halliday), 392 Liste d'antidotes essentiels, 394 Pellicule de polythène: danger de mort (Jeffrey), 395 Le problème des poisons (Dean), 389 Soyons prudentes — prévenons les accidents au foyer (Robertson), 396

Prevention and control of cross-infection

in the nursery of the normal newborn

The nurse's life (Munro), 356 Prelude to a report (M. E.), 838

The registrar (Gavin), 164

Роèме

(Zwicker), 797

Prévention et contrôle de l'infection mixte à la pouponnière du nouveau-né (Zwicker), 217

Prévention des infections staphylococciques la salle d'opération (MacNeill), 219 Prevention of staphylococcal infections in

the operating room (MacNeill), 799

PRICE. Philip B.

Skin antisepsis, 222 PRINCE Edward Island: News notes, 71

Provincial roundup, 354

Principles of ethics (Moore, (rev.), 654, 125 Stevens),

PROBLEM of burns (Christie), 912 PROBLEM of poisons (Dean), 1091

PROBLEM of staphylococci in the operating room and central supply room (Smith), 801 Problème des brûlures, le (Christie), 288 Problème et contrôle des infections à sta-

phylocoques (Rose), 213 Problème des poisons, le

(Dean), Problème des staphylocoques à la salle d'opération et au service central, le (Smith),

Problèmes professionnels:

Sous de fausses couleurs (MacGregor), 118

Problèmes sociaux:

Pourquoi les juger (Ste. Mechtilde), 339 Procédures parlementaires:

L'organisation et la conduite d'une assemblée (Duplain), 143

PROFESSIONAL activities:

Five years of progress (Story), (ed.), 599 Nursing in New Brunswick (Smith), Nursing in (ed.), 199

PROFESSIONAL development:

Building on our likenesses (Rossiter), (ed.), 407

Five years of progress (Story), (ed.), 599
A new milestone (Wheeler), (ed.), 503
Our golden jubilee (Gerard), (ed.), 783
PROFESSIONAL ideals:

The dignity of service (Kerr), (ed.), 303

Faith and loyalty (Riley), 39

A letter to my niece (Zalloni) The meaning of faith (Girard), (ed.), The other three R's (Hickman), Professional problems:

The meaning of faith (Girard), (ed.), 13 Under false colors (MacGregor), 633

Program planning, 105

Programme de réhabilitation, le (Pakalnins), 293

PROGRAMMES scolaires:

L'aspect communautaire et le nursing (Du Gas, Blackwood), 298

Enseignement de base en nursing chirurgical (Dusseault), 270

Formation supérieure en nursing chirurgical (Rheault), 281

Instruction clinique à l'étudiante en nursing chirurgical (Ouimet), 267

Le nursing chirurgical pédiatrique (Desjardins), 272

Le perfectionnement par l'exercice (Tardif), 276 Une séance de démonstrations (Colvin,

Jones, Mitchell), 371 Projet d'évaluation, 110, 161

Provincial Association headquarters:

A dream comes true (Van Dusen), (ed.), 103

Provincial roundup, 352 PSYCHIATRIC aide (Robinson), (rev.), 1148, 437

PSYCHIATRIC conditions:

Involutional melancholia (Gibson), 1028 The manic-depressive psychosis (Gibson),

Mental effects of head injury (Gibson), 1118

Schizophrenia (Gibson), 830

PSYCHIATRIC nursing

Emotionally disturbed patients (Ward), 1144

PSYCHIATRIE:

Malades aux troubles émotifs (Ward), 244

La, et l'enfant (Statten), 98 PSYCHIATRIE et l'enfant, la (Statten), 98 PSYCHIATRIST and the child (Statten), 620 PSYCHIATRY

Nursing in psychiatric divisions of general hospitals (McCrimmon), 250

The psychiatrist and the child (Statten),

620

Psychology for nurses (Sheehy, Harmon), (rev.), 747, 252 Psychology of early childhood (Landreth),

(rev.), 360 Psychose maniaco-dépressive, la (Gibson), 296

Public health:

The venereal disease clinic (Schroeter), 42

Work on Okinawa (Carmel), 40

Public health nursing

An analysis of home visits to newborn infants made by the public health nurses (Carpenter), 809

Home visiting and maternal health (Doyon), 700

In step with modern progress (Gagnon),

Posture and the school age child (Henrichon), 825

The responsibilities of the public health nurse (Doyon), 635

The role of the nurse-midwife in Great Britain (Mills), 995

Supportive maternal and child care (Cunningham), 990

Puériculture sociale:

Soins de soutien de la mère et l'enfant (Cunningham), 327

Pyloric stenosis (Pavan) 120

Q

OUEBEC:

Actualité et perspective (Tremblay), 434 News notes, 465

Provincial roundup, 354 QUINE, G. (rev.), 746, 251 QUIRK, Madeleine

Alberta Certified Nursing Aide Association, 254

RABIES, 558 RACKHAM, Judith, C. The artificial kidney, 716

Le rein artificiel, 165

RANDOM comments, 304, 496, 592, 681, 776, 880, 980, 1081

RÉADAPTATION:

Le programme de réhabilitation (Pakalnins), 293

RECHERCHES en nursing:

Analyse des expériences personnelles de huit cardiaques pendant un séjour dans un hôpital général (Allemang), 151

Analyse des visites aux nourrissons (Carpenter), 229

Le besoin d'entreprendre des, (Fidler), 41

La nature de la, (Uprichard), 66

RÉDACTION d'articles

La crampe des écrivains (Poland), 32 Pourquoi et comment écrire, 239

RED Cross fellowship, 223

REED, Howard

Squint or strabismus, 16

REFLEXIONS pour la vigile de Noël (Giroux), (ed.), 387

REGISTRAR (Gavin), 164

REHABILITATION

of Mrs. Moritz (Butler), 215

The story of Johnny (Miller) The, program (Pakalnins), 922

Teaching esophageal speech (Stockley), 310

in a teaching program (Crawford, Heieren), 201

The, team (McColl), 210

We teach — do our patients learn (Mac-Arthur), 205

REHABILITATION in a teaching program (Crawford, Heieren), 201

REHABILITATION of Mrs. Moritz (Butler),

REHABILITATION program (burns), (Pakalnins), 922

REHABILITATION team (McColl), 210

Reid, Alma E. (rev.), 258

REIN artificiel, le (Rackham), 165

RELATIONSHIP between the quality of nursing care and its cost (Décary), 521

RELAXATION (James), 325

Relieving pressure on acute wards, 1119 RENAL transplant - nursing care (Harris, Dossetor), 508

RENAL transplantation in identical twins

(MacKinnon), 506 RESEARCH, 30, 139, 224, 318, 338, 341, 432,

RESEARCH

An analysis of the experiences of eight cardiac patients during a period of hospitalization (Allemang), 702

An analysis of home visits to newborn infants made by the public health nurses in the East York-Leaside Health Unit, Ontario (Carpenter), 809

Areas of needed, 338 Ad hoc committee on, 242

Committee personnel, 540 The master plan of rotation (Street), 30,

The nature of, (Uprichard), 318
The need for, in nursing (Fidler), 224 A, project in a premature nursery (Jones),

In step with modern progress (Gagnon),

RESEARCH in nursing (Brown), (rev.), 256 RESEARCH project in a premature nursery (Jones), 432

RESPONSABILITÉS de l'infirmière-hygiéniste,

les (Doyon), 95

RESPONSABILITÉS professionnelles: Actualité et perspective (Tremblay), 434

RESPONSIBILITIES of the public health nurse (Doyon), 635

RETIREMENT plan, 244, 444, 524, 713, 1116, 1117

RETIREMENT plan:

Application for participation in the, 1117 The CNA, becomes a reality (Beaudin), 329

How you can help (Beaudin), 524

Ideal, for nurses, 1116 Scope broadened, 330 RETRAITE, plan de, 248, 448

REYNOLDS, Jeanne

Is nursing at the service of patients, 513 Le nursing est-il au service du malade,

RHEAULT, Sister Claire

Advanced preparation in nursing, 904 Formation supérieure en nursing chirurgi-

RIGHT lobar pneumonia (Eaton), 1108

RILEY, Martha

Faith and loyalty, 39 ROBERTSON, Irene Margaret & por., 528, 36 Get down to brass tacks — prevent home accidents, 1097

Soyons prudentes - prévenons les acci-

dents au foyer, 396 ROBERTSON, R. W. (rev.), 840, 310 ROBINSON, Alice M.

The psychiatric aide (rev.), 1148, 437

Robinson, Barbara

Les maladies staphylococciques chez les nourrissons, 215

Staphylococcal diseases in infancy, 794 Rôle de l'infirmière-sage-femme en Grande-Bretagne, le (Mills), 334

Role of the nurse-midwife in Great Britain (Mills), 995

Rose, Sister Annette

The control of staphylococcal infections, 795

Problèmes et contrôle des infections à staphylocoques, 213

Rossiter, Edna Elizabeth, 396, (por.), 407 Building on our likenesses |ed.), 407 Rossman, I. J. (Schwartz)

The family handbook of home nursing and medical care (rev.), 652, 189

ROTATION

Master plan of, (student), (Street), 30, 139

Rougi, Anne (rev.), 250

ROWLAND, Patricia

Nursing care in hemorrhoidectomy, 123 RUTLEDGE, E

Erythroblastosis fetalis, 1022 Erythroblastose foetale, 365

RYNBERGEN, Henderika J. (Cooper, Barber, Mitchell)

Nutrition in health and disease (rev.), 746

S

ST-Jean-Eudes, Soeur

Manuel de nutrition et de diétothérapie (rev.), 125

Ste. Mechtilde, Sister, (por.) 339, 999 Pourquoi les juger, 339

Why judge them, 999

SAFETY education:

Boracic acid — the wolf in sheep's cloth-

ing (Halliday), 1093

Death from plastic film (Jeffrey), 1096 prevent home Get down to brass tacks accidents (Robertson), 1097

Highway deaths, 1054 The problem of poisons (Dean), 1091 Table of antidotes, 1095

SAFETY signs for mental health (Steven-

son), 907

SAGESSE, Sister Elisabeth Marie de la Anémie hémolytique familiale, Familial hemolytic anemia, 641

SALLE d'opération, à la (Szmidt), 292 SANDERS, V. M. (rev.), 358

SANS bornes et sans fins (MacGregor), 120 Santé mentale:

La psychiatrie et l'enfant (Statten), 98

SASKATCHEWAN

Annual meeting in, (Antonini), 842 Assemblée annuelle en, (Antonini), 245 News notes, 71, 168, 267, 369, 466

Provincial roundup, 354 SAVE yourself three cents, 1090

SAWDUST beds (Bourns), 162 SAWYER, Janet R. (Shafer, McCluskey, Lifgren)

Medical-surgical nursing (rev.), 652, 189 Schizophrenia (Gibson), 830

Schizophrénie, la (Gibson), 242

SCHROETER, Magdalene

The venereal disease clinic, 42 SCHUMACHER, Marguerite Eva

The adviser to schools of nursing, 332 SCHUTT, Barbara G. & por., 637, 102 SCHWARTZ, Doris R. (Modell)

Handbook of cardiology for nurses (rev.), 562, 126

Schwartz, Doris R. (Rossman)

The family handbook of home nursing and medical care (rev.), 652, 189 Schweisheimer, W.

How hospital personnel feel about nursing care, 456

Scientific principles in nursing (McClain, Gragg), (rev.), 560, 128

Séance de démonstrations, une (Colvin, Jones, Mitchell), 371

SEEDS, Irene Bernice, 36

Sellers, Marian (Goos, Antoniades) Pre-eclamptic toxemia, 1005 Toxémie pré-éclamptique, 349

S'EN servir, oui ou non (Lindsey), 186

Service de nursing

Analyse des expériences personnelles de huit cardiaques pendant un séjour dans un hôpital général (Allemang), 151 Des cours d'entraînement pour la certification de l'infirmier (Dick, Carruthers),

De grandes attentes (Poole), (ed.), 265 Interdépendance du coût quotidien du nursing et de sa qualité (Décary), 30

Le nursing est-il au service du malade (Reynolds), 13
Prévention des infections staphylococciques

à la salle d'opération (MacNeill), 219 Le problème des staphylocoques à la salle au

service

et

d'opération (Smith), 221

SHACKLETON, Alberta Dent Vutrition manual for nurses (rev.), 360 SHAFER, Kathleen Newton (Sawyer, McCluskey, Lifgren)

Medical-surgical nursing (rev.), 652, 189

Shaw, Ethel Crawford & por., 132

SHEEHY, Sister M. (Harmon)

Psychology for nurses (rev.), 747, 252 Silver anniversary (University of Toronto),

SISTERS (See under given name or surname)

SKIN antisepsis (Price), 222

Skin conditions

Pemphigus vulgaris (Sobie), 627

SMALL, Muriel E. (rev.), 748, 309 SMALL patients (Goldbloom), (rev.), 1049,

SMITH, Doris Harriet & por., 637, 103

SMITH, Lois O. (por.), 188

Nursing in New Brunswick (ed.), 199

SMITH, Merle

The problem of staphylococci in the operating room and central supply room, 801 Le problème des staphylocoques à la salle d'opération et au service central, 221

Sмітн, Roselyn & por., 908, 284

SNIDAL, Ellen

Nursing care in a mitral commissurotomy,

Sobie, Gloria

Pemphigus vulgaris, 627, 114

Social problems

Why judge them (Ste. Mechtilde), 999 SOEURS (voir ci-dessous, prénom ou nom de famille)

Soins à domicile :

Une analyse de la visite à domicile en santé maternelle (Doyon), 148

Soins infirmiers à donner aux lésions thermiques, les (Virginia), 417

Soins infirmiers:

Anémie hémolytique familiale (Sagesse),

Un aspect moderne du soin des malades (Flanagan), 163

droit (Johnston), Cancer du sein droit (Johnston), 175 Un cas d'hépatite infectieuse (Trenchard),

La cétose diabétique, (Dahl), 302

Dans la salle (Lepot), 289

Les, à donner aux lésions thermiques (Virginia), 417

Diverticule oesophagien (Myers), 91

Entraide au-delà de la frontière (Creighton, Hufnagel, Thorn, Presley), 21 Erythroblastose foetale (Rutledge), 365 individualisés (MacLeod), 288 Infarctus du myocarde (McDermid), 85

Maladie de Hürler (Philippe), 431

Nursing chirurgical en cardiologie (Parent), 279

nursing est-il au service du malade (Reynolds), 13

Pemphigus vulgaris (Sobie), 114

Pneumonie lobaire (Eaton), 416 Pour ne pas lever le coude (Croken), 101 Problèmes et contrôle des infections à staphylocoques (Rose), 213

Prophylaxie des plaies de lit, 410 Le rein artificiel (Rackham), 165

de soutien de la mère et l'enfant (Cunningham),

Le spina-bifida et l'hydrocéphalie (Perret). 369

Toxémie pré-éclamptique (Goos, Sellers, Antoniades), 349

Traitement de la pneumonie (Delisle), 412 Ulcère gastrique malin (Parrent), 178 Soins infirmiers, les (Harris, Dossetor),

Soins infirmiers individualisés (MacLeod),

Soins de soutien de la mère et l'enfant (Cun-

Soins d'urgence:

Liste d'antidotes essentiels, 394

Sous de fausses couleurs (MacGregor),

Sous le regard de Dieu (Killian), (rev.),

SOUTHERN-HOLT, Mary

L'infection staphylococcique, 210 Staphylococcal infection, 791

Soyons prudentes — prévenons les accidents au foyer (Robertson), 396 Spina-bifida et l'hydrocéphalie, le (Perret),

SPINA bifida and hydrocephalus (Perret), 1111

SQUINT or strabismus (Reed), 16

SQUIRES, Ada Thomas & por., 1129. STAPHYLOCOCCAL diseases in infancy (Robinson), 794

STAPHYLOCOCCAL infection (Southern-Holt),

STAPHYLOCOCCUS:

About the, (Murray), 787

The control of staphylococcal infections (Rose), 795

Hospital sepsis: a communicable disease,

Prevention and control of cross-infection in the nursery of the normal newborn (Zwicker), 797

(Zwicker), 797 Prevention of staphylococcal infections in the operating room (MacNeill), 799

The problem of staphylococci in the operating room and central supply room (Smith), 801

Staphylococcal diseases in infancy (Robinson), 794

Staphylococcal infection (Southern-Holt),

STAPHYLOCOQUE:

L'infection staphylococcique (Southern-Holt), 210

Les maladies staphylococciques chez les nourrissons (Robinson), 215

Prévention et contrôle de l'infection mixte à la pouponnière du nouveau-né (Zwicker), 217

Prévention des infections staphylococciques à la salle d'opération (MacNeill), 219

Le problème des, à la salle d'opération et au service central (Smith), 221

Problèmes et contrôle des infections à, (Rose), 213

STAPHYLOCOQUE, le (Murray), 205

STATTEN, Taylor

La psychiatrie et l'enfant, 98 The psychiatrist and the child, 620

STEVENS, Gregory (Moore) Principles of ethics (rev.), 654, 125

STEVENSON, George S. Mental health hazards in later life, 414 Safety signs for mental health, 907

STOCK, Joan, 1034

STOCKLEY, M.

Teaching esophageal speech, 310

STORY, Janet S., 588, (por.), 599, 68, 73 Cing années de progrès (ed.), 73 Cinq années de progrès (ed.), 73 Five years of progress (ed.), 599

Story of Johnny (Miller), 214 Street, Margaret M.

The master plan of rotation, 30, 139

Suggestions pratiques: L'adressographe, 405

Appareil audiométrique, 391

Carton médical et le capuchon, 111

Clinilab, 316 Dot-gum-pen, 255 Literie mobile, 433

Matériels de nettoyage de plancher, 391 Polyethylène marlex, 410

Pour ne pas lever le coude (Croken), 101 Le ressussitube, 253

Tri-top thermomètre, 187

SUPPORTIVE maternal and child care (Cunningham), 990

Surgery for nurses (Moroney), (rev.), 462 SURGERY for students of nursing (Cairney), (rev.), 462
SUTTON, Isabel M. & por., 529, 40
SWENSON, Ruth P. Stewart (Montag)

Fundamentals in nursing care (rev.), 1146, 436

Szmidt, Patricia

In the operating room, 918 A la salle d'opération, 292

Т

TABLE of antidotes, 1095

TARDIF. Colette

Perfection through practice, 899

Le perfectionnement par l'exercice (Tardif), 276

TATE, Barbara & por., 637, 102

Teaching community aspects of nursing (Du Gas, Blackwood), 932

TEACHING methods:

Basic teaching in surgical nursing (Dusseault), 891

Clinical teaching in surgical nursing (Ouimet), 893

Pediatric surgical nursing (Desjardins),

Perfection through practice (Tardif), 899 Rehabilitation in a teaching program (Crawford, Heieren), 201

Teaching community aspects of nursing, their inclusion in the basic curriculum (Du Gas, Blackwood), 932

TENUE d'un hôpital, la (Wickens), 400

TERRENEUVE: (Voir aussi Newfoundland) Cinq années de progrès (Story), (ed.),

Textbook of anatomy and physiology (Anthony), (rev.), 1050, 375

THIBAULT, Lucille

Les dix commandements de la future maman, 33

THIS is Canada (Young), 601

THOMPSON, La Verne

Microbiology and epidemiology (rev.), 560, 12

THOMSON, William A. R.

Black's medical dictionary (rev.), 840, 309 THORN, Juanita (Creighton, Hufnagel, Pres-

Entraide au-delà de la frontière, 21

To use or not to use (Lindsey), 1142

Tourniquet: To use or not to use (Lindsey), 1142, 186 Toxémie pré-éclamptique (Goos, Sellers, Antoniades), 349 Traitement de la pneumonie (Delisle),

Transplantation rénale chez des jumelles identiques (MacKinnon), 17 TREMBLAY, J. N.

Actualité et perspective, 434 Trenchard, Mavis

Un cas d'hépatite infectieuse, 61 Infectious hepatitis, 552

TRENHOLM, Vida

Coronary artery thrombosis, 428

TRIBUNE des lectrices, la, 8, 71, 136, 197, 262, 318, 384

Trois autres R — ces inconnus, les (Hickman), 24

TRUDEL, Juliette
Visite à l'école de puériculture de Paris,

France, 310
Tschudin, Mary (Belcher, Nedelsky) Evaluation in basic nursing education (rev.), 256

Ulcère gastrique malin (Parrent), 178 UNDER false colors (MacGregor), 633 UNESCO:

Mission to Japan (Naudett), 128 University of Toronto School of Nursing

- silver anniversary, 48 UNMARRIED mothers:

Why judge them (Ste. Mechtilde), 999 UPRICHARD, Muriel

La nature de la recherche, 105 The nature of research, 318 Usage des loisirs, l', 254

Use of leisure:

What will you do with that shorter work week, 804

VAN DUSEN, Clara, 92 Annual meeting in Alberta, 1046 Assemblée annuelle en Alberta, 343 A dream comes true (ed.), 103

VARICOSE veins

Nursing care in hemorrhoidectomy (Rowland), 123

VENEREAL disease:

The clinic (Schroeter), 42
VENEREAL disease clinic (Schroeter), 42
VIANNEY, Sister Marie (rev.), 560, 63

VICTORIAN Order of Nurses:

Appointments, transfers, resignations, 60 The rehabilitation of Mrs. Moritz (Butler), 215 Virginia, Soeur M.

Les soins infirmiers à donner aux lésions thermiques, 417

VISITE à l'école de puériculture de Paris, France (Trudel), 310 VISITE chez nos voisines, en (MacGregor),

(ed.), 321 VISITING our neighbors (MacGregor),

(ed.), 985 Voice of the past, 1133 Voici le Canada (Young), 75 Voix du passé, la, 426 Voix secrètes (Grenier), 435 Voyage en Europe, 55 Vrooman, Laura, 234

WARD, Mrs. B. Emotionally disturbed patients, 1144 Malades aux troubles émotifs, 244

Waters, Moir A. J.
A paraphrase of Paul's thirteenth chapter of First Corinthians for nurses, 746 WATT, Jean Cockburn & por., 530, 38

WE teach — do our patients learn (Mac-Arthur), 205 WEDGERY, Albert W. & por., 1130, 424

The past has a future, 135

Welcome to L'Infirmière Canadienne (Girard), 505

What will you do with that shorter work week, 804

WHEELER, Margaret May, 492, & por., 503 4, 11

A new milestone (ed.), 503

WHY judge them (Ste. Mechtilde), 999 WICKENS, R. N Hospital housekeeping, 1100

La tenue d'un hôpital, 400 WILD, Dorothy Anne & por., 326

WILKES, Edward T Family guide to teenage health (rev.),

747, 309 Wilson, Lola, 242, 246, 338 Wood, Ella J. & por., 327

WRIGHT, Alice L.
Annual meeting in British Columbia, 846 Assemblée annuelle en Colombie-Britan-nique, 247 WRIGHT, F. Howell (Jeans, Blake)

Essentials of pediatrics (rev.), 560, 63 WRIGHT, K. (rev.), 560, 128

WRITER'S cramp (Poland), 523 WYATT, Jean

Medicine man, 46

Young, Morley A. R. This is Canada, 601 Voici le Canada, 75

Z

ZALLONI, Thérèse A letter to my niece, 728 Lettre à ma nièce, 181 ZWICKER, Patricia

Prevention and control of cross-infection in the nursery of normal newborn, 797 Prévention et contrôle de l'infection mixte à la pouponnière du nouveau-né, 217



PHONE CALL MEMO

TIME: 9:15 a.m. TO: Dr. Leeds

CALLED BY: Mr. Neuman

MESSAGE: Called to say he's feeling

much better but the intense itching rash

has returned on his arms and legs.

I recommended Calmitol and arranged an appointment for tomorrow morning.

*Calmitol is the non-sensitizing antipruritic supplied as Ointment in 1½-oz. tubes and 1-lb. jars, and as Liquid, for more stubborn pruritus, in 2-oz. bottles by Thos. Leeming & Co., Inc., 286 St. Paul St., W., Montreal. Write for samples.

THE CANADIAN NURSE

L'Infirmière canadienne

VOLUME 55

NUMBER 1

JANUARY 1959

4	Between Ourselves
6	New Products
13	THE MEANING OF FAITH
16	SQUINT OR STRABISMUS
21	Entraide Au-Delà de la FrontièreH. Creighton, C. A. Hufnagel, J. Thorn, F. G. Presley
28	THE PEDIATRIC NURSE AND PLAY THERAPY
29	In Memorian
30	The Master Plan of RotationMargaret M. Street
36	Nursing Profiles
39	FAITH AND LOYALTY Martha Riley
40	Health Work on OkinawaSr. Mary Carmel
42	The Venereal Disease ClinicMagdalene Schroeter
46	Medicine ManJean Wyatt
52	Nursing Across the Nation
56	LE NURSING À TRAVERS LE PAYS
66	News Notes
72	EMPLOYMENT OPPORTUNITIES

The views expresse! in the various articles are the views of the authors and do not necessarily represent the policy or views of THE CANADIAN NURSE nor of the Canadian Nurses' Association.

Editor and Business Manager MARGARET E. KERR, M.A., R.N.

Assistant Editor JEAN E. MacGREGOR: B.N., R.N.

Subscription Rates: Canada & Bermuda: 6 months \$1.75; one year, \$3.00; two years, \$5.00.

Student nurses — one year, \$2.00; three years, \$5.00. U.S.A. & foreign: one year, \$3.50; two years, \$6.00. In combination with the American Journal of Nursing or Nursing Outlook: one year, \$7.00.

Single copies, 35 cents.

Make cheques and money orders payable to The Canadian Nurse
Change of address: Four weeks' notice and the old address as well as the new are necessary.

Not responsible for Journals lost in mail due to errors in address.

Authorized as Second-Class Mail, Post Office Department, Ottawa.

Advertising Representatives: W. F. L. Edwards & Co. Ltd., 34 King St. E., Toronto 1, Ont.

Walter Slack, 801 Public Ledger Building, Philadelphia 6, Pa.

Member of Canadian Circulations Audit Board.

1522 Sherbrooke Street West, Montreal 25, Quebec

Developed to meet your standards—

Morning Milk

...the partly-skimmed milk guaranteed by Carnation



Your recommendation of partly-skimmed Morning Milk is protected by the time-proven quality controls that have made Carnation Milk the accepted milk for full-fat infant feeding;

NOURISHING AND DIGESTIBLE: Standardized to exact levels of fat content and Vitamin D.

UNIFORM: Rigid laboratory controls provide the same high quality in every can.

SAFE: Only finest inspected milk is accepted, production is continually supervised, and Morning Milk is protected by Carnation's special evaporated milk can.

ANOTHER CARNATION QUALITY PRODUCT ...



Between Ourselves

Watchwords have had a long and interesting history of use in military circles where they served as the secret or code words to identify friends. Without the correct password no person could gain admittance to the ancient beleaguered castle, the military encampment or, even today, to any closely guarded zone.

In modern times a new meaning has been ascribed to watchword. It is now interpreted as a phrase or a single word that expresses belief in the principles of an organization. In the nursing world, the watchword given to the International Council of Nurses by the out-going president, Mile Marie M. Bihet in 1957 was Wisdom.

Last June our new national president, Miss Alice Girard, in her initial address gave the nurses of Canada a watchword for this biennium — Faith. To attempt an adequate definition of what is meant by that word is not an easy task. The dictionary gives half a dozen different interpretations each of which, again, would require a careful analysis — trust and confidence in another; fidelity, loyalty; honesty. Which did our president mean?

Following the tradition of a great many years Miss Girard, as guest editor, has given us a very sound understanding of the meaning of faith. Let us respond to her lead in our devotion to every aspect of our professional work.

Commonly called "crossed eyes" or a "lazy eye," strabismus is usually due to the fact that the eyes are not seeing objects clearly when used together. To overcome this difficulty one eye is unconsciously turned away from the object that is being viewed. This squint may be due simply to a need for glasses. When a properly fitting pair is worn regularly the squint may be improved or entirely corrected.

Since strabismus usually becomes apparent in childhood, especially following an illness, every nurse has an obligation to be observant, to be familiar with the care that should be given and to advise parents on the proper course to follow. **Dr. Howard Reed** supplies the information that nurses require to be cognizant of their important role.

A continuing problem in every school of nursing, large or small, is to organize the student rotation in such a manner that every student will receive her full share of experience in every department without being side-tracked to fill gaps in the service needs of the hospital. Sometimes the director of nursing herself undertakes the task of arranging the rotation schedule; sometimes it is developed by the chief instructor. It may be a thoughtfully constructed pattern or it may even be a rather hit-and-miss affair.

* * *

Miss Margaret Street describes in careful detail a master plan of rotation, which if followed closely would assist any nurse responsible for the rotation of students to accomplish her task with a degree of competence that would increase with each new class.

The Ontario Department of Health has estimated that some 800 of all the babies born in that province each year will be suffering from hemolytic disease of the newborn. Though there is no known means of preventing the occurrence of this condition, the studies that laboratories can make by examining the pregnant woman's blood will enable them to predict whether the infant will or will not have erythroblastosis. With this knowledge, adequate early treatment can be instituted that will ensure survival and normal development for nearly 100 per cent of the affected infants.

A survey undertaken two years ago revealed that there were many areas in Ontario with insufficient laboratory facilities for the investigation of this disease and with no personnel trained in the technique of its treatment. Happily, this situation has been corrected. Centres for investigation and treatment are now established throughout the province, so that all physicians now have these services available for their patients. Every Ontario mother, no matter where she lives, by consulting her doctor early in her pregnancy is assured of all that modern medicine can provide in the management of this disease.

The ant finds kingdoms in a foot of ground.

— Stephen Vincent Benet

She was as immutable as the hills but not quite as green.

— RUDYARD KIPLING

for your own and your patients' skin care

Vanza Creme

prevents...relieves rough, dry skin



COMPANION PRODUCT:

VANZA SUPERFATTED SOAP

for sensitive or dry skin; fine, also, for nursery use. Soothing, emollient Vanza Creme forms a thin, protective, non-greasy film which protects against dehydration... "lubricates" with a cholesterinized water-in-oil emulsion.

MAIL COUPON FOR FULL-SIZE TUBE

VanZant & Co., Limited, Dept. CN-2 357 College Street, Toronto, Ontario

Please mail me free of charge a complimentary tube of Vanza Creme and guest size Vanza Superfatted Soap.

REET....

CITY.....PROV.

New Products

Edited by DEAN F. N. HUGHES

Published Through Courtesy of Canadian Pharmaceutical Journal

BRONKASMA TABLETS

Description—Each tablet contains: Theophylline (anhydrous) (11/2 gr.) 100 mg. ephedrine sulphate (3% gr.) 24 mg. phenobarbital (1½ gr.) 8 mg. thenyldiamine hydrochloride (1/6 gr.) 10 mg. glyceryl guaiacolate (1½ gr.) 100 mg.

Indications—Treatment and control of the asthmatic attack.

Administration—Adult dosage: One tablet every 3 or 4 hours. Children: According to age.

BUFFERGEL

Manufacturer-Anglo-Canadian Drug Company Ltd., Oshawa.

Description—Tablets: Aluminum hydroxide gel dried 10 gr, magnesium hydroxide 5 gr. liquid, aluminum hydroxide gel U.S.P. XIII 1 fl. oz., magnesium hydroxide 13 gr. Indications—As a gastric antacid and adsorbent without tendency to constipate. Buffering effect continues over 2 hours.

Administration—One dessertspoonful of liquid or 1 tablet 3 times daily after meals Frequency may be increased in peptic ulcer to every 2 to 4 hours.

CARBAMIDE

Description—Carbamide (urea) powder.

Indications—As a diuretic in cardiac edema, incontinence of urine in children, ex-

ternally to stimulate granulation tissue. Administration— $\frac{1}{4}$ to $\frac{1}{2}$ teaspoonful in $\frac{1}{2}$ glass of water once or twice a day. A 2% solution for external application.

CARCHOLIN

Manufacturer-Merck Sharp & Dohme, Division of Merck & Co. Ltd., Montreal.

Description—Carbachol, carbamylcholine chloride, powder.
Indications—The reduction of intraocular tension in glaucoma simplex.

Administration—One drop of a 1.5% solution to be instilled into the eye at 8 and 12 hour intervals.

CARDILATE

Manufacturer—Burroughs Wellcome & Co. (Canada) Ltd., Montreal.

Description—Each scored tablet contains 15 mg. of erythrol tetranitrate.

Indications-For the prophylatic and long-term treatment of patients with frequent

6

or recurrent anginal pain.

Administration—One tablet sublingually or in the buccal pouch 3 times daily, after meals. For those who are subject to nocturnal angina, an additional tablet about I hour before bedtime is recommended.

Precautions—Caution should be observed in patients with cerebral hemorrhage or glaucoma. Even though the administration of Cardilate tablets permits more normal activity, patients should not be allowed to interpret freedom from attacks as a signal to drop all restrictions.

CHILDREN'S HYOTHEN

Manufacturer—Charles E. Frosst & Co., Montreal.

Description—Each tablet contains: Chlorothen citrate 12.5 mg., hyoscine hydrobromide 0.06 mg.

Indication—For prevention or relief of motion sickness in children.

Administration—4 to 9 years of age, 1 tablet before starting a trip followed by 1 every 4 to 6 hours; 9 to 14 years, 1 or 2 tablets before starting the trip followed by 1 or 2 every 4 to 6 hours. Should not be administered to children under 3 years of age.

DULCOLAX

Manufacturer—Geigy Pharmaceuticals, Montreal.

Description—Bis (p-acetoxyphenyl)-2-pyridylmethane a laxative acting in the color only, upon contact with the mucosa. Non-toxic, well tolerated, clears bowel completely.

Indications—Especially for complete bowel evacuation pre- and postoperatively Useful in all types of constipation — atonic, spastic, dietary. Safe for senile and weak

patients. Contraindicated only in acute surgical abdomen.

Administration—Tablets: 1 to 3 at bedtime for a movement the following morning, or ½ hour before breakfast for a movement in 1 to 6 hours. For children 6 and over: l tablet.

Suppositories: One at a time when bowel movement required; for infants: 1/2 suppository.



SCHOOL for GRADUATE NURSES McGILL UNIVERSITY

PROGRAM FOR GRADUATE NURSES LEADING TO THE DEGREE OF BACHELOR OF NURSING

Two-year program for nurses with McGill Senior Matriculation or its equivalent. Three-year program for nurses with McGill Junior Matriculation or its equivalent. In the first year students may specialize in Public Health Nursing, Teaching of the Basic Sciences, or in Teaching and Supervision in one of the following clinical fields: Medical-Surgical Nursing, Psychiatric Nursing, Maternal and Child Health Nursing.

In the second year students elect to study in one of the following fields: Nursing Education, Administration in Hospitals and Schools of Nursing, Administration in Public Health Nursing.

PROGRAM FOR GRADUATE NURSES LEADING TO A DIPLOMA

Students are granted a diploma on the completion of the first year of the degree program. All first-year students elect to study in a particular field as stated above.

PROGRAM IN BASIC NURSING LEADING TO THE DEGREE OF BACHELOR OF SCIENCE IN NURSING

Five-year program for high-school graduates who have passed in the required papers of the McGill Junior School Examination or their equivalents. This program combines academic and professional courses with supervised nursing experience in the McGill teaching hospitals and selected health agencies. This broad background of education, followed by graduate professional experience, prepares the nurses for advanced levels of service in hospitals and community.

For further information write to:

DIRECTOR, McGILL SCHOOL FOR GRADUATE NURSES, 1266 PINE AVE. W., MONTREAL, 25, QUEBEC.

The ancient tend to ignore the fact that the years do not grow old as men grow old, but gather momentum as they multiply, bringing with them new problems and new demands to press upon heart and mind. Age is not a synonym of wisdom; experience is not a substitute for freshness of mind. The past can be useful but only to the extent that its lessons may help to prevent miscalculation, and contribute to the needs of the present. History, which after all, is only human experience, is a warning and a guide. It is not a precept. — G. Herbert Lash

CHILDREN'S HOSPITAL OF WASHINGTON, D. C.

OFFERS

Registered Nurses a 16-wk. supplementary program in pediatric nursing. Admission dates, May 6, September 1, 1959, January 5, May 3, August 30, 1960.

For complete information write to:
DIRECTOR OF NURSING,
2125-13th STREET, N.W., WASHINGTON 9, D.C.

McMASTER UNIVERSITY School of Nursing 1958-1959

I DEGREE COURSE IN BASIC NURSING (B.Sc.N.)

A Four-Year Course designed to prepare students for all branches of community and hospital nursing practice and leading to the degree, Bachelor of Science in Nursing (B.Sc.N.). It includes studies in the humanities, basic sciences and nursing. Bursaries, loans and scholarships are available.

II DEGREE COURSE IN SCIENCE TEACHING FOR GRADUATE NURSES (B.Ed.N.)

A Two-Year Course designed to prepare graduate nurses to teach basic sciences in schools of nursing and leading to the degre, Bachelor of Education in Nursing (B.Ed.N.) It includes studies in the humanities, the physical, social and biological sciences, teaching and nursing education. Bursaries of Six Hundred Dollars each are offered in both years of this Course.

For additional information, write to:

School of Nursing,
McMaster University, Hamilton, Ontario.

COURSES FOR GRADUATE NURSES

In various clinical fields, beginning March 9, June 1, August 24, and November 16, 1959.

Room, meals, and laundering of uniforms provided.

Apply to:

DIRECTOR,
COOK COUNTY SCHOOL
OF NURSING,
DEPT. C., 1900 WEST POLK ST.,
CHICAGO 12, ILLINOIS

QUEEN'S UNIVERSITY SCHOOL OF NURSING

COURSES OFFERED

Undergraduate

Degree Course, 5 years leading to BNSc. Degree

Graduate Nurses

- a. Degree Course, two years.
- b. Diploma Courses, one year. Public Health Nursing

or

Teaching and Supervision in Schools of Nursing.

For information apply to:

DIRECTOR
SCHOOL OF NURSING,
QUEEN'S UNIVERSITY
KINGSTON, ONTARIO

THE MOUNTAIN SANATORIUM

HAMILTON, ONTARIO

TWO-MONTH
POSTGRADUATE COURSE
IN THE IMMUNOLOGY,
PREVENTION & TREATMENT
OF TUBERCULOSIS

This course is especially valuable to those contemplating Public Health, Industrial, or Tuberculosis Nursing.

For further information apply to:

Director of Nursing, Mountain Sanatorium Hamilton, Ontario.

THE WINNIPEG GENERAL HOSPITAL

Offers to qualified Registered Graduate Nurses the following opportunities for advanced preparation:

- 1. A six month Clinical Course in Obstetrics.
- 2. A six month Clinical Course in Operating Room Principles and Advanced Practice.

These courses commence in January and September of each year. Maintenance is provided. A reasonable stipend is given after the first month. Enrolment is limited to a maximum of six students in each course.

For further information please write to:

DIRECTOR OF NURSING GENERAL HOSPITAL WINNIPEG, MANITOBA

WILLS EYE HOSPITAL Philadelphia, Penna.

The largest eye hospital in the United States, offers a six-month course in Nursing Care of the Eye to Graduates of Accredited Nursing Schools. Operating Room Training is scheduled in the course.

- \$180 PER MONTH & MAINTENANCE is provided for first four months. For the next two months compensation is \$190 & maintenance.
- REGISTRATION FEE is \$20
- Course starts March 15 & September 15. Ophthalmic Nurses in great demand for hospital eye departments, operating rooms & ophthalmologists' offices.

For information write to:

Director of Nurses, Wills Eye Hospital, 1601 Spring Garden Street, Philadelphia 30, Penna.

A COURSE IN

ADVANCED OPERATING ROOM
TECHNIQUE AND
MANAGEMENT

is offered by

THE MONTREAL GENERAL HOSPITAL

to

Qualified registered nurses.

Classes of 6 months' duration
are admitted September and March
and are limited to 6 students.

For further information write to:

THE DIRECTOR OF NURSING,
THE MONTREAL GENERAL HOSPITAL,
MONTREAL 25, QUE.

DALHOUSIE UNIVERSITY

School of Nursing

COURSES OFFERED

1959 - 1960

1. Degree Course in Basic Professional Nursing

Candidates for the degree of Bachelor of Nursing are required to complete 2 years of university work before entering the clinical field, and one year of university work following the basic clinical period of 30 months. On completion of the course the student receives the **Degree** of Bachelor of Nursing and the **Professional Diploma** in either Teaching in Schools of Nursing or Public Health Nursing.

2. Degree Course for Graduate Nurses

Graduate nurses who wish to obtain the degree of Bachelor of Nursing are required to complete the three years of university work.

- 3. Diploma Courses for Graduate Nurses
 - (a) Public Health Nursing
 - (b) Teaching in Schools of Nursing

For further information apply to:

DIRECTOR, SCHOOL OF NURSING DALHOUSIE UNIVERSITY, HALIFAX, N.S.

NOVA SCOTIA SANATORIUM

KENTVILLE

N.S.

Offers to Graduate Nurses a Six-Month Course in *Tuberculosis Nursing*, including Immunology, Prevention, Medical & Surgical Treatment.

- 1. Full series of lectures by Medical and Surgical staff.
- 2. Demonstrations and Clinics.
- 3. Experience in Thoracic Operating Room and Postoperative Unit.
- 4. Full maintenance, salary & all staff privileges.
- 5. Classes start May 1st and November 1st.

For information apply to:

SUPT. OF NURSES, NOVA SCOTIA SANATORIUM, KENTVILLE, N.S.

PSYCHIATRIC COURSE

for

REGISTERED NURSES

THE NOVA SCOTIA HOSPITAL offers to qualified Registered Nurses a sixmonth certificate course in *Psychiatric Nursing*.

- Classes in March and September.
- · Remuneration.
- Preference given to Nova Scotia applicants.

For further information apply to:

Superintendent of Nurses Nova Scotia Hospital Drawer 350 Dartmouth, Nova Scotia

ROYAL VICTORIA HOSPITAL

SCHOOL OF NURSING

Postgraduate Courses

 (a) Six month clinical course in Obstetrical Nursing.

Classes - September and February.

(b) Two month clinical course in Gynecological Nursing.

Classes following the six month course in Obstetrical Nursing.

(c) Eight week course in Care of the Premature Infant.

2. Six month course in Operating Room Technique and Management.

Classes - September and March.

Six month course in Theory and Practice in Psychiatric Nursing.

Classes - September and March.

Complete maintenance or living-out allow ance is provided for the full course.

Salary — a generous allowance for the last half of the course,

Graduate nurses must be registered and in good standing in their own Provinces.

For information and details of the courses, apply to:—

Miss H. M. Lamont, B.N.
Director of Nursing,
Royal Victoria Hospital,
Montreal, P.Q.

Our uniforms are
without equal in the
beauty of their style
and wearing qualities.
There are unmistakeably
advantages when
wearing them.



our finest quality cotton all sizes \$9.00 ea.

Made and sold only by

Bland & Company
2048 Union Ave., Montreal, Canada

NOW... the finest Meat Dinners in sparkling glass

FROM SWIFT -- WHO BROUGHT YOU THE FINEST IN 100% MEATS FOR BABIESI



Swift—meat specialists and pioneers in working with doctors to make meats available in baby foods—now bring you 5 new Meat Dinners . . . in sparkling glass. Swift's Meats for Babies—always the most complete line—is now more complete than ever! These 5 new Meat Dinners have the same smooth texture, are prepared from the same fine, lean meats used in Swift's 100% Meats for Babies. Just the right amount of fresh vegetables and cereal have been included to

make them balanced dinners.

With the 5 new varieties of Meat Dinners, the 13 varieties of 100% Meats (including 3 fruit-flavoured ones), plus Egg Yolks, and Egg Yolks & Bacon, you can recommend whatever meat best suits each baby's nutritional requirements with the knowledge that every meat is available in Swift's complete line of Meats for Babies.

(If Swift's new Meat Dinners are not in your area yet, they will be very soon.)

FOR YOUR CONVENIENCE, HERE IS A LIST OF ALL SWIFT'S MEATS FOR BABIES. (Most are also available in chopped form for older babies.)

Beef • Lamb • Pork • Veal • Chicken • Chicken & Veal • Ham • Liver • Liver & Bacon • Beef Heart • Pork with Applesauce • Ham with Raisin Sauce • Lamb with Mint flavour • Egg Yolks • Egg Yolks & Bacon

Beef Dinners • Chicken Dinners • Veal Dinners • Lamb Dinners • Ham Dinners



To Sorve Your Family Better

THE CANADIAN NURSE

L'Infirmière canadienne

A MONTHLY JOURNAL FOR THE NURSES OF CANADA PUBLISHED BY THE CANADIAN NURSES' ASSOCIATION

VOLUME 55

NUMBER 1

MONTREAL, JANUARY 1959



The Meaning of Faith

A T OUR GENERAL MEETING in June, 1958 it was my privilege to choose the watchword for this biennium and spontaneously I chose the word Faith. Now, as I try to analyze why I made this choice, I find the task rather difficult since faith is a composite of so many elements and the relevant importance of each one is difficult to assess.

Was it belief in the great truths preserved for us and which form part of our heritage? Was it reliance on the intrinsic nature of ourselves? Could it have been trust in our ability to meet the new, the strange, the challenging situations which we encounter each day? Was it, perhaps, confidence derived from the many accomplishments which have been linked together like the rings of a chain that was started away back in 1908?

It could have been all of these—belief, trust and confidence—because each one is a part of what I saw in the meaning of Faith. Yes, we can have faith in our heritage, we of Canada, because ours is a country vast, varied and vital and in which there is so much space to grow. Our people, like our

land, is varied and blessed with a multi-patterned cultural heritage, with two main streams, French and English in origin, flowing side by side down through the centuries. This is a rich past from which our own Canadian culture has been nourished. Though



(G. Carpenter)

ALICE GIRARD

differences between these two streams at times have seemed sharp, their likenesses were greater than their differences as both bore the essential qualities of western European culture, making harmonious sharing between

the two possible.

As nurses, we have an old and growing heritage. Early, some of our women found a way to serve God and their fellowmen by caring for the sick and injured. The memory of devoted women like Jeanne Mance, working to relieve the suffering of the cruelly hurt and dying, inspires each of us as we seek to nurse the ill and promote the health of the individual. Today, Canadian nurses continue to build that heritage for the nurses of the future as both national groups hold in reverence the names of the admirable women who have inspired us in raising the standards of nursing care given to a rapidly expanding population and improving the professional education of nurses and the health education of all Canadians. Our nurses are making a special contribution to nursing all over the world as they join with nurses of other countries to formulate and carry out the programs of international health organizations, and as our schools open their doors to students from countries where nursing education is not yet well developed. Our nursing heritage is both roots to nourish us and a torch to light the way.

Though the past gives us values and ways of behaving that we can trust because they have been tested through time and found to be good through human experience, it is with the complex and often confusing situations of the present that we must cope. It is here truly, in this diversity of today's problems, that faith is most needed and hardest to come by. No small part of our difficulty in living with faith in the present arises from the fact that answers that have come down to us are no longer wholly satisfactory to answer the questions that arise today. Though many of us have been born and reared in homogeneous communities where our parents and our schools told us not only what to do but quite frequently how to do it, very few of us reach maturity without living in heterogeneous communities where new acquaintances and friends do not conform entirely to our pattern of living. Ouite often the problems that confront us today are not to be solved by the solutions provided to any of us in our childhood. We are in a changing situation that calls for imaginative and creative living. From our past heritage we can bring only some of the values, some of the principles, and very few of the prescriptions of procedure. The rest we must acquire, This will be possible only if there is communication and understanding between peoples; a willingness to accept the differences of others and to recognize that their beliefs and ways of behaving have validity for them. We in Canada understand this for we have lived with heterogeneity of culture throughout our history. Professionally, we have also lived with diverse disciplines. With greater specialization and the utilization of more kinds of workers to do the job, increasingly we shall need faith in other people whose ways seem new and strange. We are utilizing teamwork and new techniques to speed up communication and understanding in nursing. Interesting examples of new approaches to old problems are being tried every day. One such example was brought to my attention recently when problems between internes and nurses in an emergency department were worked out in one hospital through the means of a closed television circuit with cameras trained in the emergency room and with receiving screens in conference rooms. Needless, to say, this was successful only because skilled persons in the field of social dynamics and human relations helped all those involved to understand what they saw and to seek solutions to the solvable aspects of the problems. The nurses and the internes, alike, found new potentials in their work and more satisfaction in the interpersonal relations with their coworkers. They took on some new values; but they also had to rid themselves of useless tradition to which they had frantically clung.

One area of diversity that may be expected to arise with the demands for more and varied personnel to meet the nursing needs of Canadians is the kinds of nursing schools. We are in the midst of an evaluation study and we hope to go into an accreditation

program for which we are trying to prepare nationally. These plans leave way for diversity and provide for the flexibility that will permit experimental programs aimed at meeting the rising needs. Agencies that employ nurses from the varying kinds of schools will also have to understand what each kind of worker has been prepared to do. Staff nurses as well as supervisors will need to understand the differences in the preparation of the various kinds of nursing personnel if the total nursing service is to be cooperatively coordinated and the needs of the patients adequately and efficiently met.

Another challenging situation in nursing is that which is being brought about through government hospital insurance. Here, also, our capacity to accept and adapt efficiently to new situation fraught with critical elements of change is being severely taxed. Many of us have already successfully tackled this problem and are ready to pass on to others the experience

gained through this change.

So in our complex diversified world, faith means having confidence in ourselves and in our ability to adapt to changing situations. It is also being able to have confidence in other people, to share their experiences and to trust in their willingness to help. It also means understanding of and

respect for others.

It is only a small step to believe in the future, when one has faith in what is being done today. If we can adapt to meet the changing situation of the immediate moment, we can adapt to meet the future. Adapting in this case often means to unlearn the old and to learn the new. To unlearn may be painful because what we have learned is often precious to us; because of the effort expended in the learning, because of the force of tradition and because of the satisfactions that we have had when we successfully used that knowledge in the past. But when knowledge is no longer satisfactory, nor relevant, perhaps even dangerous, we must discard it and expend the energy needed to seek other ways.

Nurses, reared in tradition, have often found this difficult. Every nurse knows how difficult it is to help a patient build self-confidence and independence by working out his own solutions for his problems or letting him make the necessary efforts to become self-sufficient when she feels that she could do all this for him far more expertly and derive much satisfaction out of doing it. However when these same nurses gain insight into the deleterious effects of their traditional methods they know they must effect a change of attitude and of goals in their work.

Many nurse educators have yet to unlearn patterns of training and methods of teaching that prepared students solely for palliative and curative nursing. They must learn ways to prepare these future professional nurses for essential health promotion, illness and accident prevention, and rehabilitative functions. Moreover, we all have much to learn about motivating a desire in both students and ourselves to seek out new truths through study and research and to apply them in the practice of nursing. Experimental programs in nursing schools in Canada will provide some of the knowledge needed to improve nursing education, but the instructors will know that having the data is but the first step in the difficult art of producing a competent and efficient nurse with a mature mind and a heart that still responds to the right stimuli. They as teachers must continuously search for better and more progressive methods of improving the education of students and therefore the nursing services to the sick.

So it would seem that the watchword "Faith" might well mean all these things: belief in those truths that form part of our heritage and that, held up against the bright light of today's reality, are found to be still valid; reliance on ourselves, personally and professionally, secure in our own individuality among diversity all about us; confidence in our adaptability to meet the new, facing its reality, imaginatively calling into play relevant knowledge; and courageously expending the energy and emotion to discard what is no longer beneficial. Above all we must have faith in our mission which still remains the same in spite of the changing world in which we live.

ALICE GIRARD, President Canadian Nurses' Association

Squint or Strabismus

HOWARD REED, M.B., M.S., (LOND.), F.R.C.S. (ENG. & C.), F.A.C.S.

OUINT IS BY FAR the most important problem in ophthalmology because about 3 per cent of all children suffer from this condition. Without treatment about one half of these become practically blind in one eye. All nurses should therefore have some knowledge of strabismus.

DEFINITION

A squint is any condition in which both eyes are not directed at the same object. A more exact but somewhat technical definition is that strabismus is any condition in which the visual

axes are not parallel.

A mother will often consult a doctor because she thinks that her child is squinting. By this she means that he is half closing his eyelids. This is due to intolerance of bright light. It is true that many children with strabismus will close the deviating eye in a strong light. But this symptom does not always mean that strabismus is present.

HISTORY

The "evil eye" of folklore and mythology undoubtedly referred to the condition of squint. The ancients did not understand that this was a physical deformity. They attempted to explain it as a visitation of the gods. It was a condition which had an unpleasant appearance and it was often thought that people with it possessed evil or demoniac powers.

As long ago as 400 B.C. Hippocrates wrote about it and recognized that it occurred in families. Throughout the centuries no real advance was made in the understanding or treatment of the condition until relatively recent times. A wandering quack, Chevalier Taylor, mentioned it in his writings and stated that he treated a convergent squint by dividing the medial rectus muscle. In 1896, Javal,

Dr. Reed is chief of the Department of Ophthalmology of the Winnipeg Clinic, Winnipeg, Man.

a French ophthalmic surgeon, was the first to write a book upon the subject and lay down the principles which still form the basis of modern treatment.

CAUSE

1. Sex — Squints occur equally in both sexes.

2.Heredity — There is a family history of strabismus in about 50 per cent of cases.

3. Refractive errors — A high proportion of patients with the condition have high refractive errors, particularly hypermetropia and astigmatism.

4. Trauma — This may occur at birth or as the result of an accident.

- (a) Birth: There is no doubt that a few cases of squint occur as a result of injury during birth. It is possible that excessive moulding of the head may give rise to sixth nerve palsy and weakness of the lateral rectus muscle, thus causing a convergent squint. On occasion the application of forceps in a difficult delivery may injure one of the nerves or extraocular muscles and so cause a squint.
- (b) Accident: In adults, head injuries not infrequently damage nerves supplying the extraocular muscles and thus produce paralytic squints.
- 5. Cerebral tumor An intracranial tumor, particularly in the posterior cranial fossa, may give rise to raised intracranial pressure. This in turn damages the sixth nerve, causes weakness of the lateral recti, and leads to a convergent squint. These patients usually have headache and vomiting. Although such cases are not common all patients with squint should be examined at its onset to exclude the possibility of a tumor.

6. Infectious disease — There is no question that a squint may first become apparent after an infectious disease such as measles, mumps, whooping cough or scarlet fever. Inquiry will often reveal the fact that a relative has a squint and examination will show that the child has a high refractive error. In this case, the infectious dis-

ease has merely weakened the child's resistance so that the squint has appeared. It might be said that the infectious disease was the trigger that fired the gun that was loaded by the refractive error and the hereditary tendency.

Types of Squint

Esotropia or Convergent Squint: The convergent squint is by far the most common form and occurs in about 70 per cent of cases.



Right esotropia or convergent squint

Exotropia or Divergent Squint: This is a less common form of squint and occurs in about 30 per cent of patients.

Hypertropia or Vertical Squint: In most of these cases a horizontal defect is associated with the vertical defect.

All three of these squints may be further classified into three groups.

They may be:

1. Intermittent — in which the eye deviates only occasionally and appears to wander when the child is tired or day-dreaming.

2. Constant — in which one eye turns constantly in, out, or up. It is this eye which tends to develop amblyopia.

3. Alternating — this means that each eye may be used in turn and the vision in each eye is normal. In alternating convergent squints the right eye is used when looking to the left and the left eye is used when looking to the right.

DEVELOPMENT OF VISION

The vision of infants is poor. It is probably 20/120 or less. Not until the age of six does vision improve to 20/20. But the eye must be used for this development to occur. In a constant convergent squint, the convergent eye is never used and its vision does not develop. In fact, is seems that an active suppression takes place so that the vision in the eye actually deteriorates. If the eye is not used for some time, it



Right extropia or divergent squint

may become practically blind and incapable of seeing more than movements.

TREATMENT

1. Immediate: Only too often a child of about the age of nine or ten is brought into a doctor's office with a squint which has been present for many years. When the parents are asked why they have delayed bringing the child for treatment, they reply that they were told that nothing could be done until the child was older, or to wait until he was older because time might cure it. These fallacies are still propagated not only over the garden fence but also in more enlightened



Left hypertropia or vertical squint

circles where the gravity of this condition should be better understood.

It is essential that treatment should be undertaken as soon as a squint develops. If the child is very young it may not be possible to try to rectify the squint at once, but an examination should be made to exclude diseases of the retina, optic nerve, or lens which might be responsible for the squint.

Treatment may be initiated in a child as young as ten months. Delay means that amblyopia will develop in a constant squint. If this is allowed to persist after the age of six the child is likely to be blind in the unused eye for the rest of its life. This is a serious matter. If the good eye should be accidentally damaged then the patient is fit only for a blind register. All who have

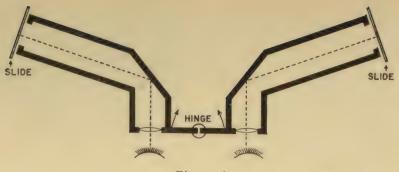


Figure 1

had the unhappy experience of registering such a patient as blind, appreciate the importance of treating the child with a squint before the age of six when there is hope of restoring vision

in the squinting eye.

2. Cycloplegia: It is important to use atropine or a similar drug to dilate the pupil. The retina must always be examined to exclude intraocular inflammation, a congenital cataract or an abnormality of the optic nerve which may be responsible for defective sight and the development of a squint. When a child has a congenital anomaly of the squinting eye it may be impossible to improve the sight. In this case treatment must be modified.

3. Refraction: If a child requires glasses in order to see clearly they must be provided. In about 20 per cent of patients with a convergent squint the wearing of glasses for hypermetropia will result is a permanent cure of the deviation.

4. Patching: If the child has a constant squint and the vision of the squinting eye is defective, it is essential to patch the good eye to compel the child to use the lazy eye. An adhesive patch, put over this eye, is worn all day, every day, until the vision of the squinting eye is equal to that of the good eye. It is sometimes necessary to patch a fixing eye in this way for three or four months. The child should be seen at frequent intervals in order to check the improvement in vision. It is a great encouragement to the mother and to an intelligent child to realize that a few weeks of patching has resulted in the improvement of vision by one or more lines of type. It is often a good plan to advise the parents to allow the child to watch T.V. or go to the movies with the eye patched. The constant movement on the screen and the child's interest in the program are perhaps the best stimuli to a lazy eye that can be devised.

5. Orthoptics: This valuable branch of ophthalmology has developed in the last quarter of a century although Javal enunciated the principles in 1896. Orthoptics deals with diagnosis of the state of the binocular vision and its training. Binocular vision is classified into three grades, and it is measured by means of an amblyoscope or similar instrument. Each eye looks down a separate tube at the end of which is placed an illuminated slide. (Fig. I)

Grade I. This is the ability to see dissimilar objects with each eye and to be aware of both at the same time. Slides commonly used to diagnose grade I binocular vision are those in which one eye sees a parrot and the

other eye a cage.

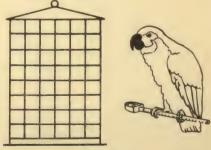


Figure 2

Fig. 2. The child is asked to swing the tubes and put the parrot in the cage. If he can do so without either the parrot or the cage disappearing, grade I vision is present.

Grade II. This is the ability to fuse similar images. Pictures used in this case are a rabbit without a tail before one eye whilst the other eye sees a rabbit without the bouquet of flowers.

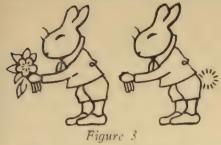


Fig. 3. The patient with grade II vision will see a complete rabbit holding the bouquet. The absence of any part of the image will indicate the lack of grade II vision and will show which eye is being used.

Grade III. This indicates stereoscopic vision or the perception of depth and is the highest grade of binocular vision. No squint can be accounted completely cured unless grade III binocular vision is obtained.

When the eyes have been made straight or nearly so by operation and the visual acuity is equal in each eye, orthoptic training is desirable to develop full binocular vision and normal ocular movements. Regular reviews at intervals are essential lest a relapse occur and further operations be required. All children with any tendency to squint should be kept under constant supervision up to the age of eight. If grade II or grade III binocular vision is obtained, relapse rarely occurs.

6. Operation. If the wearing of glasses, patching, and orthoptics, fail to correct the angle of deviation, an operation must be performed. It is important to warn parents that one cannot guarantee a perfect result in one operation. It is sometimes necessary to perform two or even three operations to straighten the eyes. It is unwise to attempt to correct a large deviation in one surgical procedure, because this may result in an overcorrection. For example, a converging eye may be made to diverge. Such an over-correction may be difficult to put right.

Each eye has six muscles and all collaborate in each ocular movement. When the eye is looking in any given

direction, only one muscle may be acting maximally but the other muscles are also in a state of tone, guiding and controlling the position of the eye to prevent it swaying off the desired direction.

Parents are often afraid that an operation may damage the sight of the eye. Only the muscles are operated on during a squint operation so there is no danger of this happening.

There are two principles involved

in all squint surgery:

1. Overacting muscles are weakened.

or

2. Weak muscles are strenghtened.

Overacting muscles are weakened by dividing their attachment to the eyeball and sewing the muscle to the eyeball a little further back. This lengthens the muscle so that it is

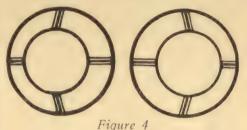


Fig. 4. If the eyes are capable of stereoscopic vision these two slides give the impression of looking into a bucket.

relatively weaker. Muscles are strengthened by cutting a small portion out of the muscle close to its attachment to the eyeball and resuturing the cut end of the muscle back to its previous attachment. This shortens the muscle by 5 or 6 millimetres and thereby increases its power of action.

NURSING

A generation ago children were kept in hospital for ten days following surgery, in many cases with both eyes bandaged. Since then the post-operative time in hospital has been decreasing. At present, most surgeons keep children in hospital for no longer than two or three days.

No special preoperative care is required but the usual preanesthetic precautions are taken. When the child is anesthetized, the eyelashes are cut to half length. This is done to prevent them being cut during the operation and falling into the wound. The scissors should be well greased so that the cut lashes stick to the grease and do not fall into the conjunctival sac. The face is cleaned with Zephiran and painted with the antiseptic of the surgeon's choice.

The postoperative nursing is simple. Only the operated eye is covered with a pad and elastoplast. As soon as the child has recovered from the anesthetic he is allowed to get up and play about the ward. He may even watch T.V. if it is available. Few children attempt to remove the dressing and there is little or no danger of damage to the eye itself. Children do not rub the eye because it causes pain.

The eye is uncovered one or two days after operation. Dark glasses may be worn for a few days if bright light bothers the child. An antibiotic ointment is instilled thrice daily for a few days. The conjunctiva is usually stitched with fine catgut sutures which are absorbed or sloughed out in about a week. The eye is irritable until this happens, but as soon as the catgut has absorbed irritation practically ceases. The eye often remains red for several weeks or even months and parents must be warned of this to prevent anxiety.

Surgery does not affect the vision of the eye. Thus, if glasses were needed before operation they must be worn after it.

Prognosis

What results may one expect from the treatment of strabismus?

A complete cure has been achieved if the child has straight eyes, normal sight in each eye, and binocular vision. The latter means that the two eyes are working together and the child has stereopsis. If seen early nearly 50 per cent of children are cured.

If there is delay in treatment the visual results are likely to be less successful. In all cases, however, the two eyes may be made to appear straight by operation so that a casual observer cannot tell that a squint has ever been present.

REFERENCES

Reed, H., Strabismus — A Paediatric Problem. Analysis of 296 Cases. Canad. M.A.J., 77: 724, 1957.

Lyle, T. K., Squint, London, Baillière, Tindall & Cox, 1957.

Scobee, R. G., The Oculorotatory Muscles, St. Louis, C.V. Mosby Company, 1952.

In the Good Old Days

(The Canadian Nurse - January, 1919)

The field of Public Health Nurses gets wider every year; or perhaps it would be better to say the opportunities of that field are getting clearer to our eyes, and the call for nurses is great all over the country.

The Quebec Provincial Nurses' Association accepted with regret the resignation of the president, Miss Grace Fairley, who has accepted the position of superintendent of the General Hospital in Hamilton.

Instead of using gauze or cotton as a drain in the dressing of wounds, thin strips of blotting paper may be inserted; for an external dressing, the blotting paper is first crumpled up in the hand. It makes a

light, airy, inexpensive dressing, is easily removed, and is more readily destroyed than a cotton dressing.

It is stated that Cromwell died of influenza. This Italian name for the disease was first used in England during the epidemic of 1743. The first great epidemic of the disease in United States was in 1647, the most recent in 1890.

To cure hoarseness: Bake a lemon for twenty minutes in a moderate oven. Open one end and dig out the inside, then sweeten it with molasses. Repeat this in one hour. After one eats this the throat will be cleared as if by magic.

Entraide Au-Delà de la Frontière

TRAITEMENT DE L'INSUFFISANCE AORTIQUE À L'AIDE D'UNE VALVE EN PLASTIQUE

HELEN CREIGHTON, A.M., J.D.; CHARLES A. HUFNAGEL, M.D. JUANITA THORN, M.S.W. and FLORENCE G. PRESLEY, B.S., P.T.

DURANT L'AUTOMNE 1957, notre nation avait le plaisir d'accueillir, en même temps que nos voisins canadiens, la très gracieuse reine Elizabeth d'Angleterre. D'intérêt un peu plus particulier pour celles d'entre nous qui sommes infirmières, est le fait que l'Association des Infirmières canadiennes est sous le patronnage de Sa

Majesté.

Toutefois, si en effet nos deux pays participent quelquefois aux mêmes événements sociaux et ont souvent les mêmes problèmes, il est d'un intérêt encore plus frappant qu'un citoyen de la classe moyenne puisse bénéficier de cette participation dans un tout autre domaine. L'histoire de Jacques, un canadien-français de dix-huit ans, s'est rendu jusqu'à l'hôpital Georgetown pour le traitement d'une insuffisance aortique, démontre bien comment nous avons joint nos efforts aux vôtres pour traiter adéquatement le cas d'un individu en particulier. Ce récit tiendra compte du patient du point de vue émotif et social, ainsi que de l'aspect médical et chirurgical.

INSUFFISANCE AORTIQUE

Par insuffisance aortique on signi-

fie que d'elle-même la valve de l'aorte est incapable d'empêcher le retour du sang dans le ventricule gauche. La quantité de sang qui ainsi régurgite varie selon le degré d'impuissance de la valve. Les symptômes d'épuisement qui tôt ou tard apparaissent, selon la gravité de la défectuosité mécanique, révèlent une surcharge excessive s'accroissant continuellement et causant ainsi un effort exagéré au myocarde. Toutefois, la modification d'une telle valve, en majeure partie ou complètement, offre à ces patients ainsi incommodés, l'espoir et la perspective d'une vie plus normale.

On trouve dans un cas d'insuffisance aortique les signes suivants:

a. un pouls bondissant;

b. un souffle diastolique entendu au bord sternal gauche;

c. un bruit claqué entendu en regard des gros vaisseaux de l'aîne;

d. un souffle de "va et vient" si l'on déprime une artère au doigt;

e. dans les cas avancés, un gros ventricule gauche décelable à la fluoroscopie.

Ces patients ont une haute pression artérielle systolique et une pression diastolique anormalement basse. L'infirmière doit se souvenir qu'afin d'obtenir une pression diastolique adé-

Helen Creighton (A.M., Université du Michigan; J. D., Université George Washington; B.S.N., Université Georgetown) est professeur adjoint à l'école des infirmières de l'Université Georgetown. Elle enseigne aux infirmières les soins médicaux et chirurgicaux; elle est aussi chargée de la surveillance des étudiantes infirmières, ainsi que de cours à ces dernières à l'hôpital de l'université sur les maladies de la poitrine.

Dr. Charles A. Hufnagel est professeur en chirurgie, professeur en recherches chirurgicales, et directeur du laboratoire expérimental au Centre Médical de l'Université Georgetown. Il est bien connu pour ses recherches en chirurgie du coeur et il est le chef de l'équipe qui a mis au point la valve de plastique dont il est fait mention dans cet article.

Juanita Thorn (M.S.W., Université de Chicago) est directrice de la section s'occupant de l'étude des causes soumises (casework), Département du Service Social, à l'hôpital de l'Université Georgetown.

Florence G. Presley (B.S., Collège Arnold P.T., Université Columbia) est à la tête de la section de Physiothérapie, Département de Médicine Physique et Réhabilitation, à l'hôpital de l'Université Georgetown.

quate, elle doit enregistrer le changement dans le son ainsi que sa disparition. Par exemple, si chez un tel patient le premier son est entendu à 150 et le premier changement apparait à 30 et que le son descend graduellement jusqu'à zéro, la pression artérielle du patient devra être enregistrée comme étant 150/30/0. De plus, on remarque que ces patients ont une pression systolique beaucoup plus haute dans les artères fémorales que dans les brachiales.

Les causes principales de ces dommages causés au coeur sont le rhumatisme articulaire aigu, l'endocardite et la syphilis. Parmi les nombreux groupes de patients qui ont été, à une époque ou une autre, sous observation dans notre centre médical, nous avons constaté que relativement, la plus grande majorité (à peu près 80 pour cent) des patients souffrant purement d'insuffisance aortique, ont à l'origine souffert de rhumatisme articulaire aigu.

Prothèse Valvulaire de Plastique

La prothèse d'une simple valve de plastique ayant la forme d'une balle selon l'adaptation de l'un des auteurs (Dr. Hufnagel) est, de nos jours, la méthode la plus efficace de corriger une insuffisance aortique. Cette valve est moulée tout d'une pièce sans couture et doit être extrêmement lisse et unie. Une telle valve de plastique est munie d'une soupape d'admission, d'un compartiment contenant la balle et d'une voie d'écoulement. Le compartiment est fabriqué de façon à permettre à la balle de se mouvoir en droite ligne du point où elle repose jusqu'aux points d'arrêt de la valve. Une différence de pression du mercure de 5 mm. produit soit l'ouverture ou la fermeture complète de la valve. Sur la surface extérieure à chaque extrémité de la valve il y a une rainure. L'aorte est maintenue en place à différents endroits sur ces rainures à l'aide d'anneaux. La valve est insérée dans l'arche descendante de l'aorte corrigeant ainsi la majeure partie de la régurgitation,

sans danger grave pour le patient.

L'insertion de la prothèse valvulaire de plastique dans l'arche descendante de l'aorte, a pour effet de contrôler approximativement soixantequinze pour cent de reflux. Le coeur se trouve ainsi débarrassé d'une tension excessive. Les rayons-X démontrent que le coeur diminue en dimension. Le rendement du coeur s'améliore, la pression diastolique sous la valve devient normale et toute douleur disparait.

LE PATIENT ET SA FAMILLE

Par un bel après-midi de septembre, Jacques, un jeune canadien-français de dix-huit ans, arrive à Washington, D. Souffrant d'une insuffisance de l'aorte à la suite d'une maladie de coeur dont il fut victime vers l'âge de huit ans, son médecin de famille l'a d'abord dirigé vers un médecin de Montréal et de là, vers notre centre médical à l'hôpital Georgetown pour un traitement approprié. Le traitement de l'insuffisance aortique par l'insertion d'une prothèse valvulaire de plastique est bien connu à Montréal, nul doute grâce à plusieurs années d'étroite collaboration dans la chirurgie du coeur d'un des auteurs (Dr. Hufnagel) avec un autre Canadien, feu le docteur Pierre J. Rabil autrefois de Montréal et plus tard professeur adjoint de chirurgie à Georgetown.

Jacques arrive donc dépourvu de toute référence médicale adéquate et même bien entendu d'un dossier personnel. Tout de même, l'expérience qu'a vécue le jeune Jacques démontre jusqu'à un certain point comment en face d'un problème de santé sérieux et menaçant, en dépit de tout ce qui a été écrit au sujet du traitement complet d'un tel cas, certains facteurs humains du patient peuvent être né-

Ainsi, tous sont légèrement étonnés lors de l'arrivée de Jacques à notre centre médical. Si, en réalité, continuellement nous recevons des patients venant de centres assez éloignés de notre propre pays ainsi que de l'étranger, c'est bien la première fois que quelqu'un, souffrant d'une insuffisance grave de l'aorte, arrive afin de faire examiner son coeur en vue d'une intervention chirurgicale, après un long

^{1.} Hufnagel, Charles A., Harvey, W. Proctor, Rabil, Pierre J. and McDermott, Thomas F.: "Surgical Correction of Aortic Insufficiency," *Surgery*, 35:673-683 (1954).

vovage continu de 27 heures en autobus! Un lourd paletot sur le bras en plus d'une petite valise, Jacques n'a jamais pensé que fin de septembre à Washington pouvait être synonyme de température modérément chaude. Tous sont un peu étonnés aussi qu'un problème réel puisse exister au sujet de la langue que parle Jacques. Avec un degré d'instruction équivalant à une 7ième année et une étude sommaire de l'anglais, Jacques s'est imaginé que les médecins et les infirmières à Washington étaient bilingues et qu'il pouvait tout simplement parler français. Pris au dépourvu, le personnel de langue anglaise de l'hôpital, habitué à rencontrer plutôt les membres du corps médical canadien, parlant également les deux langues, doit immé-diatement avoir recours à quelqu'un pouvant parler le français.

En entendant toute une variété de français, un sourire amusé apparait sur les lèvres du pauvre visage fatigué et pâle. La connaissance du français qui a très bien fait l'affaire d'un ancien professeur dans une clinique à la Sorbonne, d'un ex-GI étudiant en médecine en Normandie, d'un Cajun en Louisiane et le français qu'une des infirmières a appris dans un high-school du Massachusetts — aux oreilles de Jacques aucun n'a l'accent du français qu'on parle à Québec. Tout de même, ce ralliement de jeunes a pour effet de créer un sentiment d'amitié et de curiosité de part et d'autre.

Jacques est le troisième d'une famille catholique de huit enfants. Son père, qui s'occupe d'habitude de la direction d'un hôtel, étant malade n'a pu travailler durant l'été précédent. Sa mère, ses cinq frères et ces deux soeurs jouissent relativement d'une bonne santé. A l'âge de huit ans Jacques a souffert de rhumatisme articulaire aigu avec polyarthritie. A 13 ans, il a eu une autre attaque de rhumatisme articulaire aigu et à 16 ans il fut hospitalisé durant deux mois pour hypertension. Depuis, tous les jours il a pris une dose de digitalis, en plus de la pilule de pénicilline qu'il prend journellement depuis dix ans. Dans l'intervalle, durant les deux dernières années, il a souffert de plus en plus de dyspnée et d'orthopnée. Durant l'année qui a précédé son admission ici, il a constaté un battement systolique dans son



JACQUES

cou et sa tête, une transpiration anormale et il s'est inquiété du fait que les palpitations de son coeur devenaient

de plus en plus fortes.

Sa 7ième année terminée, il a travaillé à la réparation des appareils de télévision, c'est-à-dire durant l'année précédant son admission à l'hôpital Georgetown. Après avoir reçu un premier compte de \$250 à la fin de sa première semaine à l'hôpital, il s'est soudainement trouvé en face de la réalité. Ses parents n'ont jamais été en faveur d'une opération pour lui, mais il a persisté dans son intention, disant "tel que je suis dans le moment, je ne vaux absolument rien!" Il est venu en autobus avec l'intention de payer luimême son passage. Afin de pouvoir payer l'opération qu'il espère subir, il a économisé entre \$250 et \$300! Après une semaine d'adaptation durant laquelle on fait l'évaluation de son

"Jacques" est un pseudonyme et c'est volontairement que nous avons omis de mentionner le nom de l'endroit où demeure le patient. Tous les autres détails sont exacts. Divers messages venant de Jacques nous apprennent qu'il a gagné 16 livres, qu'il se sent physiquement bien, qu'il travaille à la réparation des appareils de télévision et qu'il jouit de la vie d'une façon plus agréable.

coeur — une semaine de bonheur remplie d'espoir, (ses rêves: il a une petite amie et il aime les enfants; il a de l'ambition: il espère pouvoir gagner plus d'argent et il veut un jour avoir sa propre famille), imaginez sa consternation et son découragement à la vue du compte!

On dû avoir recours au Département du Service Social afin d'aider à préparer l'arrivée de la mère de Jacques, ainsi que pour parer à divers besoins

qui s'avèrent nécessaires.

En supposant qu'il aurait probablement été plus facile pour Jacques d'obtenir de l'aide chez lui s'il y avait pensé à l'avance et avait établi son projet au préalable, et en tenant compte du fait que bien des caisses de secours ne sont à la disposition que des résidents de la ville, il faut maintenant trouver un moyen d'aider Jacques! Sa confiance naturelle dans les gens et une habilité indéniable pour communiquer avec eux ne peut mentir. Nous n'avons jamais douté un instant que le chirurgien (Dr. Hufnagel) ferait l'opération par amour de Dieu — mais les autres comptes? Par l'entremise du chirurgien en chef, il est possible de le traiter comme cas méritant observation et il peut ainsi obtenir une bourse du Hartford Family. Mis au courant du cas. le Metropolitan Heart Guild, un service bénévole qui accepte quelquefois de rendre des services spéciaux, accepte de payer les services d'une infirmière privée (\$16 pour huit heures) pour plusieurs jours après l'opération ou tel que requis. Un autre service bénévole semblable appelé Aids to All Charities s'offre à payer les frais de transport — un billet de première classe par avion jusqu'à Montréal, et cetera.

La mère de Jacques emprunte l'argent nécessaire pour venir à Washington, afin de passer deux semaines avec lui, juste avant et après son opération. De nouveau, se basant sur les prix en cours dans son village, elle a tout bonnement calculé dépenser \$10 par semaine pour son logement. Quand la travailleuse sociale explique le cas à la propriétaire chez qui on a l'intention de loger la maman de Jacques, une bienveillante juive d'origine russe qui a émigré dans ce pays il y a déjà de nombreuses années, non seulement accepte-t-elle d'accueillir une voisine du

Canada à un taux réduit, mais faisant preuve d'un sens parfait de l'hospitalité, elle reconduit la mère de Jacques à l'autobus ainsi qu'à l'hôpital. On ne peut s'empêcher de remarquer aussi une profonde compréhension de part et d'autre et une sympathie réciproque qui semble s'être naturellement développée en prenant le café ensemble, alors que la conversation, et en anglais et en français, ne peut certainement être comprise que des interlocutrices elles-mêmes.

Soins et Préparatifs avant L'Opération

Un patient qui doit subir une valvuloplastie élective pour insuffisance aortique est d'habitude admis à l'hôpital quatre jours ou plus avant la date de l'intervention. Cette période durant laquelle le patient est sous observation permet de vérifier l'absence de toute infection — un risque très sérieux dans une telle intervention chirurgicale et permet aussi d'étudier le patient se basant sur certains procédés servant à diagnostiquer et à pronostiquer les chances du patient sur la table d'opération. L'analyse d'urine de Jacques montré 3 plus d'albumine avec cylindres hyalins. Hématocrite à 43; sédimentation à 3; formule blanche à 11.800 avec différenciel normal et tests sérologiques négatifs. L'azotémie s'élevait à 12 mg %. La recherche des "C-reactive-proteins" s'avéra négative et le titrage des anti-streptolysines s'est établi à 1/160. A l'électrocardiogramme, on trouve une hypertrophie ventriculaire gauche et de fréquentes extra-systoles. L'examen fluoroscopique du thorax décèle une aorte à pulsations exagérées tandis que l'oesophage n'est pas déplacé. Avec deux cc. de Thiomerin (un diurétique), on obtient une perte de poids de deux livres et demie. A la suite de toutes ces découvertes et de l'examen du patient par plusieurs médecins, on a posé le diagnostic d'insuffisance aortique et on a jugé que Jacques profiterait d'une valvuloplastie aortique.

On explique donc à Jacques tous les examens et procédés afin qu'il comprenne bien le but de chacun. Quoique dans un sens on ne puisse dire qu'un patient trouve agréables les examens destinés à établir un diagnos-

tic, d'une certaine façon Jacques est satisfait. On accomplit quelque chose et une telle activité est pour lui synonyme de progrès. "Je suis venu ici pour guérir et on s'occupe de moi — un,

deux, trois, etc . . .'

De plus, il aime bavarder avec les infirmières, plus particulièrement avec les étudiantes: "De gentilles jeunes filles, elles me traitent comme un étudiant d'université." Elles lui enseignent quelques mots supplémentaires d'anglais — plus particulièrement certains mots d'usage courant parmi les écoliers américains, et lui leur apprend quelques mots de français. Les jeunes, quelle que soit leur langue, semblent s'accommoder facilement de sujets de conversation tels que les chansons populaires, la danse, le cinéma, les pages illustrées et les sports. Un garçon timide et bizarre à son arrivée, Jacques s'épanouit rapidement et devient un ieune homme important et plein d'assurance. Ses compagnons de chambre et leurs visiteurs partagent avec lui magazines, fruits, fleurs et télévision.

A des intervalles irréguliers, il est soumis à un régime expérimental pauvre en sel. Ceci même il trouve agréable — en partie parce qu'il l'accepte comme un moyen d'obtenir une meilleure santé et d'autre part parce qu'une marque d'attention à son égard lui est d'un réconfort moral. Pour Jacques, de manger des mets pauvres en sel et qu'on lui dise qu'il est "un brave type," cela vaut la peine. "Même si j'en ai besoin, je puis bien ne pas les manger; ce n'est pas pour qu'on me dise que je suis un brave type — nous échangeons et tout le monde est con-

tent."

L'arrivée de sa mère augmente sa joie et sa confiance; il est fier de la présenter à tous et chacun et lui sert d'interprète quand elle en a besoin. Le fait qu'elle ne veuille employer aucun mot anglais, comme par exemple "okay" ou "hello" amuse Jacques pardessus tout et il ajoute avec une étincelle dans les yeux "Une vraie française, elle ne parle pas anglais — pas un mot!" Après un moment, il ajoute "Moi, ie suis français aussi, mais un Canadien-français moderne."

Au cours de la journée qui a précédé l'opération, on a déterminé le groupe sanguin de Jacques et fait la compatibilité, lui procurant 2000 cc. de

sang. On a institué: quinidine chaque jour; et quatre fois par jour, pénicilline en aérosol (2 cc.-50,000 unités au cc.), associé à Tergemist. Avant une telle opération, comme patient catholique et comme c'est l'habitude, il se fait bénir. Apparemment, l'oncle préféré de Jacques est un séminariste et toute visite d'un prêtre, ou d'une religieuse, et toute pratique religieuse, comme par exemple la Sainte Communion ou une simple bénédiction, semble lui être d'un grand réconfort et lui donner du courage. Il demande et obtient la permission de conserver son scapulaire sur lui durant la durée de l'intervention et dans son lit il garde un chapelet et un crucifix.

Soins et Traitements après L'Opération

Après l'opération de Jacques, sa pression artérielle, son pouls (apical et radial) et sa respiration sont vérifiés tous les quarts d'heure pendant deux heures et ensuite toutes les demiheures jusqu'à ce que tout se soit stabilisé (deux heures plus tard), puis chaque heure durant les premières 24 heures. Etant donné qu'on avait institué le drainage sous niveau liquidien, l'infirmière doit enregistrer fréquemment la quantité et la qualité de l'écoulement ainsi que les fluctuations dans le tube en verre. Durant deux jours on le garde sous une tente d'oxygène avec Tergemist tout en administrant un glucosé à 5 pour cent en permanence, à débit lent. Après l'intervention, on continue digitoxine et quinidine; on administre érythromycine et/ou chloromycétine de façon prophylactique; methadon contre douleurs et aspirine X gr. si la température s'élève à plus de 101°F. Les jambes de Jacques sont enveloppées dans des bandages Ace et on lui recommande de les bouger ainsi que de tousser, et de faire, chaque heure, des exercices profonds de respiration. Au besoin, on se sert de succion afin d'empêcher Jacques d'avaler des sécrétions durant les deux premiers jours.

Le jour de l'opération à huit heures du soir, on fait un hématocrite. Jacques a reçu trois chopines de sang durant l'opération. Quotidiennement, pendant quatre jours après l'opération on fait une formule sanguine complète, un hématocrite et une analyse d'urine. On se sert d'un rayon-X portatif pour vérifier de nouveau l'expansion pulmonaire, de même que pour s'assurer s'il ne se produit pas d'épanchement tho-

racique.

Le premier jour après son opération, Jacques reçoit une solution intraveineuse de glucose. Le jour suivant il commence à prendre des liquides: thé chaud et coca-cola d'abord et qu'il conserve; on en augmente la quantité graduellement. Dès le troisième jour. Jacques est au régime liquide complet. Ensuite, comme il digère bien la nourriture, on lui permet de consommer 800 mg. d'une diète molle sans sel ou bien 800 mg. d'un régime normal sans sel, comme il le préfère. Comme la diète molle contient un plus grand choix de mets qu'il préfère, Jacques choisit celle-ci de préférence, pour une semaine.

La température de Jacques demeure à 101°F durant plusieurs jours après l'opération, même si les hémocultures sont négatives. On note une paralysie partielle dans son bras et sa jambe gauche. Craignant la possibilité d'une rupture vasculaire cérébrale, on institue la thérapie à l'héparine. La patient recouvre l'usage complet de son bras et de sa jambe gauche deux semaines plus tard. Une étude neurologique complète nous porte à croire que cet état passager a dû être causé par des phénomènes de compression durant l'intervention.

Après une thoracotomie postérololatérale gauche, le Département de Médecine Physique et Réhabilitation évalue le patient. Ce programme de réhabilitation a pour but d'améliorer l'alignement vertébral, de rétablir rythme des mouvements scapulohuméraux et la capacité respiratoire. Les mouvements auxquels on soumet le patient sont les suivants:

1. Flexion complète de l'épaule.

2. Abduction du bras à 90°, coude fléchi à angle droit, suivie d'une rotation interne et externe complète.

3. Palpation des épineuses avec le

pouce.

4. Position horizontale sur le dos, mains réunies derrière le cou.

5. Exercices de respiration.

Tous ces exercices sont accomplis à la limite de la douleur et de la fatigue. A mesure que l'état général du patient s'améliore, on commence des exercices physiques et on accroît ceux-ci progressivement jusqu'à ce que le sujet soit jugé capable de participer aux activités plus dirigées du département de physiothérapie. On le soumet aussi aux tests pré-emploi. Les informations obtenues feront partie de son dossier et faciliteront le travail des moniteurs de tout autre département de physiothérapie et de réhabilitation du Ouébec destiné à rendre le retour au travail

de notre patient possible. Au début Jacques montre peu d'enthousiasme pour ces exercices; il veut "attendre quand je serai mieux" et ne semble pas réaliser que cette thérapie fait partie intégrale du processus. Cependant, un certain jour après les soins du matin suivis d'un repos d'une heure, on ouvre la radio à une émission de musique populaire avant de commencer la période d'exercices. Cette musique, en plus de la gaieté communicative du jeune thérapiste, réussit à convaincre Jacques et à obtenir sa coopération. Une fois le programme en cours, les nombreux compliments que ses succès lui attirent, réussissent à vaincre toute autre résistance de sa part. Si le désavantage physique dans lequel son coeur l'a placé ne semble pas l'avoir privé d'affection et d'égards, d'un autre côté il n'éprouve pas la satisfaction d'être considéré comme un homme, mais plutôt comme un "bon enfant." Ainsi le programme de réhabilitation a un double but, physique

Parmi les différentes coutumes qu'on lui enseigne, la nécessité d'avoir une prophylaxie dentaire lui est particulièrement soulignée. Bien qu'il ait d'autres habitudes d'hygiène personnelle solides et bien formées, le soin de ses dents semble avoir été négligé. En effet, il a plusieurs dents cariées. ne lui faisant toutefois pas mal, qu'il néglige de faire réparer et même de

et psychologique à la fois.

brosser.

Jacques, d'une nature grégaire, se plait dans la compagnie des gens en général et ne semble jamais s'en fatiguer. Oue ce soit une infirmière, un médecin, un autre patient ou un parfait étranger, Jacques adore bavarder avec eux, quel que soit le sujet de conversation. A plusieurs reprises il prolonge même la conversation jusqu'à ce qu'il ait appris ce qu'un Jamaïcain a l'intention de faire à son retour chez lui, après l'obtention d'une maîtrise en chimie; comment une dame d'âge moyen confectionne au crochet un napperon dont le motif a la forme d'un ananas; et comment un fermier du Maryland s'y prend pour écorcer le tabac avant de le faire sécher. Cette facilité avec laquelle il communique avec ses semblables lui attire de nombreux amis.

Durant sa dernière semaine à l'hôpital on permet à Jacques de sortir pour dîner, ainsi que de courtes visites aux divers endroits historiques. Comme il reçoit de nombreuse invitations, bientôt la Maison Blanche, le Capitol, Lee Mansion, "Embassy Row," le Musée d'Art national, sont autant d'endroits qu'il a déjà visités. Sa dyspnée a disparue, son coeur ne "frappe" plus aussi fort, il reprend ses forces graduellement et gagne lentement quelques onces de bonne chair.

RETOUR CHEZ LUI

Cinq semaines et demie sont vite écoulées. Un matin du début de novembre, par une température agréable, des amis reconduisent Jacques à l'aéroport. Après un échange de poignées de mains et de salutations il monte à bord de l'énorme avion argenté qui l'amènera vers Montréal.

De nos jours il est difficile de suivre le progrès rapide accompli dans le domaine des découvertes. C'est pour chacun d'entre nous un devoir impérieux de partager avec autrui les bienfaits qui résultent de ces découvertes, Cela demande des patients très courageux et le généreux appui des équipes médicales, afin de permettre à chacun d'entre nous de faire face à l'avenir avec confiance. Alors que Jacques disparaissait dans le ciel clair en direction du nord, cet extrait de "Salutation du Crépuscule" nous est venu à la mémoire:

Ecoute l'exhortation que t'offre le crépuscule
Aie confiance dans ce jour
Car il est la vie, la vraie vie de vie,
Dans son cours abrégé reposent toutes
les vérités et
Réalités de ton existence:
L'enchantement de grandir
La gloire dans l'action
La splendeur de la beauté.
Car hier n'est qu'un rêve,
Et demain qu'une vision;
Mais de bien vivre aujourd'hui fait
D'hier un rêve de bonheur,
Et de tous les demains une vision

Aie confiance dans ce jour! Tel est la salutation qu'offre le crépuscule!

d'espoir.

A hearing loss to one member invariably involves the whole family. Misunderstandings arise, words are missed, repetition is frequent, irritation on both sides results and it is here that one should remember that an understanding of the other fellow's situation should be taken into consideration. No one wants to become irritated, but it is difficult to avoid, on the part of both parties, unless there is a desire to understand the frustration by the one who wants to be heard as well as the one who wants to hear.

The other members of the family can be very helpful to the sufferer. He will make mistakes. Don't laugh at but with him. No special consideration should be given so far as his obligation to the group is concerned. He would resent this. Expect him to carry on as before, he can stand on his own feet. Let him work out his problems in his own way. But if he pretends to hear, when you know he doesn't, let him know at once.

Bluffing is bad. When he is present, always include him in the conversation — don't talk past him.

There are adjustments that must be made, certainly, but his position is one that can be just as full of successful attainment as before. Former activities should be, as far as possible, maintained. There is no point at all in withdrawing to the point of perpetual loneliness. A little extra courage, a bit more determination to use to the full what he has left, goes far to keep up that morale which is bound to maintain the proper frame of mind to carry him through to successful accomplishment. Many of the most successful people in the business, professional and every other field, have, for years, carried with them a severe hearing loss. Difficulties, yes, but the determination to succeed was uppermost and left no room for negative thinking. The frame of mind will determine the degree of success. - The Hearing Eye

The Pediatric Nurse and Play Therapy

PATRICIA A. PINKERTON

POR CHILDREN, play is an essential part of growing up, of achieving physical and emotional maturity. It is the most important way in which the child can explore the world, test new skills and abilities, try new things, make new friends, learn to balance his desires and capabilities and relieve tensions.

There are many kinds of play: exploratory, dramatic, constructive and creative. A child may (and should) play alone, with other children of varying ages and with adults. Play with others provides opportunities for mental, social, physical and emotional

growth.

Through play a child learns skills and gains self-confidence, as well as knowledge. He learns to adjust his wishes for group benefit, to conform to group-imposed and self-imposed rules (besides helping to formulate them), to depend upon emotional satisfactions that come from relations with contemporaries. He begins to adapt himself to the world outside his family circle, to discover in his own way the meaning of life as it applies to him.

The school-aged child is learning to become a self-directed individual. He feels a need to control himself. Instinctively, he is trying to master his fears, and satisfactorily integrate his aggressive and sexual drives into his complete personality. He becomes a gregarious person who appreciates the rights and individuality of others. He develops desirable habits of association, and the all-important ability to be a friend.

Older children need opportunities to continue their school work and learn to take responsibility in pro-

portion to their age.

The need for play is present in all children. A sick or handicapped child needs suitable play opportunities

Miss Pinkerton was a third year student in the degree program of the University of Saskatchewan School of Nursing when this material was prepared.

more than he ever did when he was well. It is essential to adopt recreation to his abilities and thus fill his needs.

It is as important for the nurse to see that her patients are occupied constructively as it for her to provide them with medications, nourishment and treatments. Providing play activities tells the child that his needs

are understood completely.

Acutely ill or permanently handicapped children especially need the outlets and benefits play provides. Careful thought should be given to individual abilities and needs. Ideally, some form of recreation should be provided for each child, even if the nurse must rack brains, books and supplies

for appropriate ideas.

A very sick child, because of the attentions he receives, develops strong feelings of dependency and a definite attraction to the dependent state. During convalescence he requires guided play experience to help him regain independence and meet the realities of life. Without this, regression is almost inevitable and will be much more difficult to deal with in the reality than in the threat.

A child loves to help the nurses and the good this does his self-confidence more than offsets the time and trouble it costs her in providing the opportuni-

ties for him.

Meal hours afford a valuable opportunity to provide a home-like, social experience which keeps the child closely in touch with reality. Their possibilities must not be neglected.

A child reveals his thoughts and feelings in the way he plays. Careful observation can provide knowledge as to their degree of adjustment to hospitalization. By understanding their actions, the nurse can greatly improve staff-patient relationships by helping her appreciate the children as individuals. She will be more successful in meeting their needs, thus also deriving greater satisfaction from her pediatric nursing.

The nurse encourages her patients' interests when she provides them with

play materials, which should be selected to provide further learning, and opportunities for self-expression. Play materials should be suitable to the child's age and level of illness. Besides being appealing to the imagination, more difficult activities should be encouraged to stimulate new skills. Varied toys that have a safe finish and rounded edges for individual and group play should be selected.

The child's play should be supervised, being careful not to take the initiative from him. Emphasis should be placed on what he should be able to do. Teach the child the use of tools and materials and the places they can be used, but allow him to express himself in his own way. Stereotyped activities are of little benefit. Remember that a positive approach encourages confidence but that a negative one threatens it and destroys initiative.

Hard physical play, while using

a minimum of supplied material, discourages the accumulation of frustrations. It is the main way in which a child learns to master his feelings through the use of socially accepted outlets.

A hospital play program is health giving, is essential for all types of growth, prevents regression and aids in restoring the child to normal health besides helping him keep pace with his peers. Through play, with adequate suitable supervision, a child is helped to mould a wholesome personality and the character traits so important for a happy, successful life.

REFERENCES

- Jeans, Wright, Blake Essentials of Pediatrics
- Play and Playmates booklet published by the Mental Health Division of the Department of National Health and Welfare.

In Memoriam

Margaret Annie (Dowsley) Austin who graduated in 1913 form Toronto General Hospital died on August 5, 1958 after a long illness.

A. Margaret Collie, a graduate of the Victoria General Hospital, Halifax died on September 15, 1958. She had lived in New York and practised her profession there for most of her life.

Grace Victoria (MacDonald) Cooke who graduated form Toronto General Hospital in 1943 died suddenly on July 1, 1958.

Doris (Howden) Counter, a graduate of Toronto General Hospital in 1934 died on September 8, 1958.

Sarah (Reid) Driver who graduated from Toronto General Hospital in 1913 died on August 22, 1958 after a long illness.

Jean Inglehart a graduate of Brantford General Hospital in 1924 died suddenly on September 23, 1958. She had been on the staff of the hospital for 20 years.

Willa Jean Martin, a graduate of Yarmouth Hospital, N.S. in 1939 died on October 13, 1958 after a long illness. She had been a member of the Roseway Hospital staff, Shelburne, N.S.

Viva (Thompson) Mason who graduated from Royal Victoria Hospital, Montreal in 1913 died on October 22, 1958.

Teresa (Cahill) Olsen, a graduate of St. Paul's Hospital, Vancouver in 1950 died recently after an illness of several months.

* * *

Louise (Manchester) Swan who graduated from Toronto General Hospital in 1920 died during the summer of 1958.

Everetta (Sally) Watters a graduate of Montreal General Hospital in 1910 died on October 18, 1958. She held the rank of lieutenant nursing sister, R.C.A.M.C.

Pray you now, forget and forgive.

— WM. SHAKESPEARE

I tell you the past is a bucket of ashes.

— CARL SANDBURG

RESEARCH

The Master Plan of Rotation

MARGARET M. STREET, B.A.

A MAJOR ADVANCE in modern nursing education is the increasing recognition being given to the importance of the student's clinical experience in the educational program. As an integral part of the curriculum, it must be planned with the same thought and care as are the formal classes, in accordance with sound principles of professional education. The master plan of rotation is a useful tool in such planning. Basic to the success of the master plan are two major concepts:

1. Designing and administering the master plan is the function of the faculty of the school of nursing.

2. Once designed, the master plan may not be modified to meet service demands of the hospital, that is, students may not be moved from clinical areas to which they have been assigned for experience, in order to meet nursing service demands in other areas. The master plan may be modified for educational reasons, as necessitated by circumstances affecting the individual student, for example, sickness.

After six years of experience in using the master plan of rotation, the faculty of the Calgary General Hospital School of Nursing believes that this method of pre-planning the students' educational program is sound and practical. This is not to say that there are no problems in its construction and administration, but these are minimal in comparison with the benefits derived from its use.

Miss Street is Associate Director of Nursing of the Calgary General Hospital School of Nursing. BASIC FACTORS TO BE CONSIDERED

- 1. The Curriculum of the School of Nursing:
 - a. The philosophy of the school.
- b. The aims of the educational program, and the kinds and amounts of learning experiences necessary to achieve the aims.
- c. Regulations governing schools of nursing in the province, e.g., legal requirements specifying certain clinical experiences as prerequisites for registration.
- d. Insofar as it is possible to consider these, the requirements for registration of other provinces, states, or countries.
- e. Requirements for accreditation if and when an accreditation program is established for schools of nursing in Canada.
- f. The pattern of the educational program, as planned by the faculty for each class.
- 2. The nature of the learner: The following factors should be considered, in relation to designing the rotation plan for the individual student:
 - a. Her background, as far as possible and practicable: general education, social influences family, community, church.
 - b. Intelligence level.
 - c. Age level and degree of maturity.
 - d. Adaptability: adjustment to the school of nursing, to communal living, to the clinical situation.
 - e. Readiness for certain experiences at a given time, for example, operating room.
 - f. Her aims, needs and motivation.
 - g. Problems physical, psychological, social, or other.

The Nature of the Learning Process and Principles of Learning: It is desirable in constructing the master plan of rotation to be mindful of both the principles of learning and the nature

of the learning process.

a. Learning is manifested by changes in behavior; changes in behavior resulting from experience rather than merely from the process of maturation are the essence of learning; and a student has not really learned unless the changes in behavior persist.

b. Learning takes place more effectively when a student is ready to learn. Both psychological and physiological readiness are important. Thus, certain students may be ready for the operating room earlier than others in the same class.

c. Individual differences must be considered.

d. Motivation is essential for learning.

e. What the student learns in any given situation depends upon what she perceives. A student learns what she actually uses.

f. Learning takes place more effectively in a situation where the student derives feelings of satisfaction.

- g. Recognition of similarities and dissimilarities between the past experience and the present situation facilitates the transfer of learning.
- h. Interpersonal relationships are important in motivation and determining the kind of social, emotional and intellectual behavior which emerges from the learning situation.
- i. Evaluation by both the student and the teacher is essential to determine whether desirable changes in behavior are taking place.

It will be noted, by a thoughtful examination of the above principles, as stated by Ole Sand, that they contain many indications as to the placement of experiences for individual students, and the guiding of the learning process in the clinical areas to which she is assigned.

4. Criteria for a well organized curriculum: In planning the students' clinical experience, the criteria for a well organized curriculum are also to be borne in mind. These have been

Sand, Ole. Curriculum Study in Basic Nursing Education, New York, 1955, G. P. Putnam's Sons. stated in the same source noted above:

Continuity:—Reiteration of major curriculum elements which can serve as threads running from the first year to the last, to tie the learning ex-

periences together.

Cooperative planning by the faculty of the school of nursing, in relation both to master plan construction and teaching programs in various areas of the curriculum, will be necessary in order to ensure continuity of learning experiences for the student.

Sequence:—Is related to continuity, but goes beyond it. Each successive experience is not only built upon the preceding one, but goes more broadly and deeply into the matters involved. Higher levels of treatment are involved.

Thus, sequence of clinical experiences is important, in master plan construction. Desirably, these proceed from the simple to the complex. It is a tribute to the master plan of the educational program when a student remarks, at the end of her course "I felt that I was ready for each new clinical experience as it came along; one experience seemed to lead to the next." To preserve the principles of continuity and sequence, tools and techniques are developed whereby the teachers in the wards are able to ascertain readily the level in the program of students assigned to them, and the experience background of each student to date, as well as their present learning needs.

Integration: — Helping the student to get a unified view and to unify her behavior in relation to the elements dealt with.

In commenting on this criterion, one would note that such experiences provided in the senior year, e.g., a final period in general medical and surgical nursing, a rural hospital affiliation, experience in the emergency ward, etc., provide excellent opportunities for the student to integrate her learning during the basic course.

5. Availability of the clinical experiences required to realize the aims of the education program: Before commencing to construct the master plan of rotation, it is necessary to assess the available clinical resources afforded both by the home school and by affiliation with other schools and with community health and welfare agencies.

6. Adequacy of the available clinical resources: This is judged by:

a. The *quantity* of experience available — the absorption power of the wards, departments, and agencies, in relation to the number of students requiring the experiences.

b. The *quality* of experience available, based on various factors, such as the variety of clinical conditions essential to provide a well-rounded experience, activity of the clinical serv-

ices, length of patient stay, etc.

c. The *staffing* of the nursing service in areas in which students are to receive experience, so as to ensure good patient care and to safeguard the educational program for students:

adequate numbers of registered nurses and auxiliary nursing personnel to

stabilize the service.

qualified head nurses and supervisors, to promote best utilization of resources, including staff.

availability of qualified clinical instructors in all clinical areas, to plan, direct, and supervise the educational program in the wards.

d. Close working relationships between the nursing service and the school of nursing, with deep mutual understanding of the aims of service and school, and mutual support one

of the other.

7. Desirability of maintaining uniform numbers of students in wards or services at all times: Insofar as this is consistent with the learning needs of the individual students; the importance of the school of nursing advising the nursing service, well in advance of a budget period, of the maximum numbers of students anticipated weekly for assignment to each clinical area for the budget period.

CONSTRUCTION OF THE MASTER PLAN

Bearing in mind the basic factors governing the planning of students' clinical experience, the actual steps in the construction of the master plan for each class are as follows:

1. The faculty of the school of nursing designs the educational program for the class entering the school:

a. Program of theorical instruction is planned — courses, hours, placement of courses, pattern of instruction (block, modified block, study days, correlated

instruction given during experience in clinical area).

- b. Length of clinical experience in each service is determined, and whether the experience is to be taken at one time, or at various levels throughout the program. Method of securing correlation between theoretical instruction and experience is discussed.
- c. Sequence of clinical experiences is recommended.
- d. Recommendations are made by clinical instructors regarding desirable frequency of rotations into each ward or department.
- e. Programs of special groups are considered, e.g., students affiliating from schools of nursing situated in special areas such as, mental hospitals, universities, etc. Requirements of the curricula in schools sending affiliates are reviewed.
- 2. The faculty member responsible for student nurse rotations then prepares the master plan of rotation for the new class. This may be done two or three weeks following admission.

The Nursing Arts Instructors are usually responsible for assignment of students to wards, for one or two hours daily, during the first term, September-mid-

November inclusive.

Hence the Master Plan is designed to cover the program from the fifth to the thirty-sixth month inclusive. Names of students are placed on the plan late in October, after there has been an opportunity to evaluate the specific potentialities and needs of the individual student.

3. Procedure in making Master

Plan:

a. Secure suitable graph paper.

b. Fasten sheets together, using gummed tape on the back of the sheets to make one large sheet, big enough to accommodate the names of all students, and one graph square for each of the weeks for which the program is planned.

c. Leave on the left a column for students' names, and place number opposite each space, including all stu-

dents in the class.

d. Along top of sheet, place the dates for the beginning of each week, for the entire period of the basic course.

e. Block out the periods of block instruction or major curriculum areas,

for the entire period of the basic course.

f. Plot affiliations: If one class is taken into the school yearly, each class is entitled to the equivalent of one year's experience in any given affilia-

If four students are sent every eight weeks for affiliation at the provincial mental hospital, (52/8) or 6½ rotations are made yearly into this area, which means that $(6\frac{1}{2} \times 4)$ or 26 students may have this experience yearly. Thus, if one class enters yearly, 26 students of that class may have the affiliation and provision for this will be made on the Master Plan, If two classes should enter yearly, each class will have a proportion of 26, depending on the size of the class.

In placing the affiliations on the Master Plan, thought must be taken of prerequisites for each affiliation, and its placement in the educational pro-

gram.

It goes without saying that affiliation contracts must specify the number of students who may affiliate at one time, and the home school must keep faith with the affiliation agency. This means a steady inflow of students. In making the Master Plan, affiliations for the new class will follow immediately those of the preceding class, without break in continuity.

g. Plot the remainder of the rotation plan, service by service. Here, as with affiliations, each class is entitled to one year's share of a given experience, e.g. Diet Kitchen or Emergency. Again, one Master Plan must dovetail with the preceding one, so that there is a steady inflow of students into the various clinical areas.

PLANNING THE ROTATION FOR ANY ONE SERVICE

1. Analysis of the absorption power of the service:

This may be done by various methods. Information required:

a. daily average of patients in the ward or number of patient days, month by month, for a twelve-month period;

b. standard hours of care approved per patient day, for that ward or

service;

c. seasonal fluctuations in census, if any:

d. percentage of care to be given

by professional (graduate and student) and non-professional nursing person-

e. percentage of professional care to be given by graduate nurses and by student nurses;

f. hours of teaching time for stu-

dents weekly:

g. hours of duty for students week-

h. effectiveness factors of students at various levels in the program, i.e. value of student service in terms of graduate nurse effectiveness;

i. hours worked daily, weekly and yearly by graduate nurses and aux-

iliary nursing personnel.

Example: Ward A is a Women's Medical ward of 30 beds, with a daily average of 25 patients. Patient days yearly are 9125, and the census remains fairly constant throughout the year. Standard hours of care approved for this ward are 3.4 per patient day. Of the general nursing care given, 65% is to be given by professional and 35% by non-professional nursing personnel. Professional hours of care include those given by general staff nurses, and hours of student nurse service, equated in terms of graduate effectiveness. Effectiveness factors recognized in this hospital and school of nursing are: Senior students, 90%; intermediate students, 75%; and junior students (after the first eight months) 50%. Junior students, during the first four months have an effectiveness factor of 0, and during the next four months (Medical-Surgical block period) 331/3%. Of the professional care given, half is to be by general staff nurses, and half by student nurses.

General staff nurses give 1844 general nursing hours yearly, exclusive of weekly, annual and statutory holidays and average sick time.

Certified Nursing Aides give 1912 bedside nursing hours yearly, exclusive of holidays and sick time.

Students have a 48-hour week, including 3 hours of class time and an average of 2 hours of "allowable" sick time. Bedside nursing hours weekly, therefore, total 43.

To compute the numbers of students who may be rotated through this ward weekly and yearly: Number of bedside nursing hours required yearly, i.e. for 9,125 patient days, at 3.4 hours per patient day; $9,125 \times 3.4 = 31,025$

Number of hours to be given by *professional* personnel: $65\% \times 31,025 = 20,166$

Number of hours by non-professional personnel = 10.859

Half of professional nursing care, or $(20,166 \div 2)$ or 10,083 hours are to be given by general staff nurses.

General staff nurses required: $(10,083 \div 1844) = 5.4 (5.6)$

Half of professional nursing care is to be given by students, or 10,083 hours.

Of this, one-third is to be given by seniors, at 90% effectiveness; one-third by intermediates, at 75% effectiveness; and one-third by juniors at 50% effectiveness.

In order to give 3361 professional nursing hours, senior students would have to give $100 \div 90 \times 3361$ or 3734.4 hours.

In order to give 3361 professional nursing hours, intermediate students would have to give 100 ÷ 75 x 3361 or 4481.3 hours.

In order to give 3361 professional nursing hours, junior students would have to give $100 \div 50 \times 3361$ or 6722 hours.

One student would give 43 hours weekly x 52 weeks in year or 2236 student bedside nursing hours yearly.

Number of senior students who could have experience at all times in Ward A, throughout the year, would then be $3734 \div 2236$ or 1.06 (1-2)

Number of intermediate students who , could have experience at all times in Ward A throughout the year, would then be $4481 \div 2236$ or 2.0

Number of *junior students* who could have experience at all times throughout the year would be 6722 ÷ 2236 or 3.0

Total number of students who could receive experience at one time in this ward would then be seven.

Number of *non-professional* nursing personnel required $(10,859 \div 1912)$ or 5.6 (5-6)

2. 2nd Step in Planning Rotations by Services

Estimate the numbers of students of this class who should be in the particular ward or service at one time, by taking the length of experience required by the curriculum plan. For example: Diet kitchen — 6 weeks. This would make $(52 \div 6)$ or 82/3 rotations yearly. If one class yearly is admitted, then for a class of 100

the number who should be in the diet kitchen at one time should be (100 ÷ 8 2/3) or 11.5 (11-12). If students are sent into the diet kitchen every two weeks, four will be sent at one time.

3. Check the number of students who should be sent into the given clinical area against the known absorption power of the service. If the number should exceed that which can be accommodated satisfactorily, this is a problem which should be considered by the faculty as a whole, and by the administrative officials of the hospital and the school of nursing. (Such a problem should be detected in advance of class admission).

Solution of this problem may be sought and found in various ways:

a. By decreasing the length of time students will spend in the area, always considering, however, the minimum time necessary to satisfy registration requirements and the learnings needs of the students.

b. By expanding the clinical facilities in that area, for example, in the case of diet kitchen — using the wards as the laboratory for student experience. This would necessitate a teaching dietitian on the wards.

c. By seeking resources for student experience in the community health and welfare agencies.

4. Having determined the number of students who should and can be rotated at one time into a given service, and the frequency of such rotation, plan the rotations for that service for the entire class, making sure that the first students go into the area at the correct time, to "link up" with those of the previous class completing their experience therein.

5. Plan the rotations for every other required service in a similar way, one

after the other.

6. Plan holiday times so as to space these as evenly as possible through the holiday months. Holiday months will be planned to avoid periods of heavy class schedules, and periods of depletion of available student service for other reasons

e.g. class graduating at end of August; new class having no "service" value for fall months, September-December.

7. In planning rotations, endeavor to arrange for practice in given clini-

cal services as soon as possible following the classes in the related subjects. Studies have shown that a typical student will forget 50% of what she learned, after the first year, and 75% after the second year, unless opportunity to apply and consolidate learning in practice has been provided.

8. While the Master Plan is still in the draft stage, have it reviewed by the associate director of nursing education and individual instructors concerned. If there are matters arising out of the evolving plan which are of particular concern or interest, have it reviewed, before finalizing, also by the other persons who may have some relationship to it, e.g. the director of nursing, the associate director of nursing service, the director of nursing (or her representative) of the school or schools sending affiliates, etc.

9. Also, before finalizing the Master Plan, make a summary of the experiences (in weeks or days) for all students provided therein. This is essential, to make sure that the curriculum "prescription" has been followed and

achieved.

10. Before putting the students' names on the plan, the following steps

may prove helpful:

a. The faculty member who made the plan may speak to the class, usually in groups, about the experiences which have been included therein, their length, sequence, and relationship to the total curriculum.

b. She may invite the students to ex-

press their preferences for or against certain affiliations; and to state any reason for preferences in regard to annual vacation.

c. Requirements of certain students or groups of students for certain experiences will be considered, and these will be interpreted, also, in speaking to the students.

d. Through the associate director of nursing education, in conferences with both classroom and clinical instructors. an evaluation will be secured of the development of the various students to date. Emotional maturity and readiness for certain experiences (e.g. operating room) will be ascertained. Care will be taken, in putting the names on the plan, to provide combinations of students which will make for most effective development of the individual student. The service, too, is considered in this arrangement. One advantage of having, in groups of students, some "good', some "better" and some "best" is found in the withdrawal factor: it is important, both for school and service. that large withdrawals should not take place from one area of the Master Plan.

11. Considering all of the foregoing factors, the students' names are then

put on the Master Plan.

12. Each student's plan is then discussed with her individually, and she is advised that it will be in order for her to see it at any time.

13. The completed plan is then reviewed by the faculty, the head nurses, supervisors, and others to whom it

should be interpreted.

To be concluded next month

Alive and Well

The many friends of Mrs. Ruth A. Hillman, a 1950 graduate of Hamilton General Hospital, will be delighted and thankful to know that she is still very much alive. An item reporting her death was included in our

November issue following the receipt of erroneous information,

Mrs. Hillman is currently enrolled in the course in public health nursing at the University of Western Ontario, London.

Plans for retirement should include more than dreams of travel or just loafing. A few weeks of idling can lead to boredom, an undesirable condition for older retired people. Prepare for hobbies and interesting occupations when you leave work.

Nursing Profiles

Last October a valued member of the nursing profession retired from active service when Ethel Cryderman left her position as District Director of the Toronto Branch of the Victorian Order of Nurses, one that she held since 1934. During that time she saw this branch survive the hardships of the depression years, the stress of World War II and the unprecedented growth of the Toronto area with its attendant changes and problems. Under her direction the work of the Toronto Branch has more than doubled. Its standard of nursing service has been raised and new functions have been added until today it has a reputation for providing a high calibre of community nursing service. This achievement is recognized by her colleagues as a reflection of Miss Cryderman's able administration. Her years of service have been characterized, too, by a sharing of her experience to provide preparation for other nursing leaders. Many nurses who worked with Miss Cryderman now hold key positions in Canadian nursing.

Miss Cryderman's capacity for hard work is evident in the responsibilities that she has assumed in addition to those of her job. She has been active throughout the years on innumerable committees in community-wide organizations. As a member of the board of directors of the Community Chest and as a member of the Welfare Council her dynamic thinking has contributed in no small measure to the development of the health and welfare services of her community.

The Canadian nursing profession as a whole has been greatly enriched by Miss Cryderman's generous sharing of her talents. She has been chairman of, and associated



ETHEL CRYDERMAN

with, numerous committees of professional nursing organizations — local, provincial, national and international. In addition to being president of her own alumnae association and of the Registered Nurses' Association of Ontario, Miss Cryderman assumed the heavy tasks of president of the Canadian Nurses' Association from 1948 to 1950.

A graduate of Toronto General Hospital, Miss Cryderman received her certificate in public health nursing from the University of Toronto. She obtained further training in midwifery at Radcliffe Infirmary, Oxford, Eng. and in mothercraft in London.

Miss Cryderman saw military service with the R.C.A.M.C. during World War I, was a staff nurse and district supervisor with the Toronto Department of Health and, from 1929 to 1934, she was a central office supervisor with the Victorian Order of Nurses for Canada. During this time she organized and conducted institutes in maternity nursing throughout Canada.

Miss Cryderman looks back with great pleasure on the many vacations that she has spent canoeing and hiking in the Canadian outdoors. In spite of her busy life she found the time and energy to gain enough experience in mountain climbing to make her graduation climb. Reading has always claimed her interest and she enjoys sharing her reading experiences through discussion.

Her dynamic leadership will be sadly missed by those who have worked most closely with her. But all who know her will rejoice with her that she can now enjoy a more relaxed life. Her warm interest in people will remain and guarantee a continuing absorption in nursing and community affairs.

Irene Bernice Seeds is the new district director of the Toronto Branch of the Victorian Order of Nurses. A graduate of Toronto Western Hospital in 1938, Miss Seeds obtained her Bachelor of Nursing from McGill University's School for Graduate Nurses in 1947 and her certificate in administration and supervision from the University of Toronto in 1951.

Following her graduation from T.W.H. she remained on staff for several months before engaging in private duty for a short time. Then World War II began and Miss Seeds joined the R.C.A.M.C. in September, 1939. During the next six years she served

in Canada, England, North Africa and Italy. Upon her return to Canada, she entered McGill University for postgraduate work and joined the Victorian Order of Nurses as a staff nurse in Vancouver upon completion of her studies. A year later she came back to her native province, Ontario, where she joined the Northumberland-Durham Health Unit. Her next move was to the Toronto Branch of the V.O.N. where she has served successively as a senior nurse, second and first assistant director.

Membership in the Nursing Sisters' Association, Toronto Unit, keeps her in touch with friends who shared her wartime experiences. Off duty Miss Seeds likes to try her luck at fishing or photography. The best wishes of her friends go with her as she begins her new duties of directing the activities of this busy V.O.N. branch.

The University of Western Ontario School of Nursing has announced the appointment of **Ruth Catherine Aikin** to the faculty where she will teach in the nursing education program. Born in Prince Albert, she received her early education in Winnipeg and Westmount, P.Q. A graduate of the Montreal General Hospital in 1938, she engaged in staff and private nursing for some time and then took up occupational health nursing with Canadian Car Munitions Ltd. in 1941. Three years later she joined the R.C.A.M. C. and eventually went to England with No. 11 Canadian General Hospital.

Following her discharge from the services Miss Aikin entered McGill University for postgraduate study. She completed requirements for her B.A. in 1948 and for her B.N.



Van Dyck — Montreal

R. CATHERINE AIKIN

in 1949. A year at M.G.H. as instructress of nursing was followed by appointment to the staff of the Quebec provincial office where she became the assistant secretary-registrar of the A.N.P.Q. In 1952 she went to Calgary General Hospital as educational director where she remained until she accepted her present appointment.

With the retirement of **Dora Parry** from the position of director of nursing — a role she has filled since 1938 — the Montreal Children's Hospital bids a reluctant farewell to one of its most devoted members.



DORA PARRY

The Children's Memorial Hospital has been a part of Miss Parry's life since she first entered its doors as a student nurse in 1921. Immediately upon graduation she joined the staff first as acting night supervisor and then successively as operating room supervisor (1924-30), acting superintendent for a few months, assistant superintendent (1936-38) and superintendent (1938-58). One year was spent at the McGill School for Graduate Nurses while Miss Parry secured her certificate in administration in schools of nursing. In 1935 she returned to England for a year's visit — Miss Parry was born in Wigan, Lancashire.

Through the years she has watched her hospital grow in prestige as well as physical size. Although the hospital discontinued the training of nurses some time ago, nursing education is one of its major functions. Hundreds of student nurses from hospitals throughout the province have received

their experience in the care of children under the guidance of the teaching staff. The pediatric program for students of medicine is recognized by universities as one of the best of its kind. More recently developments in cardiac surgery and the successful treatment of children with heart lesions have brought the hospital to the attention of the general public.

It must have been with a sense of deep pride and accomplishment that Miss Parry took part in the move from the buildings perched on the side of Mount Royal to the spacious and modernized quarters of the hospital's new site in downtown Montreal. Some time before that event, the familiar name of "Children's Memorial Hospital" was replaced by "Montreal Children's Hospital." No doubt this change brought twinges of regret to some, but it is in keeping with the general development of the hospital in medical life.

In 1946, a milestone in Miss Parry's professional career — her 25th year of association with the hospital — was marked by appropriate celebration. Now her friends and colleagues are recognizing another milestone in her life and their good wishes will follow her into the future.

Occupational health nursing within recent years has come to be an important branch of our profession. Managers in industry have recognized the value of the nurse in reducing absenteeism due to illness and maintaining the general efficiency of the plant. No doubt the workers have come to appreciate more and more the presence of one whose sole interest lies in them. The scope of the work of the average nurse in industry can be illustrated by the career of **Yvonne Martel** who is presently the occupational health nurse at the Miner Rubber Company Ltd., Granby, P.Q.

A graduate of Misericordia Hospital. Montreal, Miss Martel gained knowledge of nursing in industry through special courses of study in Montreal, Ottawa and Boston, Massachusetts. One of her first assignments was to organize First Aid units for the Foundation Company of Canada, Shipshaw, P.O. This was done at a time when the plant was organizing for wartime production. Later Miss Martel undertook a somewhat similar task at St. Paul l'Ermite when she organized a company hospital. She has, since then, set up First Aid units for the Julius Kayser Company of Canada, Sherbrooke, P.Q. and spent some time in occupational health nursing in British Columbia. After joining the Miner Rubber Co., she reorganized First Aid facilities for the employees.

The young graduate with an interest in public health nursing would find the field of occupational health nursing a very stimulating one.

Measurement of Sound

The unit of sound measurement is the decibel. The decibel scale progresses from a zero reading when no sound exists to a reading of 110, at which level sound is so intense as to be painful. The most active hospital areas may have a decibel level of between 50 and 70. With acoustical treatment, such a level can be reduced as much as 10 decibels.

DECIBEL SCALE

110 — Threshold of pain Thunder, artillery

100

90 — Newspaper press room Jackhammer drill at 10 ft.

80

70 — Average machine shop Stenographic room 50 — Congested department store Average restaurant

40 — Average schoolroom Quiet automobile

30 — Public library Quiet residence

20 — Rustling paper Average whisper

10

0 — Threshold of hearing

- National Gypsum Company

A good education is the passport to the great adventures of life. But to really enable us to go places that passport must be stamped again and again with the visas of experience and continuing education.

- WALTER CISLER

A closed mouth catches no flies.

- MIGUEL DE CERVANTES

Faith and Loyalty

MARTHA RILEY

oyalty is a Beautiful word, and it means the quality of being constant and faithful in any relation implying trust or confidence — of bearing true allegiance to constituted authority, of professing faithful devotion." Faith is confidence, as faith in yourself, faith in God, faith in your family and friends, and faith in your profession. These so closely related virtues of faith and loyalty are necessities for every person in every walk of life. "Loyalty implies being faithful," therefore, if you have faith, it also follows that you will be loyal.

Regardless of who you are or what your position and status in life may be, before you can be faithful and loyal to anything or anyone, you must be faithful and loyal to yourself. You are an individual, a personality in yourself — there is no exact duplicate of you anywhere in this universe, as no two personalities are exactly alike. Before you can satisfy any of your dreams, you must have faith in what you are reaching for and you must be loyal to that aim, no matter how difficult the road may be. Whether your fondest desire is to take a trip around the world or to be the finest nurse yet, you must have confidence in yourself and believe in what you are doing. Before you can be truly faithful and loyal to yourself, you must develop the additional traits of dependability, sincerity, and gratitude. It is one thing to know the importance of being faithful and loyal to yourself; it is quite another thing to carry it out. Always remember that it is yourself that you have to live with all the days of your

The Bible tells us that "Faith is the confidence of things hoped for, the evidence of things not seen." Further it tells us that "Without faith it is impossible to please Him: for he that cometh to God must believe that he is, and that He is a rewarder of them that

Miss Riley is in her first year in training at Misericordia Hospital, Winnipeg, Man. diligently seek Him." 3 Your religious beliefs begin to develop in very early life, as they are influenced by your parents and your environment. Your religious beliefs should be your strongest beliefs — ones to which you will hold long and fast, regardless of how tough the going may be. It is so important to have faith in God and to be loyal to Him, for He is a part of each one of us.

Faith and loyalty towards your family and friends are very important, for they are the ones closest to your heart, the ones in whom you want to be able to confide. Your family has been with you since the beginning of your existence, and you owe a great deal to them. Your true friends have stayed and will stay with you through thick and thin. They deserve your faith and loyalty. Trust them - have confidence in them - know and believe that they are trying to help you and do what is best for you. Remember that the advice that may seem so wrong at first, is, in the long run, so often the best advice you will ever receive. The faith and loyalty that you show towards your family and friends will be sincerely rewarded for they will return that faith and loyalty to you.

Behind the desire to become a nurse, there must be a great deal of faith and loyalty. The road that leads to "R.N." is far from an easy road, but it will be a very rewarding one if it is travelled with these qualities ever before you. The nurse must be faithful and loyal towards the ideals of life, the patients, the nursing profession, her fellow students, the doctors, her superiors, the school, and the hospital. She must have confidence in all of these so that she will be able to inspire confidence in others. Not every nurse can be at the top of her class, but every one can be faithful to the trust that is reposed in her. "A nurse can receive no higher recommendation than 'Thou hast been

In summarizing the attitudes and principles of faith and loyalty, it might be well to review the admonitions given by Florence Nightingale:5

And remember, every nurse should be one who is to be depended upon, in other words, capable of being a 'confidential' nurse. She does not know how soon she may find herself placed in such a situation; she must be no gossip, no vain talker; she should never answer questions about her sick except to those who have a right to ask them; she must, I need not say, be strictly sober and honest; but more than this, she must be a religious and devoted woman: she must have a respect for her own calling, because God's precious gift of life is often literally placed in her own hands; she must be a sound, and close, and quick observer; and she must be a

woman of delicate and decent feeling.

Bibliography

- 1. Aikens, C. A. (R.N.), Studies in Ethics for Nurses. W. B. Saunders Limited Philadelphia and London.
- 2. Gareche, Ethics and the Art of Conduct for Nurses, W. B. Saunders Company Philadelphia and London.
- 3. Holy Bible Book to the Hebrews Chapter 11 Verses 1 & 6. Authorized King James Version.
- 4. Morrison, L. J., Stepping Stones to Professional Nursing. The C. V. Mosby Company St. Louis, 1957.
- 5. Nightingale, *Notes on Nursing*. J. B. Lippincott Co., Philadelphia and Montreal.

Health Work on Okinawa

SISTER MARY CARMEL, F.M.S.I.

AZUKO ANGELA SAKIKARA is Okinawa's only Catholic Child's Welfare worker. Kazuko's family live on Yaeyama Island. We first heard of Kazuko in 1955 when she was in Tokyo completing her college course. She had undertaken college on her own savings and at the beginning of her senior year she realized that her money would not hold out. At first she considered going back to work until she had saved enough, but then she decided to write to her brother and ask him to go to the Mission, and explain her situation. If the Mission would see her through her last year in college, she promised that she would return to Okinawa and help in its work. The result was that Kazuko's senior year was made secure.

Sister Mary Carmel is the superior of The Mission conducted by the Daughters of Mary, Health of the Sick of Vista Maria, Cragsmoor, N.Y., on the outskirts of Naha, capital of the warfamous island of Okinawa. From Barnaby River, N.B., Sister is a graduate of Hotel Dieu, Chatham, N.B. She has worked at Halifax Infirmary, Ottawa Civic Hospital and St. Joseph's Hospital, Saint John, N.B.



Kazuko and Sister

In 1956 Kazuko returned to Okinawa and joined the Child's Welfare Office. She has been a valuable asset to the Mission. Her friendly, easy manner soon puts the poor abandoned people with whom she works at ease.

One Saturday morning we picked up Kazuko at her office to take her to see one of our home patients, Takamine-san. We wanted to obtain the correct and necessary information so that the family could receive government help. As soon as she was settled in our little car, Kazuko started a lively conversation that lasted as long as the ride. As we drove slowly along the narrow road attempting to keep our car out of reach of small children and their little pals — small

puppies — Sister Mary Annunciata and I recognized a young friend, Eishin, a boy about 12 years old. Just as we slowed down to greet Eishin, Kazuko called out excitedly "That's one of my boys! Stop! Stop!"

Sister brought the car to a complete stop to get the situation clear. It turned out that Eishin was a child welfare case. He and his father live alone. His father loves him very much but he loves "sake" too. Because of this latter love the poor man spends a good deal of time in the local jail. During these times Eishin is cared for by child welfare and goes to school every day. But as soon as his father is free, the first thing he does is bring Eishin home which always ends his schooling. The father just doesn't seem to understand that his son should be in school.

We all went with Eishin to have a word with his father. As we opened the door of the one-room home, we were met by a strong aroma of sake. The man we wanted to talk to was sound asleep. We succeeded in awakening him and he quickly sat up, bowed and smiled pleasantly. Kazuko began giving him a little advice and stressed the importance of sending Eishin to School. The gentleman agreed with every word, but I think he was glad when we left, so he could go back to sleep and Eishin back to play.

The little boy often visits our clinic and we give him lunch. When we mention school, he is always just going or just coming from there. He has little love for studies.

We finally continued on our way to see Takamine-san. After five days of continuous vomiting, he was happy to hear that there was a chance to



Visiting a sick boy

admit him to a government hospital. Takamine-san's wife died a few months ago. Since then he has been very sick. Trying to care for his two children—a little girl, 10, and a boy, 7—was a constant worry.

That day the little boy was sick too. His tiny bed took up most of the floor space. The small girl tried to help her father. They had a little dog too, and the house was so cramped that we



Cooking out of doors

had to let him out to get in. The kitchen was out behind the house in a cave dug in the hillside. Each time we have visited we have taken them food, otherwise there never seems to be any food around. Maybe the little girl goes to market for something just before they need it to prepare a meal.

Eventually, with Kazuko's help the necessary government forms were in order. Takamine-san was admitted to

the hospital for surgery.

The children were heartbroken when they had to leave their father. The boy held on to the dog so determinedly that the welfare officials allowed the children to bring him along. The next time we visited the children we got the usual greeting from the dog who was tied with a short rope outside the building. We were told that he was



Going home from hospital

eating well and growing. The children were happy and going to school regularly. But when we visited the father—the hospital was right next door—he cried almost all the while we were there because he was so lonesome for the children. Surgery was scheduled for the following morning. We gave him some candy and games to give the children when they came in to see him before operation.

About four days after surgery we visited Takamine-san again and found that he was making wonderful progress. He was all smiles and very happy over the success of the surgery.

Takamine-san and his family did not return to their former home. The government rented a big room for them. We are continuing to visit him regularly and he is getting along most happily.

The Venereal Disease Clinic

MAGDALENE SCHROETER

NE MONDAY we were scheduled for a field trip to the Veneral Discour a field trip to the Venereal Disease Clinic which is held at the Outpatient Department of St. Boniface Hospital. This was part of our course in community health. The purpose of the visit was to point out the ways in which the problem of venereal disease is handled by health authorities in the City of Winnipeg in order to give us a better insight in the different aspects of V.D., to understand the importance of such a department for the affected person in particular and the community as a whole, and to give us an opportunity to observe the ways by which this plan is carried out in

We reported to the public health nurse on duty, who in turn introduced us to the physician in charge. The doctor gave us an outline of the medical treatment of both gonorrhea and syphilis, pointing out the difficulty in making a clinical diagnosis for gonorrhea. He mentioned the sugar-fermentation test which is a specific laboratory test for gonorrhea, differentiating the causative organism of this disease from other non-specific, gram-negative, intracellular diplococci which often erroneously are thought to be gonococci. This may happen in young girls who have a vulvovaginitis the smear

of which contains gram-negative intracellular diplococci. In men, on the other hand, there sometimes are the symptoms of Reiter's syndrome which lead to a wrong diagnosis. The latter is typical of urethritis, conjunctivitis, and arthritis thus mimicking the symptoms of gonorrhea but caused by a nonspecific organism.

In general, the diagnosis of gonorrhea is established only after the laboratory report from the smear taken, comes back, but treatment is started at once on the basis of clinical findings. A very large dose of penicillin — six billion units — is given to combat lues plus two million units to combat gonorrhea since these diseases are often found simultaneously in one person. In lues up to nine million, even 12 million units will be given or courses repeated where indicated. Wassermann tests are taken routinely on every patient whether he comes in for the treatment of lues or gonorrhea.

Before treatment with penicillin is started, the patients are always questioned whether or not they know if they are allergic to the drug. Should this be the case, then terramycin is substituted for penicillin. The disadvantage of the latter treatment is the high price of terramycin. When the patient comes in for his injections he is asked every time for signs and symptoms of allergy such as pruritus, etc.

The treatment of syphilis also includes a general physical examination and an examination of cerebrospinal

Originally from Germany, Miss Schroeter was a student at Misericordia Hospital, Winnipeg, when this report was written.

fluid if indicated. Blood tests are repeated for six months or until the tests are negative. Follow-up treatment is carried out over a number of years in order to detect any clinical or serological relapses. If the patient during his treatment should develop any other illnesses, the doctor refers him to the appropriate department of the O.P.D. or may even admit him to hospital if necessary. Even with early treatment of gonorrhea, arthritis is sometimes a complication which might require hospitalization or physiothera-

The clinic on this particular morning was not too well attended, but nevertheless we had the opportunity to be present at an interview conducted by the public health nurse with one of the patients. The patient was a young man, 24 years of age, who was being treated for the second time for gonorrhea. The nurse, after explaining to him that all his answers would be kept strictly confidential, tried to get the required information about his contact, but his description was very vague and nonspecific. He was urged to avoid further contacts with unknown people and was given some educational pamphlets about V.D. He also was asked to try and find out the full name and address of his contact so that the public health nurse could visit her and suggest a course of treatment in order to prevent further spread of the disease from this source.

The information obtained from the patient was put on a form, one copy of which is sent to the Department of Health in Winnipeg and the other one to the Police Department. Although, as pointed out by the nurse, not all the contacts can be traced all the time, it seldom is necessary to force people. Reports are only sent to the police on those who are brought to the clinic by morality officers; not on other patients.

Patients visiting the clinic in general belong to the low — or medium-wage groups. Most of the female repeaters are Indians or half-breeds who come from outside the city, are ill-adjusted and most often not too fond of work. Some of them deliberately ask to be put into jail where there is also an opportunity to receive treatment for veneral diseases. Unfortunately, there does not

exist any organized rehabilitation program for these prisoners so that there is great likelihood that they will resume the way of life they led before imprisonment after they are released.

Poor housing, inadequate education, lack of work, and alcohol, all are unfavorable factors influencing this group of people and increasing their promiscuity. Some of the female patients who are committed through the Juvenile court are detained in a sheltering home. Twice a week the public health nurse from the V.D. clinic visits these homes to take smears, cultures or blood tests and to give antibiotic treatment to those affected with venereal diseases.

It sometimes also happens that one of the patients is pregnant. If she is not married she is referred to a hospital where she can stay until delivery and where she has close medical supervision throughout her pregnancy. Plans for adoption if desired will be taken care of in these hospitals.

All services of the V.D. clinic are free of charge. The provincial government pays an annual flat rate to St. Boniface Hospital which in turn supplies the nursing services. The drugs for treatment are supplied by the federal government. The staff consists of the physician-in-charge, two nurses and one clerk. Clinics are held twice a week in the morning and afternoon for both men and women, on Monday evenings for men and Thursday evenings for women.

The purpose and aim of the clinic is, of course, to give early treatment to all infected persons and by tracing their contacts to discover all other cases suffering from V.D. The clinics, although one of the most valuable divisions in the fight against V.D., are not the only community resource concerned with the eradication of these diseases. As in many other diseases the best treatment is prevention. This depends upon the public's awareness of the facts concerning the spread of venereal disease. Much can be and is being done by means of education through all the modern means of communication and publication including radio, television, newspapers, magazines and educational pamphlets.

Premarital and prenatal blood tests are other methods for detecting early

KNOX GELATINE...

a positive way to strengthen DITTE TINSELLA ELLI A DITTE OF THE PROPERTY OF

Nobody ever died of brittle fingernails. That's not to say that this all too common feminine problem has not caused much patient distress and even some professional perplexity.

Happily a new prognosis is possible for better than seven out of ten women with brittle fingernails. One to three envelopes of Knox Gelatine a day for three months restore strength in approximately 80% of patients.^{1,2,3,4} Improvement is usually apparent in 30 days.

Adequate intake of Knox Gelatine (min. 1 envelope—7 Gm. or 120 grains per day) is absolutely essential to produce the Specific Dynamic Action necessary to correct the brittle nail defect. If you would like to examine at first hand the clinical research establishing this use of Knox Gelatine, just use the coupon below.

KNOX GELATINE (CANADA) Ltd.

Professional Service Department 140 St. Paul St. West, Montreal, Quebec

please send reprints of the following articles:

- 1. Rosenberg, S., Oster, K.A., Kallos, A. and Burroughs, W.: A.M.A. Arch. Dermat. 76:330, September 1957.
- 2. Schwimmer, M. and Mulinos, M.G.: Antibiot. Med. & Clin. Therapy 4:403, July 1957.
- 3. Rosenberg, S. and Oster, K.A.: Conn. State Med. J. 19:171, March 1955.
- 4. Tyson, T.L.: J. Invest. Dermat. 14:323, May 1950.

YOUR NAME AND ADDRESS





cases of syphilis. Only a small number of cases are actually found by these tests.

The administration of silver nitrate drops into the eyes of every newborn baby has largely reduced the incidence of gonorrheal ophthalmia neonatorum which now is encountered very rarely, though it used to be a major cause of blindness. Another problem to be taken into consideration is the environment in which those people live who largely make up the clientele of the V.D. clinic. It is one of the main aims of all those concerned with the control of these diseases to improve the environment whenever possible. Abolishment of houses of prostitution by legal measures as well as education in sex hygiene at schools would contribute greatly to reducing the incidence of these diseases.

The control of venereal diseases

is a joint project where many participate in order to reach the goal of eventually eradicating them. It should be the responsibility of every educated citizen to join that campaign and to wholeheartedly contribute whatever is in his power. Nurses, whether they work in hospitals or in public health, have a responsibility to contribute their share in this program since they are more likely to come in contact with persons requiring care. Considering the devastating effects of late lues the nurse by observing signs and symptoms and by education of the public can contribute a great deal in either preventing these diseases or in ensuring early treatment which will save the community a valuable citizen and tax-payer and prevent the patient from becoming a burden to himself and others.

Medicine Man

JEAN WYATT

THE FIRST MEDICINAL prescription in Canada was compounded by a

copperhued savage.

Jacques Cartier, early French explorer of this continent and discoverer of the mighty St. Lawrence River, with his party of men settled for the winter of 1535-36 in their ships in the frozen waters of this river at Quebec, then an Indian village. During their stay some of the men suffered severely from a strange illness unknown in France.

However, a friendly Indian told Cartier of the native remedy — boiled hemlock twigs and bark; the liquor to be drunk and the dregs used as a poultice for swelling and inflammation

caused by the illness.

The diseases was scurvy which occurred among the Canadian Indians during winter months when storms and heavy snows made hunting and fishing impossible and when there was a shortage of dried corn, roots and herbs. Thus improper foods, especially an over-indulgence in salted meats, resulted in the outbreak of scurvy among Cartier's men.

The story of medicine in Canada then, properly began with the Indian who had remedies for every need — expectorants, emetics, purgatives, astringents, even emmenagogues. He was expert in his application of the medicinal properties of roots and herbs he collected.

For example the bark of the slippery elm and basswood and the resinous bark of the tamarack were applied to running sores. Ulcers responded to a treatment of the underbark and the juice of the juniper berry.

The redman was a skilled bone-setter who cleverly reduced and carefully set fractures of the bones. Splints of cedar were put on and padded by the squaws with leaves or grass. The limb was bound with the soft, pliable branches of the young birch. Dislocations were reduced by the simple application of force. Bruises were treated by the application of cold water in the form of a compress.

Mrs. Wyatt lives in London, Ont.



Fostex degreases the skin and helps remove blackheads



Fostex contains a combination of surface active agents (Sebulytic*) which:

◆ Completely emulsify excess oil so that
it is quickly washed off the skin.



◆ Penetrate and soften comedones, unblocking the pores and facilitating removal of sebum plugs.



Fostex dries and peels the skin

◆ The Sebulytic base of Fostex dries and promotes peeling of the skin . . . actions enhanced by the keratolytic effects of micropulverized sulfur and salicylic acid.

*(Sodium lauryl sulfoacetate, sodium alkyl aryl polyether sulfonate, sodium dioctyl sulfosuccinate.)

Fostex is easy for your patients to use

FOSTEX CREAM

for therapeutic washing of skin in the initial phase of acne treatment, when maximum degreasing and peeling are desired.

FOSTEX CAKE

for maintenance therapy to keep skin dry and substantially free of comedones.



◆ Patients stop using soap on affected skin areas. Instead they use Fostex for therapeutic washing of the skin. The Fostex lather is massaged into the skin for 5 minutes—then rinse and dry.

WESTWOOD Pharmaceuticals
Buffalo, New York

Canadian Distributor: John A. Huston Company, Ltd.
Toronto 10, Canada

Surgery was not a mystery to the Indian. He performed amputations at the joints with a knife of flint or jasper, then seared spouting vessels with stones heated to redness and thus arrested hemorrhage.

The Indian's system of medicine, surprisingly complete, was an unwritten one and one that was handed down from generation to generation. The care of the sick was placed in the hands of the women of the tribe who were thus the first nurses on this continent.

The Indian's diseases were those occasioned by the weather, hardship, famine, injury. Diseases of the eye were common due to prolonged irritation from the smoke in their lodges or teepees where a hole in the roof took the place of a chimney.

The arrival of the white man brought to the Indian new and unknown diseases that swept through his tribe like a devastating flame. Only then did his system of medicine break down.

Although the Indian population was severely decimated, today the medical marvels of the pale face have stemmed the tide and the Indian population is gradually increasing. Health services are administered by the Department of National Health and Welfare. In 1953, 20 hospitals, 42 nursing stations and 61 other health centres were operated by the Department to serve both the Indians and the Eskimos. Full-time departmental medical officers are assigned to the larger Indian reserves with part-time officers responsible for the health of the smaller bands.

A Silver Anniversary

Nursing celebrated its 25th Anniversary with a very successful "Open House" at the School of Nursing, 50 St. George Street, on October 17, 18 and 19, 1958. Many alumnae and friends of the school took this opportunity to renew acquaintances and to tour the new building, opened in 1953.

One of the highlights of the celebration was the opening of regular classes to alumnae, high school students and the general public. These classes, from the basic and post-basic curricula, were of the lecture, seminar and demonstration types. Professor Margaret McPhedran and Miss Margaret MacLachlan lectured to the public health general students; Professor Jeannette Watson to the nursing education and nursing service groups, and Professor Muriel Uprichard gave a lecture on the problems of education. Professor Jean Wilson and Mrs. Carol Brehaut conducted nursing demonstration classes for the two junior years of the basic course. Miss Jeannetta Mac-Phail gave a lecture in obstetrics. Professors Mary Millman and Helen Carpenter conducted seminars with the fourth year basic students. Professor Millman's seminar included in its content a demonstration of using a tape recorder as a teaching method.

All of these classes were very well attended. A great deal of interest was shown by the high school students. Particularly

well-received was a special "Symposium on Nursing Research" held in Cody Hall, the spacious auditorium of the school. Professor Nettie Fidler, director of the school, introduced the symposium. Professors Carpenter and Uprichard and Miss Margaret Allemang took part.

The focal point of the Open House consisted of 33 displays in Cody Hall, representative of the work and activities of the school and its 3450 graduates. The material in each display was both interesting and instructive and the general effect, aided by large flags of the countries represented, was quite impressive. A special feature which added considerably to the enjoyment of the guests was the provision by the alumnae association of refreshments for all.

Included among our many visitors were the following graduates of the various courses offered by the School: Misses Margaret McKenzie and Mary Pae, who are in India with WHO; Miss Gertrude Swaby, public health nursing in Jamaica; Miss Jamila Ahmed of Pakistan; Miss Alma Reid, director of the School of Nursing, McMaster University; Miss Ethel Gordon, Chief Supervisor of Nursing Counsellors of the Civil Health Services Division, Department of National Health and Welfare; Miss Heather McDonald, Nursing Consultant, Indian and Northern Health Services. Another welcome visitor was Miss Anne Moore, of the



Colombo Plan Administration in Canada. Among our local visitors were the President and Vice-President of the University and many other members of the University staff. We were also delighted to welcome directors of nursing, staff members and students from hospital school of nursing and from public health agencies in Toronto.

Telegrams and congratulatory letters, many describing the work of the writers, were received with much appreciation. These came from as far away as Jugoslavia (Miss Dina Urbancic, Nursing Education 1949), Poland (Mrs. Jadwiga Izyeka Kaniewska, Nursing Education 1935), Denmark, (Miss Karen Jacobsen, Advanced Nursing 1940), Sweden (Miss Ruth Abrahamsen, Public Health Nursing Advanced 1953), Costa Rica (Miss Alicia Montealegre, Clinical

Supervision 1954) and India (Mr. Jesudoss Sigamoney, Nursing Education 1955).

The tea given on Sunday afternoon by the alumnae association was the concluding event of the three-day celebration. It was attended by over 400 alumnae and friends. Miss Fidler and Miss Myrna Clark, president of the alumnae association, received the guests. Past presidents of the association acted as hostesses. Miss Kathleen Russell and Miss Florence Emory both attended and seemed to enjoy themselves thoroughly. A brief ceremony highlighted the tea when Miss Fidler, aided by one of our earliest graduates, Mrs. Josephine Clissold (Public Health Nursing 1923) and one of our most recent graduates, Miss Nancy Clark (B.Sc.N. 1958) took part in cutting the anniversary cake.

Strokes need not originate within the brain, as is commonly believed, and in many cases can be effectively treated through surgery outside the brain. In as many as one-fourth of those who suffer strokes, the brain's blood supply may be blocked by clots forming in vessels at points before they enter the brain itself. This circumstance makes it possible to remove or bypass the blockage

and restore normal circulation to the brain. X-ray studies of arteries have shown that the obstruction is often located in an artery of the neck or upper torso. In such cases it may be possible to apply surgical procedures similar to those through which circulatory deficiencies in the arms, legs and elsewhere have been successfully treated.

- American Heart Association

1958 INDEX

SUBSCRIBERS WISHING TO RECEIVE COPIES OF THE

1958 Index

ARE REQUESTED TO COMPLETE THIS COUPON AND MAIL IT TO

THE CANADIAN NURSE

1522 Sherbrooke St. West MONTREAL 25, OUEBEC

Please print all details.

Name

Street

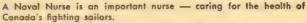
City

Zone No.

Prov.

Number of copies desired





She leads an eventful life — with opportunities to engage in special fields, both medical and surgical and others — to travel — to serve her country — to enjoy the status and privileges of an Officer in Canada's senior service.

Our expanding Navy has openings now in its Nursing Service — for provincially-registered graduate nurses who are Canadian citizens or British subjects, single and under 35 years of age.

Apply today! Upon entry you will be offered a permanent or short service commission with officer pay, allowance for uniforms, full maintenance and other benefits including 30 days annual leave with pay and full medical and dental care.

As a Naval Nurse, you'll find real opportunity to advance in your profession! For full information apply to:

MATRON-IN-CHIEF,
NAVAL HEADQUARTERS, OTTAWA

YOUR NEAREST NAVAL RECRUITING OFFICE



CN-5-57

Royal Canadian Navy



PREPARED IN YOUR NATIONAL OFFICE, CANADIAN NURSES' ASSOCIATION, O. LAWA

A Report of the I.L.O. Ad Hoc Committee

The CNA Nursing Secretary, F. Lillian Campion was invited by the International Labor Organization to represent Canada as a member of the Ad Hoc Committee on "Conditions of Work and Employment of Nurses." The meeting was held at the I.L.O. Headquarters in Geneva from October 6 to 11, 1958.

At the opening session, Miss Campion was named chairman and so had the privilege and responsibility of presiding over the week-long meeting.

Because of the interest in this significant international gathering, we are devoting this column to a summary report prepared by Miss Campion.

The I.L.O.

The I.L.O. is an agency of 70 governments united to work for lasting peace based on social justice. It deals with international labor and social problems, much as the UN Food and Agricultural Organization handles questions relating to the earth's food supply and the World Health Organization works to improve the health of the people living on this planet.

The I.L.O. is "tripartite." Each member country sends two government delegates, one employer and one worker to the I.L.O.'s Annual International Labor Conference.

The International Labor Office at Geneva, Switzerland is situated in a park on the banks of Lake Geneva, not far from the Palais des Nations. About 700 officials of 57 nationalities conduct a year round program of international action to raise living and working standards. They do the re-

search and prepare the reports which are discussed at the I.L.O. conferences and meetings in all parts of the world.

W.H.O. and I.L.O.

Some years ago, a W.H.O. Expert Committee on Nursing drew attention to the close link between the recruitment of candidates for nursing and the working and living conditions of nurses. They urged W.H.O. to invite the cooperation of I.L.O. in a joint investigation of the working conditions of nursing personnel including salaries, hours of work, health conditions and personnel policies. Other interested groups have since urged similar investigations.

Study of Conditions of Work

The Director General of the I.L.O. in 1957 arranged for a comparative study of the employment and conditions of work of nurses and agreed to convene an ad hoc meeting of experts to consider the results. The report of the study was the basis of the Committee's discussions. Miss Margrethe Kruse, Executive Secretary, Danish Council of Nurses and Chairman of the Committee on Exchange Privileges for Nurses, I.C.N., a professional nurse of wide experience, was appointed by the I.L.O. after consultation with W. H.O. to assist in the comparative study. The report was prepared on the basis of replies to a questionnaire circulated by the International Council of Nurses, the International Committee of Catholic Nurses and Social Workers, and the International Federation of Unions of Employees and Public and Civil Services to affiliated organizations in 67 countries.

He's happy!...he's on S-M-A!



S-M-A provides sound infant nutrition

- S M A protein is in physiologic proportion. The infant fed S M A receives a daily protein intake comparable to that of the breast-fed infant.
- S-M-A fat is high in essential fatty acids. S-M-A supplies 20 calories per ounce, the same as human milk.
- S-M-A provides *physiological* carbohydrate in the form of lactose in an amount (7%) closely adjusted to the average quantity in human milk.
- S M A supplies vitamins and minerals in amounts adequate to meet the recognized needs of health and growth.

REG. TRADE MARK
WALKERVILLE, ONTARIO

Costs less than a penny an ounce

S-M-A

The material contained in the report, covering 54 countries in all parts of the world, as is stated in the introduction, necessarily conceals wide variations in political and economic and social backgrounds, traditions and conditions.

Ad Hoc Meeting

The meeting was opened by Luis Alvarado, Assistant Director-General of the I.L.O. who spoke on behalf of the Director-General, David A. Morse. Ambassador Julio A. Barboza-Carneiro of Brazil, Chairman of the Governing Body of the I.L.O. was also present at

the opening meeting.

The study and the meeting were under the direction of the Women's and Young Workers' Division of the I.L.O. Mrs. Ana Figueroa, Chief, the Women's and Young Workers' Division was responsible for the vast amount of planning, organization and direction necessary for the comparative study and the Ad Hoc Committee meeting. This, together with her assistance during the deliberations, contributed greatly to the success of the meeting.

The members of the Committee represented 14 countries including Austria. Brazil, Canada, Chile, France, India, Japan, Liberia, Philippines, Sweden, Turkey, United Kingdom, U.S.S.R. and U.S.A. Mrs. Janet Buckle, President of the Liberian National Nurses' Association was elected vice-chairman and Miss Julita Sotejo. Dean of the School of Nurses, University of the Philippines, reporter.

Simultaneous translation was available in four languages, Spanish, German, French and English. The member from Russia was accompanied by a translator who translated into English as the delegate spoke.

as the delegate spoke

Observers

In addition to the nurse members of the Committee, several inter-governmental and non-governmental organizations were represented by observers. Included were the World Health Organization, the Council of Europe, International Committee of Catholic Nurses, International Committee of the Red Cross, International Council of Nurses, the International Federation of Christian Trade Unions, Employee of Public Services and P.T.T.N., The International Federations of Unions o Employees of Public and Civil Service the League of Red Cross Societies, the World Federation of Trade Unions and the World Medical Association These observers had the privilege o speaking once to each of the four items on the agenda.

Topics of Discussion

The first four days were spent in discussion of the four items of the agenda which had been approved by the governing body of the I.L.O. These were:

Employment Situation -

Shortage of nurses; influence of marriage on employment; part-time employment.

Conditions of Work —

Contract of employment; remuneration; social security.

Economic and Social Status —

Professional nurses; auxiliary personnel.

Recruitment including counselling and placement services.

Recommendations

The very able Secretariat of the Division was invaluable in recording the discussions, abstracting the salient points and recommendations, preparing a draft report for the final consideration of the committee. Included in the recommendations were:

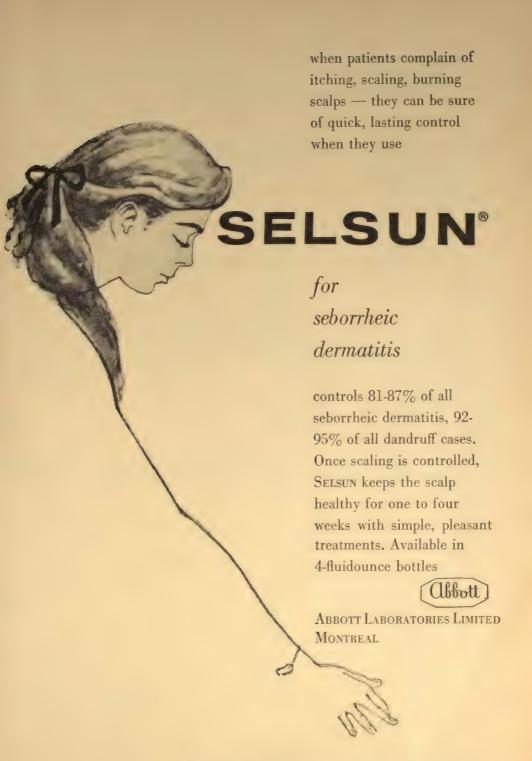
That more complete, reliable and detailed statistical information be collected as a basis for relating the supply of nurses to the demand for nursing

services.

That the prevalent shortage of proicesional nurses, characteristic of most countries and acute in many, should be overcome by planned policies aimed at more effective utilization and retention of available nursing resources.

That in view of the importance of joint consultation in determining conditions of work, machinery for negotiating terms and conditions of employment should be set up in every country where it does not now exist. Nursing personnel, through organizations of their choice, should be associated directly in its operation.

That in order to meet the special re-



® SELSUN Sulfide Suspension / Selenium Sulfide, Abbott

quirements of nursing service, and to avoid fatigue for nursing personnel, hours of work should not exceed an average of 40 per week, that strict limits should be placed on the working of overtime within any given work period and that weekly rest should be uninterrupted and should be not less than 36 consecutive hours.

That remuneration for nursing personnel, should be raised to a level commensurate with their education, qualifications, responsibilities and duties. Salary scales should be calculated on the basis of job analysis and evaluation and

the principle of equal remuneration for men and women for work of equal value should be adopted.

That adequate opportunities should be provided for professional development and advancement through such measures as specialized post-basic education, study and fellowships, security of tenure and safeguard of privileges on transfer.

That recruitment programs should be planned on a long-term basis in relation to the demand for nursing service and skills and should be based on facts regarding conditions and needs of all branches of the nursing service.

Le Nursing à travers le pays

Rapport d'un Comité spécial de l'O.I.T.

La secrétaire de la Section du Nursing, Mlle F. Lillian Campion, fut invitée par l'Organisation Internationale du Travail à représenter le Canada auprès du Comité spécialement formé pour étudier "les conditions de travail et d'emploi chez les infirmières." La réunion eut lieu aux quartiers généraux de l'O.I.T., à Genève, du 6 au 11 octobre 1958.

A la séance d'ouverture, Mlle Campion fut nommée présidente, honneur qui lui donna le privilège et la responsabilité de présider les assises durant une semaine.

Vu l'importance de cette réunion internationale, toute cette chronique sera consacrée au rapport préparé par Mlle Campion.

L'Organisation Internationale du Travail

L'O.I.T. comprend 70 pays unis pour travailler à l'obtention d'une paix durable, basée sur la justice sociale. C'est un organisme qui s'occupe des questions de travail et des problèmes sociaux tout comme l'Organisation Mondiale de la Santé s'occupe de l'amélioration de la santé des habitants de cette planète.

L'O.I.T. est "tripartite." Chaque pays membre y est représenté par deux délégués de son gouvernement, un employeur et un travailleur, à la Conférence Annuelle de l'O.I.T.

Le Bureau à Genève, Suisse, est situé dans un parc sur les bords du lac Genève, non loin du Palais des Nations. Environ 700 personnes de 57 nationalités y travaillent de façon permanente à la réalisation d'un programme de portée internationale visant à élever le niveau de vie et de travail. On y fait de la recherche et l'on rédige des rapports qui sont discutés au cours des conférences et réunions de l'O.I.T. dans toutes les parties du monde.

L'O.M.S. et l'O.I.T.

Il y a quelques années, un Comité d'experts en Nursing de l'O.M.S. attira l'attention sur la relation étroite qui existe entre le recrutement des candidates infirmières et les conditions de vie des infirmières. Le Comité insista pour que l'O.M.S. sollicite la collaboration de l'O.I.T. dans une étude conjointe des conditions de travail chez les infirmières: salaires, heures de travail, conditions sanitaires, lignes de conduite, etc. Depuis ce temps d'autres groupes firent la même demande.

Etude sur les conditions de travail

Le directeur général de l'O.I.T. prépara une étude comparative sur les conditions d'emploi et de travail chez les infirmières et décida d'en soumettre les résultats à un comité ad hoc d'experts qui en étudia et en discuta le rapport. Mile Margrethe Kruse, secrétaire du Conseil des Infirmières du Danemark et présidente du Comité d'Echange entre membres du C.I.I., fut choisie par l'O.I.T., après consultation avec l'O.M.S., pour collaborer à cette étude com-



Gerber Junior Bananas with Pineapple

Now...another delectable dish for those months when baby is making the transition from strained to regular family table foods... Gerber's Junior Bananas with Pineapple. Here is a combination of two popular fruits that have flavour appeal and good nutritive value. Only fully ripe bananas are used. After the bananas have passed a special test which determines proper degree of ripeness, they're blended with bits of pineapple for added flavour... extra vitamin values. Like the 7 other Gerber Junior Fruits the particles are soft, yet have enough bulk to encourage chewing action... pave the way for coarser foods.

ALL GERBER BABY FOODS are prepared with this kind of specialized care to insure the utmost in nourishment and quality.

Gerber BABY FOODS

NIAGARA FALLS, CANADA

parative. Le rapport de cette étude a été rédigé d'après les réponses à un questionnaire envoyé par l'intermédiaire du Conseil International des Infirmières, du Comité International des Infirmières catholiques et des Travailleurs sociaux et de la Fédération Internationale des Unions d'employés ainsi que des Services publics et civils, à des organisations connexes dans 67 pays.

Le matériel de ce rapport couvrant 54 pays de toutes les parties du monde révéla une grande variété dans les idées politiques, économiques et sociales dans les traditions et les conditions de vie et de travail.

Assemblée ad hoc

L'assemblée fut ouverte par Luis Alvarado, directeur-général adjoint de l'O.I.T. qui parla au nom du directeur-général, David A. Morse. L'ambassadeur Julio A. Barboza-Carneiro du Brésil, président du Bureau de direction de l'O.I.T. était aussi présent à la séance d'ouverture.

L'étude et l'assemblée étaient sous la direction de la Division des Femmes et Jeunes Travailleurs de l'O.I.T. C'est Mme Ana Figueroa, chef de cette division qui assuma la vaste tâche de l'organisation et de la direction de l'étude comparative et du comité spécial. Ce travail et sa présence aux débats contribuèrent grandement au succès de cette réunion.

Les membres du Comité représentaient 14 pays: l'Autriche, le Brésil, le Canada, le Chili, la France, l'Inde, le Japon, le Libéria, les Philippines, la Suède, la Turquie, le Royaume-Uni, l'U.R.S.S. et les Etats-Unis. Mme Janet Buckle, présidente de l'Association nationale des Infirmières du Libéria, fut élue vice-présidente et Mlle Julita Sotejo, Principale de l'Ecole d'Infirmières de l'Université des Philippines, fut nommée rapporteur.

La traduction simultanée fut faite en quatre langues: l'espagnol. l'allemand, le français et l'anglais. La représentante de la Russie était accompagnée d'un traducteur qui traduisait en anglais ce qu'elle disait en russe.

Observateurs

En plus des infirmières membres du Comité, plusieurs organismes gouvernementaux et autres étaient représentés par des observateurs. Etaient ainsi représentés: l'Organisation Mondiale de la Santé, le Conseil d'Europe, le Comité International des Infirmières Catholiques, le Comité International de la Croix-Rouge, le Conseil International des

Infirmières, la Fédération Internationale des Unions Ouvrières Chrétiennes, les Employés de Services Publics et P.T.T.N., la Fédération Internationale des Unions d'employés de services publics et civils, la Ligue des Sociétés de la Coix-Rouge, la Fédération Mondiale des Unions Ouvrières et l'Association médicale Mondiale. Ces observateurs eurent le privilège de parler une fois sur chacun des quatre sujets au programme.

Sujets de la discussion

Les quatre premiers jours furent consacrés à la discussion des quatre questions inscrites à l'ordre du jour, préalablement approuvés par le Bureau de direction de l'O.I.T., savoir:

Situation de l'emploi — Pénurie d'infirmières; influence du mariage sur l'emploi; le travail à temps partiel.

Conditions de travail — Contrat d'emploi; rémunération, sécurité sociale.

Statut social et économique — Infirmières professionnelles, personnel auxiliaire.

Recrutement comprenant services d'orientation et de placement.

Recommandations

Le personnel du secrétariat de la Division a pris les délibérations avec toute la compétence qui le caractérise, a fait un résumé des points saillants des recommandations et a rédigé un rapport final pour être soumis au Comité. Parmi ces recommandations nous notons les suivantes:

Que des renseignements statistiques plus complets, plus sûrs et plus détaillés soient compilés pour servir de base à l'établissement de comparaisons entre l'offre et la demande des services d'infirmières.

Que l'on remédie à la pénurie d'infirmières professionnelles existant dans la plupart des pays et à l'état aigu dans plusieurs, par l'établissement d'une ligne de conduite visant une utilisation plus efficace ainsi qu'à la conservation des ressources disponibles dans le domaine du nursing.

Qu'en vue de l'importance d'une consultation mutuelle dans la détermination des conditions du travail, un organisme servant à déterminer les conditions d'emploi et les traitements devrait être établi dans les pays où cela n'existe pas. Les infirmières, par l'intermédiaire d'organisations de leur choix. devraient être directement associés à son fonctionnement.

Qu'afin de répondre aux exigences particulières du soin des malades et d'éviter la fatigue chez les membres du personnel soignant, les heures de travail devraient être fixées de façon que les heures supplémen-



taires de travail soient judicieusement réparties et que le repos hebdomadaire ne soit pas interrompu pendant au moins 36 heures.

Que la rémunération des infirmières soit proportionnée à leur instruction, leur préparation, leurs responsabilités et leurs fonctions. La barème des salaires doit être calculé en se basant sur l'analyse et l'évaluation des tâches, en respectant le principe du salaire égal à travail égal, pour les hommes et les femmes.

Que l'on favorise le développement et l'avancement de la profession par l'établissement de cours post-scolaires, études, bourses, assurance de la stabilité de l'emploi et transfert des privilèges acquis lorsqu'une infirmière change d'employeur.

Que les programmes de recrutement soient à longue portée, tenant compte de la demande, et basés sur des faits établis selon les besoins et les conditions de toutes les différentes branches du nursing.

Victorian Order of Nurses

The following is a list of recent staff changes in the Victorian Order of Nurses for Canada.

Appointments — Theresa Bergeron (St. Vincent de Paul Hosp., Sherbrooke, P.Q.) to Edmunston, N.B. Mary Bradley (Univ. of Ottawa) to Bathurst, N.B. Barbara Brannan (Saint John Gen. Hosp.) to Saint John. Shelby Bouthiller (Misericordia Gen. Hosp. Winnipeg) to Winnipeg. Patricia Cave (Grace Hosp., Windsor) to Windsor. Mavis Chittick (Yale Univ. S. of N., New Haven) to Calgary. Beverley Copithorne (Vancouver Gen. Hosp.) to Vancouver. Mrs. Olga Coyes (Saskatoon City Hosp.) to Edmonton. Judith F. Davis (Royal Jubilee Hosp., Victoria) to Montreal. Joyce Dickey (Vic. Hosp., London) to Digby, N.S. Audrey Drennan (Mack Training School for Nurses, St. Catharines) to Owen Sound. Susan Geml (Hotel Dieu, Windsor) to Windsor. Ruther Mary Gwilliam (Hope Hosp., Salford, Lancashire) to Greater Montreal. Emilia Hagel (St. Michael's Hosp., Lethbridge) to Carleton Place, Ont. Ruth Hayden (Univ. of B.C.) to Halifax. Ruby Henrickson (Winnipeg Gen. Hosp.) to Winnipeg. Merilyn Ethel Hood (Vic. Hosp., London) to Montreal. Elizabeth Anne Hutchinson (V.G.H.) to Victoria. Carol Irvine (Hamilton Gen. Hosp.) to London. Esther Janzow (Royal Columbian Hosp. New Westminster) to Victoria. Georgina Johnson (Grace Hosp., Winnipeg) to Winnipeg. Patricia Ann Lauerner (U.B.C.) to Vancouver. Olive Legge (Moose Jaw Union Hosp.) to Vancouver, Donna McDougall (Kingston Gen. Hosp.) to Smiths Falls. Mrs. Mary Mc-Evoy (Royal Vic. Hosp., Montreal) to Montreal. Mrs. Beverly McIntyre (Univ. of Toronto S. of N.) to Toronto. Mrs. Barbara Ann McWilliams (V.G.H.) to Vancouver. Halley Anne MacBain (H.G.H.) to Hamilton. Patricia Ann Madley (U.B.C.)

to Vancouver. Mary Patricia Malloy (V.G. H.) to Vancouver. Sheila Meiteen (Jewish Gen. Hosp., Montreal) to York Township. Gwendolyn Miller (Metropolitan Hosp., Windsor) to Cobalt-Coleman. Barbara Mills (Moncton Hosp., N.B.) to Moncton. Sheila Murray (V.G.H.) to Wolfville, N.S. Janet Penney (Grace Hosp., Halifax) to Pictou, N.S. Katie Peters (V.G.H.) to Trail, B.C. Dorothy Philips (Montreal Gen. Hosp.) to Arnprior. Noreen Phillpot (MacMaster Univ. S. of N.) to Burlington, Ont. Mrs. Gaye Donna Pilling (MacMaster Univ. S. of N.) to Montreal. Mrs. Cynthia Powell (V.G.H.) to Winnipeg. Shirley Receveur (Holy Family Hosp., Prince Albert) to Prince Albert. Mrs. Mary Richardson (Victoria Hosp., London) to Toronto. Elaine Marina Rose (Toronto Gen. Hosp.) to Guelph. Mrs. Gaye Ross (V.G.H.) to Burnaby. Olga Smuczok (Grace Hosp., Windsor) to Windsor. Mrs. Gloria Tufford (Moose Jaw Union Hosp.) to Ottawa. Maria Vandenijssel (Vronstein Park Vronsteil, Voorburg, Holland) to Montreal. Myra Ellen Warren (Calgary Gen. Hosp.) to Greater Niagara. Mary Dawn Webster McMaster Univ. S. of N.) to Hamilton. Gertrude Woelders (Diaconessenhuis, Haale, Holland) to Halifax.

Transfers — Lola Bott, Mrs. Alma Metcalfe to Montreal. Patricia Copley to North
Vancouver. Donna Hackman to Prince
Albert. Beatrice M. Hunt to Ottawa. Winnifred James to North York. Marie Kossowka to LaSalle, P.Q. Ada McEwen, Ethel
Shaw, to National Office. Elizabeth MacKenzie to Saint John, N.B. F. Blanche
MacPherson to St. John's, Nfld. May Louise
Shaffner, Elizabeth Smith to Vancouver.
Margaret Standerwick to Lethbridge. Maria
Van Noort to Edmonton. Margaret Warren
to Sarnia. Lily Watanabe to York Township.

Nursing responsibilities demand health and vitality

protective quantities of vitamins and minerals necessary to maintain physical fitness are available in

"NEO-CHEMICAL" FOOD



Available in handy tabsule form for adults and older children, and in taste-tempting liquid form for children and convalescents; at low daily cost.



Charles E. Frosst & Co. Montreal, Canada

International Essay Competition

The International Council of Nurses, through its Ethics of Nursing Committee, announces an international essay competition in which Graduate Nurses of all national member associations in membership with the ICN are invited to take part.

The competition is designed to reach individual members in the nursing field and to increase their awareness of the meaning and

significance of nursing ethics.

For more than half a century, at the closing session of each International Congress, the retiring President has given a "Watchword" for the next four-year period. This has become a valued tradition for as one President, the late Baroness Sophie Mannerheim, has said: "Words are not always solely words. Sometimes a word can be engraved on our hearts and be as a guide for our work."

The subject of the essay is to be either: 1. One of the watchwords given by an

ICN President, or
2. The International Code of Nursing Ethics, how it could be brought into nursing schools and ways and means of integrating teaching so that ethics may be included in all nursing subjects.

The watchwords are as follows:

1901—Buffalo—Mrs. E. Bedford Fenwick ---Work

1904—Berlin—Mrs. E. Bedford Fenwick -Courage

1909-London-Mrs. E. Bedford Fenwick -Life

1912—Cologne—Schwester Agnes Karll

-Aspiration 1925-Helsinki-Baroness Sophie Manner-

heim—Peace 1933—Paris, Brussels— Mlle L. Chaptal

-Concord

1937-London-Dame Alicia Lloyd Still

—Loyalty

1947-Atlantic City-Miss Effic Taylor -Faith

1953—Petropolis—Miss Gerda Höjer

-Responsibility

1957-Rome-Mlle Marie M. Bihet

-Wisdom

Conditions of Entry

1. The competition is open to graduate nurses who are members of ICN member associations. If any question arises as to the eligibility of a contributor, the decision of the panel of judges shall be final.

2. The Essay shall be typewritten on one side of the paper only and shall be approximately 2,000 to 3,000 words.

3. Each entry must be signed by a "penname." The name and address of the contributor must be enclosed in a sealed envelope and attached to the manuscript.

4. The essay must be forwarded to the national Nurses' Association of the country

concerned.

5. National Nurses' Associations have kindly undertaken to assist the Ethics of Nursing Committee in the following ways:

(a) To receive completed essays.(b) To judge essays nationally by a Na-

tional judges' panel.
(c) To translate the winning essays into English (if necessary) and forward them to the Headquarters of the International Council of Nurses.

The closing date for Canadian entries will

be May 15, 1959.

National Nurses' Associations will forward not later than September 1,1959, five copies of each of the two winning essays on a Watchword or the International Code of Nursing Ethics, or if one subject only has been selected, five copies of the winning essay only.

6. A prize will be awarded for the winning essay (in each of the two subjects if both are selected by the National Associations). Credit will be given in the case of those essays which give evidence of a knowledge and appreciation of fundamental ethical prin-

7. The winning essays will be published in The International Nursing Review. No entry may be sent which has previously appeared

in print.

8. No essay submitted may be published in any nursing journal or in any other form without the permission of the International Council of Nurses. Essays will be returned to the writers after the results of the competition have been announced. For this purpose a self-addressed envelope should be enclosed with the original material, and the cost of postage refunded.

9. The International Judges' Panel will

consist of five members:

The General Secretary, ICN.

The Editor, The International Nursing

The chairman and two other members of the Ethics of Nursing Committee.

The antibiotic drugs and the development of the powerful new operating microscopes have enabled the ear surgeon to safely perform operations on delicate middle ear structures, previously impossible. They have also helped us to find out a great deal more of the effect of middle ear disease on hearing so that attention has been directed to the developing of new operations to restore damaged hearing function. This has opened up whole new field in ear surgery and promises great benefit to all those who are suffering from middle ear deafness.

- G. ALEXANDER FEE, M.D.

Blessed are the forgetful; for they get the better even of their blunders.

- FRIEDRICH WILHELM NIETZSCHE



Hollister Ident-A-Band, the original, the positive all-patient, on-patient identification

Just a glance . . . a short "pause for patient identification." But a long step away from medication-errors. In hospital after hospital, the risk of liability due to errors went down when Ident-A-Band went in. Only Ident-A-Band is sealed . . . sealed so sure that the band must be destroyed to remove it.

Your hospital name is printed on each Ident-A-Band, and the insert card has ample space for all the identification data you may want to include. And it slips easily into the non-irritating, skin-soft band. The supple softness and custom-fit assure patients that you are thinking of their comfort as well as their safety. Write for free samples and information.



Ontario

The following is the list of changes in the Ontario Public Health Services.

Appointments - Olga Roman (Royal Vic. Hosp., Montreal, Univ. of Toronto) and Dorothy Lee Chisholm (R.V.H., Montreal, McGill Univ.) to Belleville Board of Health. Ruth Tackaberry (Western Hosp., Toronto, Univ. of West. Ont.), Gwendolyn A. Hudson (Ottawa Civic Hosp., U.W.O.) and Margaret Farrell (St. Jos. Hosp., London, U.W.O.) to Elgin-St. Thomas Health Unit. Alda G. Ruthven (Guelph Gen. Hosp., U. of T.). Mary-Ellen MacDonald (St. Mary's Hosp., Timmins, U. of T.), Susie Elizabeth Beck (Hosp. for Sick Children, Toronto, McGill Univ.) to Elliot Lake Improvement District, Ont. Barbara Ross Fleming (H.S. C., Toronto, McGill Univ.) and Pauline Tomlin (Victoria Hosp., London, U.W.O.) to Etobicoke B.H. Marilyn (Deamude) Hunter (T.G.H., Ont. Hosp., Queen's Univ.) to Fort William H.U. Mary Georgina (Scroggins) Stever (Vic. Hosp., London, U. of T.) to Galt B.H. Ruth Moyer (T.G.H., U. of T.) to Guelph B.H. Bertha Reid (R.V.H., Montreal, McGill Univ., U. of T.), Norma E. O'Shea (St. Jos. Hosp., Kingston, Univ. of Ottawa), Ethel Hounslow (Brantford Gen. Hosp., U. of T.) to Halton Co. H.U. Laura Bowen (Kingston Gen. Hosp., U. of T.) to Kingston B.H. Mary Burns (St. Jos. Hosp., London, U.W.O.) to Lambton H.U. Joan Marie (Cormack) Gibson (H.S.C., Toronto, U. of T.) to Muskoka H.U. Marion (Johnston-Dickson) Rankin (T.G.H., U. of T.) to Northumberland and Durham H.U. Henrietta (LaRocque) Findlay (Ottawa Gen. Hosp., Univ of Ottawa), Ruth Henry (Brockville Gen. Hosp., U. of T.), Mary S. (McCulloch) Bannerman (T. G.H., McGill Univ.), Barbara Ann Gallivan (St. Michael's Hosp., U. of T.) and Barbara M. McMath (U. of T.) to Peel Co. H.U. Joan Dietrich (K.G.H., U.W.O.), Shirley Harding and Lorna Harris (Montreal Gen. Hosp., U. of T.), Jewel Killorin (Grey Nun's Hosp., Regina, U. of T.), Barbara (Mackay) Miller (Dalhousie Univ.), Jane O'Loughlin (St. Jos. Hosp., Peterborough, U.W.O.) to Peterborough B.H. Lorna Nelson (General & Marine Hosp., Owen

Sound, U. of T.), Margaret Goodes (Hamilton Gen. Hosp., U. of T.), Grace (Smith) Kirkpatrick (H.G.H., U.W.O.) and Noreen McQueen (Hotel Dieu Hosp., Moncton, N. B., Dalhousie Univ.) to St. Catharines-Lincoln H.U. Dorothy Gibson (St. Jos. Hosp., Hamilton, U. of T.) and Joan Royle (Mc-Master Univ.) to Sault Ste Marie B.H. Joyce Elizabeth Longbottom (St. Jos. Hosp., Toronto, U. of T.) to Scarborough Board of Health. Ann P. Blair (Wellesley Hosp., U. of T.) and Norah Bradley (St. Michael's Hosp., Univ. of Ottawa) to Stormont-Dundas and Glengarry H.U. Helen (Epstein) Ghent (McMaster Univ.), Marleen (Laine) Pentilla (Sudbury Gen. Hosp., U. of T.), Lucille Thibault (St. Jos. Hosp., Three Rivers, Que. Univ. of Montreal) to Sudbury and District H.U. Grace O'Leary (St. Jos. Hosp., Sudbury, Univ. of Ottawa) to Sudbury Gen. Hosp., Jean E. Humphrey (T.G. H., U. of T.) to Timiskaming H.U. Elizabeth J. P. Davidson (Toronto East Gen. Hosp., U. of T.), Barbara Ann (Goddard) Pinchin (Victoria Hosp., London, U.W.O.) to Waterloo Township B.H. Mary Ann Ladesick (St. Jos. Hosp., Kingston, Univ. of Ottawa) to Wentworth Co. H.U. Esther V. Matheson (Oshawa Gen. Hosp., U.W.O.) to Widdifield B.H. Frances G. Hincks (Hamilton Gen. Hosp., U. of T.) to Weston B.H.

Resignations - Elizabeth Zadanyi and Sara Ann (Lambert) Sibay from Haldimand School Health Service. Lynn (Dobbin) Spencer and Anne (Allen) Beckwith from York Co. H.U. Doreen (Mainse) Appleton from Lennox and Addington H.U. Alice May Lake from Muskoka H.U. Janet (Thomson) Reed from Huron Co. H. U. Emilienne Dion, Suzanne Tambeau and Alli (Huhta) Schatz from Porcupine H.U. Yvette Muir from Wellington Co. H.U. Hazel Thompson from Waterloo Township B.H. Goldie Allen and Jean Ann McWhirter from Oshawa B.H. Glenna (Mowat) Craig and Barbara Jean Nelson from Norfolk Co. H.U. Dorcen Noonan from Deep River Improvement Dist. Joan Willson and Kathleen Barry from St. Catharines-Lincoln H.U. Jean (Rorke) Gilliard from Timiskaming

EXCEPTIONAL PPORTUNITIES

for REGISTERED NURSES in

HAMILTON, CANADA

resting Work • Excellent Salary • Pleasant Surroundings

PROGRESSIVE ATTITUDE of the Hamilton General pitals offers stimulating work in every field of the ing profession. THIS THIRD LARGEST HOSPITAL IN JADA is equipped for the latest and most advanced sches of medical science and service.

ARY FOR REGISTERED NURSES is among the highest in Interior. Starting salary ranges from \$56.50 to \$63.00 to a 40 hour scheduled week.

RKING HOURS GIVE AMPLE LEISURE TIME. DAYS

— normally 7:00 a.m. to 3:30 p.m.; EVENINGS 3:00 p.m. to 11:30 p.m.; NIGHTS 11:15 p.m. to 7:15 a.m. These are based on 40 hours weekly. Schedules include one half hour for each meal. A 15 minute break is given in each shift. Eleven paid statutory holidays annually — 3 weeks vacation with pay following the qualifying period.

ACCOMMODATION in the comfortable modern Nurses' Residence is available until other suitable living quarters are located.

complete information write: The Director of Nursing, Hamilton General Hospital, Barton Street East, Hamilton, Ontario.

14MILTON is a pleasant place in which to live...



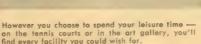
: a beautiful city, offering the excitee large city and the warmth of the Situated in Southern Ontario, Hamilton is on Lake Ontario close to the U.S.A. border.

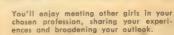
The stimulating pace of Canada is seen in this view of Hamilton's main street.



vacation lands are nearby. This crystal

mous Muskoka is within a few hours





H.U. Arlie (Wright) Laxton from Algoma Tuberculosis Assoc. Frances (Taylor) Jamieson, Beatrice Mair and Joanne (Long) Gilroy from Halton Co. H.U. Joyce Nevitt from Tarentorus Township B.H. Wilhelmena Dunleavey from Peel Co. H.U. Denise (Tremblay) Bourgault and Margaret Bergin from Ottawa B.H. Norma (Skea) Bingham from Kingston B.H.

Retirements — F. Farr from York Co. H.U. W. Ashplant from Secondary School Health Services, Board of Education, London. M. Fawcett from B.H., Hamilton. M. Daley from Ottawa B.H.

The world's population increases by one every .83 seconds by 50 every minute by 3,000 every hour

by over 70,000 every 24 hours

by half a million every week - more than the total of the present populations of Halifax, Quebec, Hamilton and Victoria.

News Notes

ALBERTA

Furnishing the new provincial office building has become a matter of interest to the chapters of the A.A.R.N. Members of the Taber group recently donated \$10 while High River nurses debated the question of assisting with this project and increasing their membership. There were nine members high the project and present at a recent meeting. The Peace River chapter is investigating the possibility of joining with the Grande Prairie unit for a joint social or business meeting. In addition this chapter is also considering the matter of establishing Emergency Housekeeping Services and teaching home nursing. Jasper's Edith Cavell chapter has contributed to the provincial office fund and made arrangements for a course in First Aid for its members. It is also hoped that a part time public health nurse will be obtained for the community. In Hanna, each member donated \$1 towards furnishing the new building.

Vulcan has decided to continue as a chapter with regular monthly meetings being held at the homes of the members. A gift of \$15 was forwarded to the provincial office fund. Several members from the Wainwright branch were present at the official opening of the new office building. The Banff chapter donated an electric tea kettle to the Nurses' Residence and a fund has been started to purchase a television set. Yearly membership

dues were increased to \$2.

DISTRICT 2

PONOKA

A gift of \$100 was sent to provincial office to help pay for furnishings in the new building. Latest figures show that the chapter has a total of 47 active members. A commit-

in November as a means of raising funds.

Members were asked to consider their organization in the light of its value to the community. It was felt that there should be a definite program of activities and a specific aim. Several suggestions were made and a committee organized to investigate the ques-

tion of presenting bursaries. Mrs. Margaret Newfeldt was a special guest speaker on one occasion. She gave a report on the first convention held by the Alberta Certified Nursing Aide Association.

DISTRICT 3

CALGARY

Forty members attended the supper party and annual chapter meeting held at the Holy Cross Hospital. Mrs. Duthie gave a brief and entertaining report of her attendance at the CNA general meeting and presented a scrapbook of clippings as a memento. The treasurer's report included mention of a bursary presented during the summer to Carol Osborne, a prospective C.G.H. student. Miss Walton-Jones, a visitor from St. George's Hospital, London, Eng. outlined her tour of American and Canadian hospitals briefly. Miss M. Street spoke about the building program at C.G.H. and the furnishings required. An objective of \$700 was set to be contributed by the chapter for furnishing the lounge.

The new officers for this season are:
Pres., Mrs. M. Duthie; Vice-Pres., J.
Cummins; Sec., D. Green; Treas., L.
McComb; Committees: Institutional, L.
Bibby; Public Health, G. Broad; Private
nursing, Mrs. J. Harrison; Program, D.
Watrin, K. McLeod; Refreshments, Miss
Brown, C. Chukaluk; Public Relations,

F. Moore.

DISTRICT 4

MEDICINE HAT

R. Ziehran and D. Schafer described their experiences as delegates to the CNA convention at one of the fall meetings of the chapter. They illustrated their report with slides, much to the enjoyment of the 22 members present. Miss Ziehran was the convener of the Harvest Tea held during the early fall. Inactive nurses are showing a lively interest in the refresher course planned for them. R. Ziehran has consented to teach home nursing to the St. John's Ambulance group.

DISTRICT 6

RED DEER

It was reported at a recent chapter meeting that 11 applications had been forwarded to the Bursary Committee — six of the applicants being eligible. The lucky recipient was Pamela Bower and the bursary was presented to her at a dinner attended by 18 members. Mmes Forbes and Sirois are conveners for a bake sale to be held as a fund raising project. Everyone was pleased to learn that meeting rooms are available at the Memorial Centre.

DISTRICT 7

ATHABASKA

Chapter meetings are under way again for the remainder of the year and although the group is small, it is enthusiastic. During the summer the members supplied First Aid kits at three points on the local lakes and were gratified to find that they were used and appreciated.

If enough applicants turn up, the Auxiliary of the local hospital plans to sponsor a home nursing course. Chapter members have offered their assistance. They have also helped the Civil Defence organization to arrange for a demonstration in the care of

casualties.

JASPER

Mrs. J. Nordgren has been elected president of the Edith Cavell chapter for the remainder of its present fiscal year. Eleven members were present at a meeting held at the home of Mrs. P. Pohlman.

A letter from Mrs. Van Dusen described

the new provincial office and expressed the hope that the chapter would assist in furnishing it. A set of baby scales was donated to the hospital by Mrs. Bruce on behalf of

the chapter.

DISTRICT 8

LETHBRIDGE

Sister Beatrice and Miss D. Watson reported on their trip to Ottawa as CNA convention delegates at an early fall meeting. Sister Beatrice also presented a detailed summary of the Canadian Conference on Nursing held in Ottawa in 1957. A Civil Defence course was held during late September and received the interested support of chapter members.

TABER

Miss Alice Reti who entered Lethbridge Municipal Hospital last September was presented with a cheque for \$50 at the Bursary Tea held by the chapter members during the same month. A display booth at the Family Fair in November was used to good advantage to interest young women of the area in nursing. Mrs. Vicol and Mrs. Malo were in charge of it.

A telephone bridge and whist party has been planned. The following committee chairmen were appointed: Activities, Mrs. D. Enman; Membership, Mrs. B. Rash; Finance, Betty Carnahan; Program, Mrs. B.

Gibbings; Lunch, Mrs. D. Dick.



Your shoes are "on duty" and ready to wear any time, day or night, when you keep them sparkling white with Tana Super White. Gives spotless white finish - lasts longer - won't smear.

Other Tana specialties: Tana White Buck Cleaner (in bottles), Tana Liquid Shoewhite for canvas shoes, and, illustrated below, Tana Rapid Shoewhite with tube-top applicator.

Sold only at shoe stores and shoe repair shops







BRITISH COLUMBIA

COURTENAY

Thirty-two members attended a meeting of the Plateau Chapter held in St. Joseph's Hospital, Comox last fall. Three religious sisters from Ontario were welcomed into the membership and a public health nurse from England was a visitor. G. McQuinn attended the institute for operating room nurses held in Vancouver. Several members represented the chapter at the district meeting held at Lake Cowichan. Assistance was provided for the Red Cross Blood Donor Clinic by addressing appointment cards and helping on clinic day. G. Skinner was elected to be in charge of the Future Nurses' Club for local high school students. She hopes to arrange a regular program to create interest in nursing as a profession. Mrs. W. K. Hind attended a Council meeting in Vancouver recently.

VANCOUVER

St. Paul's Hospital

A. T. Scullion has been awarded the Vancouver District bursary for use in post-graduate education. C. Terry, a graduate of last year, is working with the Indian Health Department. N. Rumen of the R.C.A.M.C. has been doing postgraduate study at the Royal Victorian Montreal Maternity Hospital. K. Dufton, C. Quan, M. Hildebrant, N. Martens and A. Klassen are at U.B.C. this year. D. Ritchie and H. Hull completed requirement for their certificates in teaching and supervision from the same university.

More than 150 operating room nurses attended an institute sponsored by the Registered Nurses' Association — the first of its kind in this province. Miss G. McFayden, supervisor of operating rooms, Shaughnessy Hospital directed the institute. Physicians and nurses from Vancouver and Victoria lectured and demonstrated. Miss E. Prickett,

assistant professor, University of Pittsburgh and consultant in operating room nursing to the National League for Nursing, New York, also participated.

Sister Ann Emily has been appointed Superior at North Battleford. Helen McLean ('52) has joined the staff of Huntingdon Memorial Hospital, Pasadena. L. (Logan) Hill is working as a doctor's' office nurse in Cocoa Beach, Florida. Ann Colson ('57) has enrolled at the University of Manitoba in public health nursing.

The annual alumnae dance is to be held at the Commodore this spring and will be shared with the members of the graduating class. A fashion show replaced the usual fall bazaar last year and members enjoyed the new styles displayed by a local dress shop. A sale of home cooking, candy and miscellaneous articles helped to increase profits.

MANITOBA

BRANDON

General Hospital

M. Petratz, P. McCunn and Mrs. H. S. Perdue reported on the CNA general meeting as the alumnae association began its activities for the fall and winter. Mrs. Perdue had taken a number of colored pictures and she used these to illustrate her report. The annual meeting is to be held in January and the new officers will be elected then. It was a matter of pride to alumnae members and the hospital to learn that Christina M. MacLeod, a graduate and former director of nursing, had been among those chosen to receive an honorary life membership in the M.A.R.N.

NOVA SCOTIA

TRURO

Colchester County Hospital

Mrs. La Verne MacEachern was appointed superintendent late last fall.

THE ROOSEVELT HOSPITAL APPLICATION FOR APPOINTMENT

NURSING SERVICE DEPARTMENT



NAME						
ADDRESS						
BIRTHDATE MARITAL STATUS						
WHERE REGISTERED						
CLINICAL SERVICE DES	SIRED					
POSITION SOUGHT						
DATE AVAILABLE						
EDUCATIONAL BACKGROUND						
SCHOOL OF NURSING	ADD	ADDRESS		DATE OF DIPLOMA OR DEGREE		
	_					
EXPERIENCE (LIST MOST RECENT POSITION FIRST)						
POSITION		SPITAL	LOCATIO	N	DATE	

TRANSPORTATION PAID UPON APPOINTMENT TO STAFF.

SEND TO: DIRECTOR, NURSING SERVICE
THE ROOSEVELT HOSPITAL
428 WEST, 59TH STREET
NEW YORK 19, NEW YORK.



POSEY PATIENT SUPPORT

Patent Pending

The Posey Patient Support was designed to fill a long-felt need. It is used on wheel-chairs or conventional chairs. It is possible to get a bed-patient up into a chair with safety and with no fear of danger. Generously designed to accommodate practically all size patients and all types of chairs. Available in small, medium and large sizes in two models. Standard Model, Cat. No. PP-753, \$5.85 each. Adjustable shoulder strap model, Cat. No. PP-154, \$7.50 each.

J. T. POSEY COMPANY · 2727 E. FOOTHILL BLVD., PASADENA, CALIF.

ONTARIO

DISTRICT 1

WINDSOR

Grace Hospital

Senior Major Mabel Crolly, a graduate of 1945, was appointed superintendent recently. She replaces Senior Major Gladys Barker who has retired. Over 200 nurses gathered for a party in honor of Major Barker, some of them travelling considerable distances to be on hand. Besides this she was the guest of honor at a tea held by the Ladies' Auxiliary, a luncheon arranged by the medical Advisory Group, a staff reception and an officers' dinner meeting.

Major Crolly, the new superintendent, received her certificate in teaching from the University of Toronto School of Nursing. She was director of nursing services successively at Grace Hospital, St. John's, Grace Hospital, Winnipeg and Grace Hospital, Windsor. Following this, she went to Grace Hospital, Calgary as superintendent where she remained for over three years before being sent to Ottawa's Grace Hospital in the same capacity. She left that city to accept

her present appointment.

Hotel Dieu Hospital

The annual bazaar arranged by the alumnae association was held in the Jeanne Mance residence in November. The proceeds are directed mainly to the bursary presented each year. The annual meeting was also held during the same month. In December a Christmas party took the place of the regular alumnae meeting. Members exchanged gifts, enjoyed the program of entertainment, and spent a social hour following it. H. Masse is working at the Ottawa Civic Hospital.

DISTRICT 4

ST. CATHARINES

General Hospital

The Mack Training School alumnae association has Elizabeth Goold for its president this year. Activities for the fall got under-

way with a tea and bake sale, the proceeds to be used in celebrating the 85th anniversary of the school in June, 1959. Miss Goold spent a year in Europe recently and has shared her experiences generously with the alumnae members through her colored slides. In December Mr. M. A. Seymour, local lawyer and secretary of the Board of Governors discussed legal aspects of nursing when he attended a regular meeting as guest speaker.

DISTRICT 5

TORONTO

East General Hospital

On October 25, 1958 the class of '57 held their first reunion supper and dance. Everyone had a wonderful time renewing friendships with classmates who, in many cases, had not been seen since student days. Robinson, L. (Cunningham) Mason and J. (Saunders) Jones were there, much to the pleasure of the group. The success of this first anniversary was due to the good work of J. (Jackson) Stephany and her assistants, P. Farley, C. McGhee, I. Dent and N. Lannkin.

General Hospital

A. Grenache ('57), M. Smith ('55), J. Gauley ('51), I. Dreschner, J. Finlayson have returned to various staff positions after completing postgraduate university study. Jessie F. Young ('37) has been appointed neurosurgical supervisor in the Central building. M. Dzwin ('54) has returned from New York to take up her new work in the Outpatient Department. V. Lindabury ('53) has been awarded the Business and Professional Women's Club bursary which she will use to study for her B.Sc.N. at the University of Western Ontario. B. (Duval) Varey and M. Hudak ('55) are taking the public health course at the University of Western Ontario. J. Cameron ('48) returned to the city after two years in Khartoum with WHO. M. Booth ('55) was recently appointed clinic nurse at the new Scarbo-

rough Centre of the Children's Aid Society of Metropolitan Toronto.

DISTRICT 8

OTTAWA

Civic Hospital

The annual alumnae bazaar was held early in November of last year in the nurses' residence. H. L. Towlan who received the alumnae bursary-loan for 1958 is studying nursing education at the University of Western Ontario. R. Rogers is on leave of absence to attend Johns Hopkins University, Baltimore. H. Cunningham has been appointed administrative assistant to the director of nursing. W. Lowe is attending the University of Toronto School of Nursing where he is majoring in nursing education. B. (Towns) Haggerman is the supervisor of the Supply Room at Toronto East General Hospital. M. MacKay is on the operating room staff of Oshawa General Hospital. M. Tape and G. Hudson completed study in public health at the University of Western Ontario. S. (Holmes) McDougal is enrolled in the Public Health course at the University of Toronto and M. Wood is attending the University of Western Ontario.

DISTRICT 12

KIRKLAND LAKE

The fall rally of the district organization of the R.N.A.O. was held at Red Pines Lodge, Lake Kenogami. A buffet supper preceded the business and program sessions. About 50 members and guests attended. Dr. Graham B. Lane, medical officer of health for the Porcupine Health Unit was the guest speaker. His subject, "Radiation," was of keen interest to all. He emphasized chest x-raying in particular and indicated the methods used to reduce radiation hazards to a minimum.

PRINCE EDWARD ISLAND

CHARLOTTETOWN

The Association of Nurses elected its officers for the current year recently. Those members forming the executive are: Pres., Mrs. V. MacDonald; Past Pres., Ruth I. Ross; Vice Pres., Bernice Rowland, Alice Trainor;; Hon. Treas., Mrs. R. Palmer; Hon. Sec., Frances MacMillan; Exec. Sec.-Registrar, Mrs. Helen L. Bolger; Committee Chairmen: Nursing Education, Sr. M. Monica; Nursing Service, Ida MacKay; Public Relations, Hattie MacLaine; Finance, Mrs. Lois MacDonald; Legislation & Bylaws, Katherine MacLennan.

SASKATCHEWAN

PRINCE ALBERT

Holy Family Hospital

The following members of the alumnae association form the executive for the current year: Pres., Mrs. Betty Leland; Vicepres., Miss McLeod; Sec.-Treas., Olivette Belanger; Councillors, Mmes Bruce. Kasko, Weatherby, Melis; Committees: Program Mrs. H. Redekapp; Membership, Mrs. L. Kent, Mrs. Stene, Mrs. McLean; Publicity, O. Belanger, Misses McLeod, Winnicki.



EXCLUSIVE SOURCE FOR

EYEREST GREEN

PASTEL NOW USED IN SO MANY O.R.'s.

THERE ARE MANY REASONS!



HANDBOOK OF CARDIOLOGY FOR NURSES

By Walter Modell, Associate Professor, Cornell University Medical College, and Doris R. Schwartz, Assistant Professor, Cornell University—New York Hospital School of Nursing. The only cardiology book written specially for nurses. Third edition, revised and enlarged. 334 pages, 1958. \$5.50.

ESSENTIALS OF THERAPEUTIC NUTRITION

By Solomon Garb, Associate Professor of Pharmacology, Albany Medical College. Discusses basic principles of nutrition. Outlines and explains therapeutic diets in commonest use. 157 pages, 1958. \$2.50.

THE RYERSON PRESS

299 QUEEN STREET WEST, TORONTO 2-B

Employment Opportunities

Advertising Rates — \$5.00 for 3 lines or less; \$1.00 for each additional line. U.S.A. & Foreign — \$7.50 for 3 lines or less; \$1.50 for each additional line.

Closing date for copy and cancellations: 10th of the month preceding the month of publication. All letters should be addressed to: The Canadian Nurse, 1522 Sherbrooke St. W., Montreal 25, Quebec.

Director of Nursing for new 33-bed General Hospital with well equipped surgery wing, in new mining town, about 250-mi. east of Port Arthur & northwest of White River, Ontario. Starting salary commensurate with experience & qualifications. Apply, stating qualifications, experience, age, marital status, etc. to Mr. W. Harrison, Room 1715, 44 King Street West, Toronto, Phone EMpire 4-1194, or to the Administrator, Manitouwadge General Hospital, Manitouwadge, Ontario, Phone TAylor 6-3251.

Director of Nursing for 180-bed hospital with a school of nursing. Applicant with University Degree &/or postgraduate course preferred. Salary commensurate with experience & qualifications, position available May 1959. Apply: Secretary, Board of Directors, Victoria Union Hospital, Prince Albert, Sask.

Assistant Director of Nursing Education & Surgical Clinical Instructor for 85-student School of Nursing, 200-bed hospital, good personnel policies. Apply Director of Nursing Education, St. Michael's Hospital, Lethbridge, Alberta.

Assistant Director of Nurses, Clinical Instructor and Staff Nurses. Rehabilitation nursing in crippled children's center. Top salaries. For further information, write Crotched Mountain Rehabilitation Center, Greenfield, New Hampshire.

Supervising Nurse to help plan, equip & operate a new & modern intensive care unit of 21-beds to be opened in the spring of 1959. Position available at once. Salary range between \$345 - \$410 depending on training & qualifications. Write, wire or call, collect. Director of Nursing, Samuel Merritt Hospital, Oakland, California, OLympic 5-4000.

Assistant Night Supervisor — Head Nurses for Medical & Surgical Wards — General Duty Nurses for 450-bed hospital with training school. Excellent personnel policies. Apply to: Director of Nursing, St. Joseph's Hospital, Victoria, British Columbia.

Matron — Salary, depending on qualifications; some x-ray experience desirable. Apply to: Mr. K. A. Sinclair, Secretary-Treasurer, Little Long Lac Hospital, Geraldton, Ontario.

Assistant Matron with postgraduate preparation for 140-bed hospital with building program in operation. For further particulars, write Matron, King Edward VII Memorial Hospital, Bermuda.

Superintendent of Nurses (Immediately) for 50-bed hospital. 3-room suite, 4-wk. vacation, all statutory holidays, salary open. Apply stating references, age, experience, to Secretary-Treasurer, Great War Memorial Hospital, Perth, Ontario.

Assistant Head Nurses excellent personnel policies. Apply Director, Shriners' Hospital for Crippled Children, 1529 Cedar Avenue, Montreal, Quebec.

Clinical Instructor (Medical Nursing) salary \$3,480-\$4,440 per annum. 40-hr. week. Apply to, Director of Nursing, City Hospital, Saskatoon, Saskatchewan.

Registered Nurse (1) Licensed Practical Nurse (1) immediately, for 10-bed hospital, salary R.N. \$300 per mo., L.P.N. \$200, less \$25 per mo. full maintenance, living quarters in hospital. Apply: Birch River Hospital Unit, Birch River, Manitoba.

Registered Nurses (2) for 16-bed hospital 130-mi. west of Winnipeg. Salary \$265 gross with increments of \$5 every 6-mo. for 4 increases; 8-hr. day; 44-hr. week. 10 statutory holidays; 3-wk. vacation first yr. then 4-wk. Living quarters in hospital; room & board \$35 per mo. Apply: Secretary or Matron, Memorial Hospital, Crystal City, Manitoba.

Registered Nurses for modern hospital comfortable home. Starting salary \$250 per mo., maintenance \$35 per mo. Apply: Superintendent, Lorne Memorial Medical Nursing Unit, Swan Lake, Manitoba.

Registered Nurses for 206-bed hospital. Basic gross salary \$220 plus \$5 increase after 6-mo., for 4 years. Included are statutory holidays & sick leave. Positions available in all areas. Apply to Director of Nursing, Hotel-Dieu St. Joseph, Edmunston, N.B.

Registered Nurses for 46-bed hospital in the Annapolis Valley, salary according to R.N.A. suggested policy. Apply: to the Superintendent, Western Kings Memorial Hospital, Berwick, Nova Scotia.

Registered Nurses; for 50-bed Hospital, Obstetrical & General Duty. Rotating shifts, 40-hr. wk. Apply: Director of Nursing, Ajax & Pickering General Hospital, Ajax, Ontario.

Registered Nurses for General Duty modern 18-bed Private Hospital in Iron Mining town, 180-mi. north of Sault Ste. Marie, Ont. Excellent accommodations & personnel policies. Starting salary \$255 minimum to \$290 maximum for experience, less \$20 per mo. maintenance. Transportation allowance after 3-mo. service. Apply Superintendent Miss O. Keswick, Lady Dunn Hospital, Jamestown, Ontario.

Registered Nurses for general duty in all departments — including operating room, premature & newborn nursery. Good salary & personnel policies. Apply: Director of Nursing, Victoria Hospital, London, Ontario.

Registered Nurses for Nipigon District Memorial Hospital Nipigon, Ontario. Starting salary \$265 per mo. & additional increment for 3-yr. experience or more. Board & room available at \$28.50 per mo., $5\frac{1}{2}$ -day wk. 8-hr. duty. 4-wk. vacation after 1-yr. Sick leave, 1 day mo. Apply to: Mrs. G. Gordon, Superintendent, Box 37, Nipigon, Ontario.

Registered Nurses or equivalent European training (3) for 30-bed rural General Haspital. Starting salary \$160 per mo. full room & board free, Blue Cross paid, 46-hr. wk. 8-hr. general duty, 1-wk. vacation each quarter (1/4), 20-mi. from Ottawa. Skiing, skating, swimming, boating etc. Apply to: Miss Hardy, Matron, Gatineau Memorial Hospital, Wakefield, Que.

Registered Nurses (2) \$260 per mo. with increments each yr. 3-wk. vacation & sick leave, residence on grounds. Apply to Secretary, Vanguard Union Hospital, Vanguard, Sask.

Registered Nurses: Positions available in all areas & on all shifts. Ultra modern, new 254-bed General Hospital located in the heart of beautiful sunny Castro Valley, just 30 minutes drive from San Francisco. This is a busy residential community which offers casual California living at its very best. Many excellent schools & colleges within easy commuting distance. Progressive personnel policies include free hospital & surgical insurance, paid sick leave, paid vacations, 7 recognized holidays & other benefits. No split shifts; evening & night duty salary differential, also differential paid for operating room, delivery room & nursery service. Uniforms laundered free. Basic salary for general staff duty, \$320 per mo. Salaries for other positions commensurate with assignments. Please write: Personnel Manager, Eden Hospital. 20103 Lake Chabot Road, Castro Valley, Calif.

Registered Nurses for new 157-bed General Hospital located in fast growing City of Fremont approximately 1-hr. from heart of San Francisco. Good salary, vacation, sick leave & hospitalization plan. Contact Director of Nursing Services, Washington Township Hospital, P.O. Box 656, Niles, California.

Registered Nurses: Spend your winter in the Sunny Southwest — New Mexico, "The land of Enchantment". Vacancies for staff duty in Medicine, Surgery, Obstetrics, Pediatrics, and Operating Room. Salaries \$285-\$315, days; \$10 differential for evenings & nights; \$15 differential, operating room. No shift rotation. Excellent job benefits. Board and room in nurses' residence, \$43 per month. Free transportation via 1st Class Air travel to Albuquerque and return in exchange for a 1-yr. employment contract. Write or call collect Mrs. Margaret Nelson, Director of Nursing, Presbyterian Hospital Center, 1012 Gold Ave. S.E. Albuquerque, New Mexico. Phone 3-5611.

Registered Nurses for new 50-bed hospital. Openings on obstetrical wing, evening and night shift. Salary \$310. Transportation paid to New Mexico in exchange for 1-year employment contract. Write to Director of Nurses, Carlsbad Memorial Hospital, Carlsbad, New Mexico.

Registered Nurses & Certified Nursing Assistants (immediately) for 73-bed General Hospital on Lake of the Woods. Favorable salaries & personnel policies. Living conditions available. Apply Superintendent, Kenora General Hospital, Kenora, Ontario.

Registered Nurses & Certified Nursing Assistants for new expanding 88-bed hospital in a pleasant progressive town. General Duty Registered Nurses start \$220, annual increments to \$240, Certified Nursing Assistants \$150 annual increments to \$180, 2-wk. shift rotation, bonus for 4-12 & 12-8 shifts. Accumulated sick leave to 60-dy. Only 1-hr. drive to Toronto, to other cities & resort areas. Local swimming pool artificial ice arena, bowling etc. Apply: Director of Nursing, Dufferin Area Hospital, Orangeville, Ontario.

Registered Nurse & Licensed Practical Nurse for general floor duty. Gross salary \$290 per month for R.N., \$200 per month for L.P.N. with \$25 deducted for full maintenance. 44-hr. week. For further particulars please apply to John Hiscock, Secretary-Treasurer, Medical Nursing Unit, Baldur, Manitoba.

Registered Nurses & Licensed Practical Nurses for new 33-bed General Hospital with well equipped surgery wing, in new mining town, about 250-mi. east of Port Arthur & northwest of White River, Ontario. Starting salary commensurate with experience & qualifications. Apply: stating qualifications, experience, age, marital status, etc. to Mr. W. Harrison, Room 1715, 44 King Street West, Toronto, Phone EMpire 4-1194, or to Administrator, Manitouwadge General Hospital, Manitouwadge, Ontario, Phone TAylor 6-3251.

Registered Nurses for Operating Room & General Duty Nursing, for 20-bed private hospital, Rotating shifts, averaging 42-hr. per wk. Salary \$259 per mo., plus full maintenance. Accommodations provided in nurses' residence — single rooms. Liberal personnel policies, group insurance, pension plan, 1-mo. vacation after 1-yr. service. Sick leave. Excellent recreational facilities. Located in Thunder Bay District of Ontario, on Main C.P.R. Transcontinental line & Trans Canada Highway. Apply: Employment Supervisor, Marathon Corporation of Canada Limited, Marathon, Ontario.

Registered Nurses for Operating Room with operating room postgraduate courses and/or experience, for 140-bed hospital. Travel allowance paid. For particulars, write Matron, King Edward VII Memorial Hospital, Bermuda.

Registered Nurses for General Staff & Operating Room in modern hospital (opened in 1956). Situated in the Nickel Capital of the world, pop. 50,000. Salary: \$260 per mo. with semi-annual merit increments, plus annual bonus plan. Recognition for experience. Excellent personnel policies. Assistance with transportation can be arranged. Apply Director of Nursing, Memorial Hospital, Sudbury, Ontario.

Registered Laboratory Technician (Male or Female) will consider recent graduate who has not taken the Registry. Good personnel policies; salary open. Write or phone: Administrator, Sidney A. Sumby Hospital, River Rouge 18, Michigan.

Surgical Registered Nurses, Staff Registered Nurses for 240-bed General Hospital. 40-hr. wk. 15 working days; paid vacation; 7 paid holidays; sick leave. Surgery starting base pay \$338 stand by & call back time extra. Staff R.N. starting pay \$322 monthly; regular pay increases; P.M. & night differential \$10. Apply: Yolo General Hospital, P.O. Box 210, Woodland, California.

Registered General Duty Nurses (2) Starting salary \$260 gross, personnel policy upon request, living in residence. Apply, Matron, Myrnam Municipal Hospital, Myrnam, Alta.

Registered General Duty Nurses. Salary: \$230 per mo. 40-hr. wk. Apply Director of Nursing, General Hospital, Cobourg, Ontario.

Registered Nurses for General Duty good salary with full maintenance & laundry. Excellent accommodation in nurses' residence, single rooms. Good working conditions. For application please write to Superintendent of Nurses, Mount Sinai Sanatorium, Ste. Agathe des Monts, Quebec.

Registered General Duty Nurses for 118-bed General Hospital along the shores of Lake Michigan, 25 mi. from Chicago. Salary: \$340 for days, \$370 for evenings, \$360 for nights. 5 day wk. Good personnel policies. Apply Personnel Director, Highland Park Hospital Foundation, 718 Glenview Ave., Highland Park, Ill.

General Duty Registered Nurses for 100-bed general hospital in town of 6000 on the shore of Lake Huron. Good personnel policies, residence accommodation available. Apply: Superintendent, Alexandra Marine & General Hospital, Goderich, Ontario.

General Duty Registered Nurses & Operating Room Nurse (1) for new 56-bed hospital on Georgian Bay. Attractive residence. Gross salary \$225 per mo. for general duty, 44-hr. wk. All statutory holidays, 12-dy. sick leave. 3-wk. vacation after 1-yr. Apply to Director of Nursing, Meaford General Hospital, Meaford, Ontario.

Baker Memorial Sanatorium, Calgary, Alberta, offers to Graduate Nurses a 6-mo. post-graduate course in Tuberculosis. Salary: \$3,480 to \$4,080 per annum. Openings also available for General Duty Nurses. Residence with board, if desired, \$30 per mo. Excellent holiday, sick leave & pension benefits. Apply to: Superintendent of Nurses.

General Duty Nurses (3) for 64-bed hospital, salary \$250 less \$35 for room & board, \$5 increase after 6-mo. for 6 increases, 44-hr. wk. 4-wk. paid vacation after 1-yr. service. Statutory holidays, 1½-dy. sick leave per mo. Transportation up to \$50 refunded after 1-yr. service. Apply: Sister Superior, Providence Hospital, High Prairie, Alberta.

General Duty Nurses for R. W. Large Memorial Hospital United Church of Canada at Bella Bella 300-mi., north of Vancouver on B.C. Coast. Transportation refunded after 1-yr., Apply to, Matron, R. W. Large Memorial Hospital, Bella Bella, British Columbia.

General Duty Nurses for a new 26-bed hospital in the Fraser Valley, 100-mi. from Vancouver. Good personnel policies, accommodation available in a new residence. Apply Director of Nurses, Fraser Canyon Hospital, Hope, British Columbia.

General Duty Nurses for new 85-bed hospital. Good salary & generous personnel policies. Apply to the Director of Nursing, Portage Hospital Dist. #18, Portage la Prairie, Manitoba.

General Duty Nurses for modern 35-bed hospital situated on beautiful South Shore. Good personnel policies. Excellent living quarters. Apply Superintendent, Fishermen's Memorial Hospital, Lunenburg, Nova Scotia.

General Duty Nurses for an accredited 64-bed hospital. Starting salary: \$235 per mo. with annual increments. Good personnel policies with sick leave benefits, holidays & paid vacation. Residence accommodation available. Apply Director of Nursing, Douglas Memorial Hospital, Fort Erie, Ontario.

McKellar General Hospital, Fort William, Ontario requires General Duty Staff Nurses interested in coming to northwestern Ontario. Basic salary, \$250 per mo. 40-hr. wk. Good personnel policies. Renovation program now complete. Openings in all departments. For further information apply to the Director of Nursing.

General Duty Nurses for modern 42-bed hospital, starting salary, new graduates \$255 with two (2) yr. experience \$270 provided Ontario registration is obtained; these rates to be revised October 1st. Ontario registration required for maximum salary. Annual increments, 6% bonus for evening & night shifts. 44-hr. wk. with 8 statutory holidays, annual vacation 21 days first yr. 28-dy. thereafter, monthly sick time allowance. Good living accommodations available. Apply to: Nursing Supervisor, Sioux Lookout General Hospital, Sioux Lookout, Ontario.

General Duty Nurses for 163-bed Tuberculosis Sanatorium. Good salary & personnel policies. Residence accommodation available. Please apply Director of Nurses, Sudbury & Algoma Sanatorium, P.O. Box 40, Sudbury, Ontario.

General Duty Nurses (3) for new 11-bed hospital, \$260 per mo., benefits according to S.R.N.A. Apply with references to Matron, St. Walburg Union Hospital, St. Walburg, Sask.

General Duty Nurses (English speaking) for 466-bed hospital. Nurses' residence available. Salary: \$315, California registered — \$285, Canadian registered. \$22.50 differential for 3-11 & 11-7 shifts. Apply Cedars of Lebanon Hospital, 4833 Fountain Ave., Los Angeles, Calif.

General Duty Nurses for 600-bed teaching hospital in central California. Inservice educational program; 40-hr. wk., 11-holidays yearly, retirement & sick leave plan. P.M. & night shift differential. \$337 per-mo. to start. Write Personnel Director, 732 East Main St., Stockton, California.

General Duty Nurses & Operating Room Nurses for 434-bed hospital; 40-hr. wk. Statutory holidays. Salary \$250-\$312. Credit for past experience & postgraduate training. Annual increments; cumulative sick leave; 28 days annual vacation; B.C. registration required. Apply Director of Nursing, Royal Columbian Hospital, New Westminster, B.C.

Attention! General Duty & Surgery Nurses for 400-bed County Hospital located 2-hr. drive from San Francisco, ocean beaches, & mountain resorts in modern & progressive city of 35,000. 40-hr. 5-day wk., 3-wk. paid vacation, 11 paid holidays, paid sick leave, retirement plan & social security. Accommodations in Nurses' Home, meals at reasonable rates, uniforms laundered without charge. General Duty, \$333 mo. start plus shift & service differentials. Surgery \$382-\$460 mo. comp. time if on call. Must be eligible for Calif. Registration. Write Director of Nursing, Stanislaus County Hospital, 830 Scenic Drive, Modesto, California.

General Duty Nurses & Certified Nursing Assistants for 86-bed hospital. Living accommodation available. Collingwood is situated on Georgian Bay & is noted as a vacation land in summer with 7-mi. of sand beach, along with great skiing on the Blue Mountains in winter. For further information apply Director of Nursing Services, General & Marine Hospital, Collingwood, Ontario.

Registered Nurses for general duty, obstetrics & operating room starting salary \$320 per mo., \$10 differential paid for afternoon & night shifts, also for obstetrics, nursery & operating room; 40-hr. wk.; liberal vacation policy; sick leave; holidays; paid health insurance. Moving into new hospital building January, 1959 Apply: Personnel Director, Fresno Community Hospital, Fresno, California.

General Duty Nurses & Certified Nursing Assistants; living-in accommodation, comparable salaries, 44-hr. week. Apply Memorial Hospital, Durham, Ontario.

General Duty Graduate Nurses for an active 76-bed hospital near Calgary & Banff. \$250 gross salary, \$260 for Alberta registered, good personnel policy. Apply to Matron, Brooks Municipal Hospital, Brooks, Alberta.

Graduate Nurses for 70-bed General Hospital. Salary \$260-\$280; 5-day wk., 28 days vacation plus 10 statutory holidays, after 1 yr. Apply: Matron, St. George's Hospital, Alert Bay. British Columbia.

Graduate Nurses for new 140-bed hospital. 1. Charge nurse for Central Supply, to open and organize dept. 2. Head nurse for Pediatric dept. 3. Head nurse for men's Medical and Surgical 24-bed dept. 4. Operating Room nurse (1) 5. General duty nurses. Positions 1 to 4 all to have postgraduate courses or equivalent in experience. Salaries and personnel policies in accordance with R.N.A.B.C. Positions open August to November 1. Apply, Director of Nursing, General Hospital, Chilliwack, B.C.

Graduate Nurses: for new 63-bed hospital, 30 miles from Vancouver in the Fraser Valley. For Salary rates & Personnel policies. Apply: Director of Nursing, Maple Ridge Hospital, Apply, Director of Nursing, General Hospital, Chilliwack, British Columbia.

Graduate Nurses for 37-bed hospital, salary \$250 per mo. with annual increments — 28-dy. annual vacation, cumulative sick leave — \$50 monthly; board, lodging, laundry. New 50-bed hospital to be erected 1959. Apply: Administrator, Terrace & District Hospital, Box 1297, Terrace, British Columbia.

General Staff Nurses for 400-bed Medical & Surgical Sanatorium, fully approved student affiliation & postgraduate program. Full maintenance. Recreational facilities. Vacation with pay. Sick benefits after 1 yr. Blue Cross coverage. Attractive salary; 40-hr. wk. For further particulars apply Supt. of Nurses, Nova Scotia Sanatorium, Kentville, N.S.

General Staff Nurses for 370-bed approved General Hospital with intern & resident program. \$315 per mo. starting salary. \$15 per mo. merit increases at 12, 24 & 36 mo. 40-hr. wk. 2-wk. paid vacation, paid sick leave, 7 paid holidays. Pleasant coast city in outstanding recreational area. Apply Director of Personnel, Seaside Memorial Hospital, Long Beach 13, California.

Staff Nurses for 250-bed General Hospital, located on the Bay of Quinte; approved School of Nursing; planned In-Service education program; desirable personnel policies. For further information, Apply to: Director of Nursing, General Hospital, Belleville, Ontario.

Staff Nurses 600-bed general & tuberculosis teaching institution in central valley City. Accredited State & Junior Colleges in immediate vicinity, Liberal personnel policies. Salary \$320-\$360. Full maintenance available. Write — Director of Nursing Service, Fresno County General Hospital, Fresno 2, California.

Staff Nurses for 300-bed General Hospital. Attractive personnel policies plus differential for specialties, afternoon & night duty. Opportunities for advanced education. Apply to Director of Nursing Service, Kaiser Foundation Hospital, Oakland 11, California.

Staff Nurses: Relocate to Sacramento, Calif. Sutter Community Hospitals, 440-beds, offer \$340 per mo. starting salary, \$25 per mo. for p.m. & night differential. Tenure salary increase plan, 40-hr. wk., Social Security & liberal employee benefit program. Write to Personnel Office.

Pediatric Nurses for 100-bed Pediatric teaching hospital; air conditioned. Good personnel policies. Base salary-rotation \$290 per mo. Evenings or night \$304 per mo. Apply: Director of Nursing Service, University of Texas Medical Branch, Galveston, Texas.

Operating Room & General Duty Nurses for expanding active 350-bed General Hospital. 8-hr. day, 5-dy. wk. with 3-wk. vacation for 1st & 2nd year; thereafter, 4-wk. Apply: Director of Nursing, Port Arthur General Hospital, Port Arthur, Ontario.

Operating Room Nurse (P.M.) for 147-bed General Hospital located in a beautiful residential surburb along the North Shore of Chicago. Modern ranch style nurses' homes with attractively furnished private bedrooms. 40 hr. wk. Salary: \$365 for days, \$395 for evenings. Other employee benefits. Contact the Personnel Director, Highland Park Hospital Foundation, Highland Park, Illinois.

Public Health Nurses: required in a generalized program in rural & semi-urban area adjacent to metropolitan Toronto. Excellent working conditions including pension plan, group insurance & transportation arrangements. Write: Dr. R. M. King, York County Health Unit, Newmarket, Ontario.

Public Health Nurses for generalized program, rural & urban. Salary range \$3,300-\$4,300, annual increment \$200, pension plan, Blue Cross, 4-wk. vacation, cumulative sick leave. Apply: J. R. Mayers, M.D., D.P.H., Director, Norfolk County Health Unit, 58 Peel Street, Simcoe, Ontario.

Marses for floor duty in 54-bed General Hospital. 5-dy. wk. with sick leave & vacation. State Nurses Association pay scale. Write or phone McMinnville Hospital, Inc., McMinnville, Oregon.

Public Health Nurse (Qualified) minimum salary \$3,200; allowance for experience. \$150 annual increments; 5-day week; 4wk. vacation; sick leave credits; Blue Cross, pension plan, car allowance. Financial assistance towards purchase of car. Apply to Mr. A. F. Stewart, Secretary-Treas., Wentworth County Health Unit, Court House, Hamilton, Ontario.

Operating Room Supervisor, Operating Room General Duty Nurse for 110-bed modern hospital. Excellent personnel policies. Apply: Superintendent, Charlotte County Hospital, St. Stephen, New Brunswick.

Operating Room Nurse for 205-bed new hospital in Georgian Bay Area. Live in if desired. Apply: stating experience, to Director of Nursing, General & Marine Hospital, Owen Sound, Ontario.

Operating Room Supervisor (Immediately) for 86-bed hospital. Good salary, employee benefits & statutory holidays, living accommodation available in residence. Locate in Collingwood & enjoy many winter sports along with excellent skiing in the Blue Mountains. Apply, Director of Nursing Services, General & Marine Hospital, Collingwood, Ontario.

Graduate Nurses for Eastern Townships Hospital. 28 days annual holiday. Complete maintenance. Salary commensurate with experience. Apply, E. Decker, Brome-Missisquoi-Perkins Hospital, Sweetsburg, Quebec.

General Staff Nurses for fully accredited private teaching hospital, located on Lake Michigan just north of Chicago. 5-day, 40-hr. wk. Salary range \$337.35 to \$363.30. Shift bonus: \$26 afternoons & \$17 nights. Progressive personnel policies. Please indicate type of service preferred. Apply: Director of Nursing, Evanston Hospital, 2650 Ridge Avenue, Evanston, Illinois.

Registered Nurses; staff positions; starting salary \$355 per month. Competent nurses who have had six months experience in accredited hospitals may qualify as Assistant Head Nurses, \$395. Differential for evening and night duty, full Civil Service benefits, 40-hour week, paid overtime. Choice of services. Current openings are on Medicine, Orthopedics, Communicable Diseases, G.U., or Neurology. R.N.s must speak and write English. For full details, write: Mrs. Betty Hartwig, R.N., Los Angeles County General Hospital, 1200 North State Street, Los Angeles 33, California.

Staff Nurses (3 immediately) for 18-bed Community Hospital in scenic setting in the heart of the Canadian Rockies. Starting salary \$250 per mo. Full maintenance available in modern nurses' residence. For full particulars write: C. F. Collins, Secretary, General Hospital, Golden, British Columbia.

Nursing Supervisor for community owned 18-bed General Hospital. Full maintenance \$48 per mo., in new modern nurses' residence on hospital grounds. Scenic location, in Rocky Mountains west of Calgary, Alberta on Trans Canada Highway. For full particulars write: C. F. Collins, Secretary, General Hospital, Golden, British Columbia.

Matron (Immediately) for 5-bed medical nursing unit, Salary \$275 less maintenance, 44-hr. wk., excellent staff accommodation. 80-mi. west of Winnipeg on No. 1 highway, good train & bus service. For further particulars, apply to Mrs. M. C. Roberts, Sec'y. of North Norfolk-MacGregor Medical Nursing Unit, MacGregor, Manitoba.

General Duty Graduate Nurses (2). Salary \$260 per mo. with annual increments of \$10 per mo. Room, board & laundry: \$40. 28-day vacation after 1-yr. service. All statutory holidays paid. Customary sick leave. Graduate complement, 5. Apply giving full details to Matron, Slocan Community Hospital, New Denver, B.C.

PUBLIC HEALTH NURSES GRADE (1)

British Columbia Civil Service

Positions available for qualified Public Health Nurses in various centres in B.C.

Salary: \$290 rising to \$345 per mo., car provided. An opportunity for interesting & challenging professional service in this beautiful & fast developing province. Competition No.: 58:511.

For information & application forms, write

THE DIRECTOR,

PUBLIC HEALTH NURSING, DEPT. OF HEALTH, VICTORIA, B.C. or THE CHAIRMAN,

B.C. CIVIL SERVICE COMMISSION, 544 MICHIGAN STREET, VICTORIA, B.C.

Dietitian for 90-bed accredited Hospital. Help maintain patients contact; salary open, excellent benefits. Write or phone: Administrator, Sidney A. Sumby Hospital, River Rouge 18, Michigan.

Chief Dietitian for 140-bed hospital. Training school affiliated with Montreal hospitals. Fare paid. For particulars write Matron, King Edward VII Memorial Hospital, Bermuda.

General Duty Nurses for small active hospital. Salary \$250 for unregistered. \$260 registered with yearly increments. Nurses' Home available. For further particulars write, The Administrator, Lady Minto Hospital, Ashcroft, British Columbia.

Director of Nursing for approved J.C.A.H. 108-bed hospital planning a 100-bed addition. No school of nursing at present. Degree in nursing administration preferred but not essential. Successful experience in nursing education would be an advantage. Salary open. Personnel policies include 40-hr. wk. pension plan, sick leave, 4-wk. vacation after 1-year of service, 8-statutory holidays. Apply: Administrator, Civic Hospital, North Bay, Ontario.

KINGSTON GENERAL HOSPITAL

KINGSTON, ONTARIO

requires

Director of Nursing Education (1) by July, 1959. Qualifications — Bachelor of Science in Nursing Degree plus 3-5 years experience.

IMMEDIATELY

- Qualified Clinical Instructresses. Maternity (1) Medicine (1) and Surgery (1).
- 2. General Duty Nurses (12)
- 3. Practical Nurses (6)

Salary commensurate with preparation & experience.

Apply: Director of Nursing

THE ONTARIO SOCIETY FOR CRIPPLED CHILDREN

92 College St., Toronto 2

requires

Experienced Public Health Nurses
Good salary range & personnel policies

Apply:

SUPERVISOR OF NURSING SERVICES

ASSISTANT DIRECTOR OF NURSING

required

for 105-bed hospital Salary \$275 - \$325 Good personnel policies.

Apply to Administrator,
THE COTTAGE HOSPITAL, PEMBROKE, ONTARIO



Residence, Cook County School of Nursing

NURSES WHO LIVE HERE NEVER STOP LEARNING . . . GROWING

... THEY WORK AT

COOK COUNTY HOSPITAL

. . . in one of the Largest Most Stimulating Medical Centers in the World

Here's an opportunity to gain unique and valuable experience in a public hospital — world's largest for acute medical conditions. Cook County Hospital offers you the stimulation of working with more than 2,500 other doctors and nurses in one of the world's largest and most exciting medical centers. Housing is available at nominal cost. Salaries begin at \$340-\$350 for a 371/2 hour week. And you're only minutes from Chicago's fabulous Loop and local universities.

Graduate Nurses! Write today to Director, Cook County School of Nursing, Dept. C., 1900 West Polk Street, Chicago 12, Illinois.

DIRECTOR -- SCHOOL OF NURSING

For a school of 90-students, organized independently of Nursing Services.

The school program follows the pattern of 2-years of nursing education plus 1-year of internship.

Requirements: Degree & experience in the administration of a nursing education program.

Apply to: R. Buckner, Administrator,

Metropolitan General Hospital, Windsor, Ontario.

NURSES REQUIRED

Roseway Hosp., Shelburne, N.S.

Superintendent of Nurses - required March 1st and immediately

Assistant Superintendent of Nurses General Hospital: General Duty Nurses Maternity Nurses

Nursing Assistants Tuberculosis Hospital: General Duty Nurses **Nursing Assistants**

Additional information may be obtained from Miss K. B. Harvey, R.N., Superintendent of Nurses

Apply to:
NOVA SCOTIA CIVIL SERVICE COMMISSION P.O. BOX 943, HALIFAX, NOVA SCOTIA 2064

THE CENTRAL REGISTRY GRADUATE NURSES TORONTO

Furnish Nurses

at any hour DAY or NIGHT

TELEPHONE WAlnut 2-2136

427 Avenue Road, TORONTO 7

JEAN C. BROWN, REG. N.

SARNIA, ONTARIO

CERTIFIED NURSING **ASSISTANTS**

As an employee of our modern well equipped hospital, you may enjoy the excellent opportunities offered as resident of this progressive industrial city.

Positions are available in all services.

SALARY RANGE IS FROM \$2,100 TO \$2,508.

Excellent employee benefits include 40-hour, 5-day week. Shift differential for evening and night shifts. 9 statutory holidays.

> Please apply to: PERSONNEL DIRECTOR SARNIA GENERAL HOSPITAL, SARNIA, ONTARIO

THE NATIONAL HOSPITAL QUEEN SQUARE

London, W.C.1

and

MAIDA VALE HOSPITAL London W.9, England

(Institute of Neurology, University of London)

Postgraduate Nursing Education for Medical Neurology & Brain Surgery One year courses are open to Nurses on the General Register with good educational background.

3 mo, full time instruction in the school under guidance of the Sister Tutor assisted by a teaching staff of senior neurologists & neuro-surgeons.

8-mo, clinical experience, 1 mo. vacation. Certificate & badge of the hospital awarded to successful students. Staff nurses' salary paid throughout the year. This work has a special appeal to nurses interested in research & the humanitarian aspect of nursing.

For further particulars apply to the Matron, THE NATIONAL HOSPITAL

PSYCHIATRIC NURSING INSTRUCTRESSES

required by the SASK. DEPT. OF PUBLIC HEALTH

SALARY:

\$375 per month for those with postgraduate training: \$359 for those without this training.

REQUIREMENTS: R.P.N. and/or Reg. N., preferably both registrations and postgraduate training in nursing teaching and supervision. Consideration will be given to those who have registration in either field of nursing but who do not have the required postgraduate training but are interested in provisional appointments pending formal training for which financial assistance may be provided.

DUTIES:

Appointees will serve as instructresses in a three year, 600 hour training program for student psychiatric nurses. They will give lectures, lead seminars and give practical demonstrations designed to co-ordinate classroom theory and work on the wards.

APPLICATIONS:

Forms and further information available at Public Service Commission, Legislative Bldg., Regina. Applicants should

refer to file number 5706.



GO NO FURTHER!

You'll find the experience at HOPKINS

JOHNS HOPKINS offers

- An exciting nursing career in a big and busy medical center.
- Staff nurse positions in all clinical fields, with notable opportunities for advancement.
- Liberal personnel policies, including Group Life Insurance and Retirement Income Plans.



WRITE:

DIRECTOR OF NURSING SERVICE THE JOHNS HOPKINS HOSPITAL BALTIMORE 5, MARYLAND

NURSING INSTRUCTOR

School with 45 students — 1 class a year. 5-day 8-hr. week. Personnel Policies excellent. Not necessary to teach science subjects.

Sherbrooke, a very attractive & interesting City in the Eastern Townships, easily accessible to Montreal.

Apply to

DIRECTOR OF NURSING, SHERBROOKE HOSPITAL, SHERBROOKE, QUE.

OPERATING ROOM NURSE

(EXPERIENCED)

For new 85-bed General Hospital. Situated in a city of 10,000 population with (2) R.C.A.F. Bases and has many recreational facilities.

APPLY: THE ADMINISTRATOR,

THE PORTAGE HOSPITAL, DISTRICT 18, PORTAGE LA PRAIRIE, MANITOBA

THE PROVINCE OF MANITOBA

requires

A Number of Public Health Nurses to work in rural Health Units

Applicants should be nurses registered in Manitoba preferably with post-graduate training in Public Health Nursing or willingness after one year's employment to take postgraduate training in Public Health.

Salary schedule with R. N. only \$3,120-\$4,020 per annum.

With R. N. plus certificate in Public Health Nursing \$3,480-\$4,380 per annum.

Full Civil Service benefits, including liberal sick leave with pay, three weeks vacation with pay and pension privileges.

Apply stating training, experience and age to: THE DIRECTOR.

THE DIRECTOR,
PUBLIC HEALTH NURSING SERVICES,
320 SHERBROOK STREET, WINNIPEG, MAN.

GENERAL HOSPITAL ST. JOHN'S, NEWFOUNDLAND CANADA

OPERATING ROOM SUPERVISOR

Applications are invited for an Operating Room Supervisor to organize and administer a new 12 room operating theatre and a recovery room.

Qualifications must include postgraduate study in operating room administration and experience of not less than two years in operating room supervision.

Must be eligible for registration in Newfoundland.

Liberal sick leave and annual leave policies. Salary open.

Would be prepared to consider a 1 or 2-yr. contract. Transportation to Newfoundland will be paid on the basis of a minimum of one year's service.

Position will be available in the Spring of 1959.

Applications with full details should be addressed to:

DIRECTOR OF NURSING
GENERAL HOSPITAL
ST. JOHN'S, NEWFOUNDLAND, CANADA

NURSING WITH INDIAN AND NORTHERN HEALTH SERVICES



OPPORTUNITIES REGISTERED HOSPITAL NURSES, PUBLIC HEALTH NURSES, AND CERTIFIED AUXILIARY NURSES

for Hospital Positions and Public Health Positions in Outpost Nursing Stations, Health Centres and Field Positions in the Provinces, Eastern Arctic Northwest Territories and the Yukon Territory.

SALARIES

- (1) Public Health Nursing Supervisors: up to \$5,220 depending upon qualifications and location.
- (2) Directors of Nursing in Hospitals: up to \$4,950 depending upon qualifications and location.
- (3) Public Health Staff Nurses: up to \$3,780 per year depending upon qualifications and location.
- (4) Hospital Staff Nurses: up to \$3,540 per year depending upon qualifications and location.
- (5) Certified Nursing Assistants or Licensed Practical Nurses: up to \$200 per month depending upon qualifications and location.
- Room, Board and Laundry in residence at reasonable rates.
 Statutory holidays. Three weeks' annual leave with pay. Generous sick leave credits. Hospital-Medical and superannuation plans available.
- Special pay and leave allowances for those posted to isolated areas.

For interesting, challenging, satisfying work apply to — Indian and Northern Health Services at one of the following addresses:

- (1) Regional Superintendent, 4824 Fraser Street, Vancouver, B.C.
- (2) Regional Superintendent, 11412-128th Street, Edmonton, Alberta.
- (3) Regional Superintendent, 735 Motherwell Building, Regina, Saskatchewan.
- (4) Regional Superintendent, 803-9 Confederation Life Building, 457 Main Street, Winnipeg, Manitoba.
- (5) Regional Superintendent, 4th Floor, Booth Building, 165 Sparks Street, Ottawa, Ontario.
- (6) Zone Supervisor of Nursing, Box 493, North Bay, Ontario.
- (7) Zone Superintendent of Indian Health Services, P.O. Box 430, Upper Town, 3 Buade Street, Quebec 4, P.Q.

or

Chief, Personnel Division, Department of National Health and Welfare, Ottawa, Ontario.



THE CANADIAN RED CROSS SOCIETY

offers interesting and challenging positions in OUTPOST NURSING PUBLIC HEALTH NURSING BLOOD TRANSFUSION SERVICE

Salaries are in proportion to experience and qualifications.

Transportation arranged under certain circumstances.

Bursaries available for postgraduate studies.

Group insurance, pension plan and other benefits.

For information please contact:

NATIONAL DIRECTOR, NURSING SERVICES,
THE CANADIAN RED CROSS SOCIETY
95 WELLESLEY STREET EAST,
TORONTO 5, ONTARIO

+++++++++++

Registered Nurses willing to serve as volunteer Home Nursing Instructors will be welcomed by the Red Cross Branch in your community.

VICTORIAN ORDER OF NURSES FOR CANADA...

requires

PUBLIC HEALTH NURSES

for Staff and Supervisory positions in various parts of Canada.

Applications will be considered from Registered Nurses without Public Health training but with University entrance qualifications.

SALARY, STATUS AND PROMO-TIONS ARE DETERMINED IN BELATION TO THE QUALIFICA-TIONS OF THE APPLICANT.

Apply to:

Director in Chief,
Victorian Order of Nurses
for Canada
5 BLACKBURN AVENUE
Ottawa 2, Ont.

PUBLIC HEALTH NURSES WANTED

For the Municipal Nursing Service & for Staff positions in Health Units.

Salary range — \$3,000 - \$4,140 per annum, depending on qualifications & experience.

Excellent holiday, sick leave & pension programs.

Apply to

DIRECTOR, PUBLIC HEALTH NURSING,
DEPT. OF PUBLIC HEALTH,
GOVERNMENT OF ALBERTA,
ADMINISTRATION BLDG.,
EDMONTON, ALBERTA.

DIRECTOR OF NURSING

required for

100-bed hospital; located in busy town of 4000 people very well equipped hospital offering a challenging future to one qualified to meet the requirements.

Salary offered & qualifications desired are in accordance with suggested R.N.A.O. schedules.

Apply: ADMINISTRATOR, LADY MINTO HOSPITAL, COCHRANE, ONTARIO.

SUPERVISOR

MEDICAL AND SURGICAL
SUPPLIES
THE QUEEN ELIZABETH

HOSPITAL
TORONTO, ONTARIO

519-beds, good salary, 40-hr. work week, pension, 1-mo. vacation & 8 statutery holidays.

Excellent living accommodation if desired.

APPLY: ADMINISTRATOR

SARNIA, ONTARIO CANADA'S CHEMICAL VALLEY AND

PORTAL TO OUR BEAUTIFUL BLUEWATER COUNTRY

You will enjoy being a part of this progressive, growing community as an employee of the Sarnia General Hospital.

Positions available in all services for REGISTERED NURSES

Excellent Personnel Policies include 40-hour week, 3 weeks paid annual vacation, 9 statutory holidays.

Salary range \$2,938 to \$3,640

Please apply to:
PERSONNEL DIRECTOR
SARNIA GENERAL HOSPITAL,
SARNIA, ONTARIO

REGISTERED NURSES

OFFERED

Exceptional opportunity by progressive & fully accredited 200-bed Ohio Hospital. Regular salary increases, splendid housing & living quarters, paid tuition in cellege, paid vacations & liberal sick leave. Address all correspondence in confidence to

DOCTORS HOSPITAL, 12345
CEDAR ROAD, CLEVELAND HEIGHTS 6,
OHIO. PERSONNEL DIRECTOR.

DIETITIAN

(Immediately)

for 250-bed hospital, with School of Nursing.

Salary commensurate with training and experience.

Apply to:

Miss Noreen Flanagan, Administrator, MUNICIPAL HOSPITAL, MEDICINE HAT, ALBERTA

NEW BRUNSWICK

ASSOCIATION OF REGISTERED NURSES

Invites applications for the position of NURSING SCHOOL ADVISER

For further information apply to: The Secretary-Registrar
The New Brunswick Association of Registered Nurses
231 Saunders Street — Fredericton, N.B.

APPLICATIONS ARE REQUESTED BY

WOODSTOCK GENERAL HOSPITAL

FOR HEAD NURSE, MEDICAL FLOOR 3-11

ALSO GENERAL STAFF NURSES

5 DAY WEEK, GOOD PERSONNEL POLICIES

APPLY TO: DIRECTOR OF NURSING, WOODSTOCK GENERAL HOSPITAL, WOODSTOCK, ONTARIO

REGISTERED NURSES

Required by several of the nineteen (19) hospitals in Saskatchewan's beautiful Northwest. This area has excellent recreational facilities. General Duty Nurses: 40-hr. 5-dy. wk. with generous paid holidays. Excellent residence facilities. Salary \$260 — \$320.

Superintendent of Nursing: Several required. Wonderful working conditions with first class residence facilities. Salary \$300 — \$385.

Further information can be obtained, & application submitted to Co-ordinator,
REGIONAL HOSPITAL COUNCIL, 1165 MAIN STREET, NORTH BATTLEFORD, SASKATCHEWAN.

THE PETERBOROUGH CIVIC HOSPITAL REQUIRES

NURSES FOR GENERAL DUTY IN ALL SERVICES, INCLUDING OPERATING ROOMS & DELIVERY ROOMS.

For further information write:

THE DIRECTOR OF NURSING
PETERBOROUGH CIVIC HOSPITAL, PETERBOROUGH, ONTARIO

GRADUATE STAFF NURSES - YOU WILL LIKE IT HERE

Opportunities for men & women on the service of your choice. A 953-bed teaching hospital with a friendly atmosphere, well planned orientation program, active graduate nurse club, cultural advantages & excellent transportation facilities.

Starting salary: \$325 per mo. 6 holidays, sick leave, 3 wk. vacation.

For further details write:

Director — Nursing Service, University Hospitals of Cleveland, Ohio.

UNIVERSITY HOSPITAL

SASKATOON, SASKATCHEWAN

Requires

General Staff Nurses for Medical, Surgical, Obstetrical and Pediatric Services. Forty hour week. Salary \$250 to \$290 gross per month. Differential for evening and night duty. Residence accommodation if desired.

Apply to:

DIRECTOR OF NURSING, UNIVERSITY HOSPITAL, SASKATOON, SASKATCHEWAN

GRADUATE NURSES — SUBURBAN TORONTO

Are invited to enquire re: employment opportunities in a well-staffed new 125-bed hospital in suburban west Toronto. General duty salary range: \$240-\$290 per mo. Residence accommodation optional. Personnel manual forwarded on request. Enquire to:

DIRECTOR OF NURSING, HUMBER MEMORIAL HOSPITAL, 200 CHURCH ST. WESTON,
TORONTO 15, ONTARIO. CHerry 4-5551.

GENERAL DUTY NURSES FOR ALL DEPARTMENTS

Gross salary \$255 monthly (\$117.50 bi-weekly) if registered in Ontario, \$235 monthly (\$108.20 bi-weekly) until registered. Annual increment \$10 monthly (\$4.60 bi-weekly) for three (3) years. Rotating periods of duty, 40-hr. per wk., 8 statutory holidays. 14-days vacation & 12-days leave for illness with pay after 1-yr. Pension plan available. Ontario Hospital Insurance with Blue Cross supplemental & Physicians' Services Incorporated, partial payment by hospital.

APPLY

DIRECTOR OF NURSING, GENERAL HOSPITAL, OSHAWA, ONTARIO.

CANADA'S CHEMICAL VALLEY

SARNIA, ONTARIO

DIRECTOR OF NURSING SERVICES

Required for modern, fully approved (JCAH) 300-bed well equipped hospital. This progressive industrial city of 45,000 is growing; it is located on the shores of Lake Huron and the St. Clair River.

The hospital has approved schools for nurses, laboratory technologists, x-ray technicians, and is approved for intern training.

Qualifications for applicants include registration in Ontario, at least a Bachelor's degree in administration, and successful experience in the field of nursing education as well as in administration.

For more details and literature concerning the position and Sarnia, write to:

PERSONNEL DIRECTOR
SARNIA GENERAL HOSPITAL, SARNIA, ONTARIO

THE JOHNS HOPKINS HOSPITAL

SCHOOL of NURSING

Offers to qualified Registered Nurses a 16-week supplementary course in

OPERATIVE ASEPTIC TECHNIC

with instruction and practice in the general surgical, neurosurgical, plastic orthopedic, gynecologic, ophthalmologic, urologic and ear, nose and throat operating room services. Maintenance and stipend are provided.

For information write to:
Director, School of Nursing
The Johns Hopkins Hospital
Baltimore 5, Maryland, U.S.A.

THE WINNIPEG GENERAL HOSPITAL

IS RECRUITING

- 1. CLINICAL SUPERVISORS
 IN MEDICINE & SURGERY
- 2. GENERAL DUTY NURSES FOR ALL SERVICES

Please send applications direct to:

THE DIRECTOR OF NURSING,
THE WINNIPEG GENERAL
HOSPITAL,
WINNIPEG 3, MANITOBA.



Most doctors feel it is wisest to continue the infant's evaporated milk formula for six months, adjusting it from time to time to meet his changing needs. Evaporated milk processing makes it easier to digest than fresh milk. This is an important point, since digestive upsets and diarrheas are more difficult to treat and potentially more serious during infancy.

During baby's important first six

months, you can count on the known digestibility of his individual evaporated milk formula to give him basic growth protection. It is far wiser to give baby this protection than to try to turn him into an adult too early!



THE CANADIAN NURSE

L'Infirmière canadienne

VOLUME 55

92 BETWEEN OURSELVES

NUMBER 2

FEBRUARY 1959

94	New Products	
95	ENGLISH OR FRENCH?	
103	A Dream Comes True	Clara Van Dusen
106	Gastrointestinal Intubation	W. Grobin
109	DUODENAL ULCER	
114	Peptic Ulger	Carole Eldridge
120	Pyloric Stenosis	Adeline Pavan
123	Nursing Care in Hemorrhoidectomy	Patricia Rowland
128	Mission to Japan	Hazel F. Naudett
132	NURSING PROFILES	
134	In Memoriam	
135	The Past has a Future	Albert W. Wedgery
139	THE MASTER PLAN OF ROTATION	Margaret M. Street
143	L'Organisation et la Conduite d'une Assemblée	Patricia Duplain
154	Nursing Across the Nation	
158	Le Nursing à travers le pays	
162	SAWDUST BEDS	Beulah V. Bourns
164	THE REGISTRAR	Ann F. Gavin
164	News Notes	
169	EMPLOYMENT OPPORTUNITIES	

The views expressed in the various articles are the views of the authors and do not necessarily represent the policy or views of THE CANADIAN NURSE nor of the Canadian Nurses' Association.

Editor and Business Manager MARGARET E. KERR, M.A., R.N.

Assistant Editor JEAN E. MacGREGOR, B.N., R.N.

Subscription Rates: Canada & Bermuda: 6 months \$1.75; one year, \$3.00; two years, \$5.00.

Student nurses — one year, \$2.00; three years, \$5.00. U.S.A. & foreign: one year, \$3.50; two years, \$6.00. In combination with the American Journal of Nursing or Nursing Outlook: one year, \$8.00.

Single copies, 35 cents.

Make cheque and money orders payable to The Canadian Nurse

Change of address: Four weeks' notice and the old address as well as the new are necessary.

Not responsible for Journals lost in mail due to errors in address.

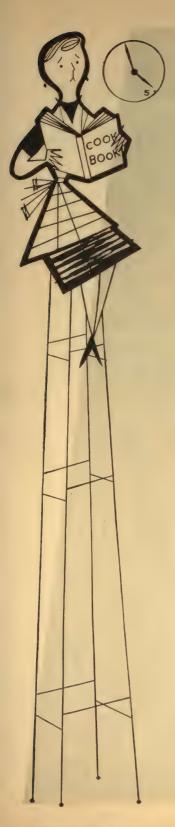
Authorized as Second-Class Mail, Post Office Department, Ottawa.

Advertising Representatives: W. F. L. Edwards & Co. Ltd., 34 King St. E., Toronto 1, Ont.

Walter Slack, 801 Public Ledger Building, Philadelphia 6, Pa.

Member of Canadian Circulations Audit Board.

1522 Sherbrooke Street West, Montreal 25, Quebec



HIS little housewife had a problem - sweet-tooth Hubby on a sweet-free diet. (And beginning to get nervous about it.) She tried everything. Fancy salads. Bigger helpings. But Hubby's frown darkened by the day. Then one day she read in a magazine about a discovery, a new non-caloric sweetener. One that she could actually cook and bake with - in any food, at any temperature. One which gave the perfect taste of sugar - with no bitter aftertaste in ordinary use. That night there were cookies, pudding, coffee - sweet coffee - and a big, big smile across the table . . . abbott

... and so she started using

Sucaryl®

(Cyclamate, Abbott)

For samples and recipe booklets, write Abbott Laboratories Montreal.

Between Ourselves

Ever since the Alberta Association of Registered Nurses was first formed the provincial office has occupied rented accommodation. As their work expanded they have moved from a corner of one room into offices with several rooms. Now, their moving days are over for a long time to come. In November, their splendid new headquarters was officially opened. Our cover picture depicts the front entrance.

Though committees were responsible for decisions, the person most intimately concerned to see that all details were correctly adapted to make a functional working unit was our guest editor, Mrs. Clara Van Dusen. A graduate of Regina General Hospital, Mrs. Van Dusen alternated between private nursing and general staff, with time out for a postgraduate course in Mothercraft, including infant care and feeding. She commenced her work with the Alberta Association in 1949 as registrar, assuming full responsibility for the association's work as executive director more recently.

With radio and television advertising so often lauding the capabilities of various products to relieve "acid indigestion" most lay people have at least some idea of the significance of the feeling of bloating, of fulness or of actual pain in the epigastric area. They are unaware, however, of the possible relationship of these symptoms to lesions in other organs such as the gallbladder, duodenum or appendix. All of these organs are supplied by branches of the same nerves that go to the stomach. The stomach is such a sensitive organ that it may react quite violently in sympathy with neighboring organ. The first advice we should give any complainant, therefore, is that he or she should most certainly see her doctor rather than attempt self-medication. Taking any variety of antacid - even bicarbonate of soda - can be very much overdone.

Peptic ulcer is the commonest organic disease of the stomach and the first part of the duodenum. When for any reason a small

area of the mucous membrane in either organ is injured and becomes necrosed, the acid gastric juice digests that dead tissue just as it would act upon any piece of dead meat consumed in the course of a meal. Thus a hole or depression is made in the wall of the organ. If uncared for it may extend for varying depths.

The role of the gastric juice in producing a peptic ulcer is easy to understand. The more difficult question is to discover what caused the necrosis in the first place. Since the ulcers occur most frequently in persons who are nervous, restless, irritable, prone to worry and upset by strain, the consensus today is that these factors may combine to produce a spasm in a small artery in the wall of the stomach or duodenum. Lacking nutriment from the blood, the small area becomes necrotic and an ulcer is the end result.

Medical treatment always comes first with these patients. The primary aim is to give the ulcer an opportunity to heal. The descriptions given in the articles by Carole Eldridge and Helen Lemieux present a clear picture of the importance of thoughtful nursing care as an adjunct to the rest, food and medication ordered by the physician.

Last summer Hazel Naudett was the representative of Canadian nurses on the special tour of Japan arranged under the auspices of the United Nations Educational, Scientific and Cultural Organization. Since her return, Miss Naudett has been besieged with invitations to tell of her experiences. We felt it was of interest to nurses in all parts of Canada as well so asked her to share her story with all of us. You will find it interesting reading.

We have been inclined to think of the province of Saskatchewan as an agricultural area, far removed from the field of industry. As an instance of how times have changed, a recent survey reveals that there are now thirteen nurses employed full-time in occupational health programs, with four others engaged in this work on a part-time basis.

The days that make us happy make us wise.

— John Masefield

92

Peace is happiness digesting.

- VICTOR HUGO



diaper rash?

DESITIN OINTMENT of course.*

*soothing, protective, anti-irritant Desitin® Ointment has been the answer for preventing and clearing up diaper rash in millions of babies for over 30 years.

We would be pleased to send SAMPLES on request.

DESITIN CHEMICAL COMPANY

Sole Canadian Representative and Distributor
LESLIE A. ROBB
5 Traymore Crescent, Toronto 9, Canada

New Products

Edited by DEAN F. N. HUGHES

Published Through Courtesy of Canadian Pharmaceutical Journal

CHLORAMMON ENTRIL

Description—Each enteric tablet (entril) contains: Ammonium chloride 71/2 gr. Indications—The treatment of cardiac edema, Meniere's syndrome, pyuria, premenstrual tension.

Administration—Six to 12 tablets a day as prescribed.

Manufacturer—Bristol Laboratories of Canada Limited, Montreal.

Description-Kanamycin sulfate, a bactericidal antibiotic for control of infections caused by a wide variety of pathogenic organisms, both Gram positive and Gram

Indications—Especially in the treatment of infections caused by staphylococci resistant to other antibiotics and in infections of the urinary and respiratory tract. The drug is also suggested for presurgical intestinal antisepsis since it is poorly absorbed from the gut when given orally.

Has not shown cross-resistance with any other major antibiotic.

Administration—Intramuscularly in a total dose of 1 to 2 grams daily in 2 to 4 divided doses

PROSTIGMIN TIMESPAN

Manufacturer-Hoffman-La Roche Ltd., Montreal.

Description—Each capsule-shaped sustained release tablet contains 45 mg. neostigmine bromide, (the dimethyl-carbamic ester of 3-hydroxyphenyl-trimethyl-ammonium bromide). Offers a more prolonged effect than does the regular form of prostigmin.

Indications-Myasthenia gravis.

Contraindications—Asthma; mechanical intestinal or urinary obstruction.

Administration—Dosage should be individualized according to the patient's response. For control of symptoms in most myasthenia gravis patients, 1 to 3 tablets will be sufficient every 4 hours or more. However, the needs of certain individuals may vary markedly from this average requirement.

TESSALON SUPPOSITORIES

Manufacturer—Ciba Company Ltd., Montreal.

Description—Tessalon (Benzononatine) for rectal administration, 50 mg. and 100 mg. Well-tolerated non-narcotic antitussive. Acts on sensory receptors in the respiratory passages, lungs and pleura, and, it has a central inhibitory action on the cough reflex. It does not impair expectoration, suppress voluntary cough or inhibit the respiratory centre

Indication—In acute and chronic respiratory diseases for control of cough. Administration—Adults: 100 mg. suppository 2 or 3 times daily.

Children: 50 mg. suppository 2 or 3 times daily.

When needed, may be given in higher dosages with safety.

ULTANDREN

Manufacturer—Ciba Company Ltd., 1235 McGill College, Montreal.

Description—Fluoxymesterone, a new testosterone derivative; provides the potency of injected testosterone esters and up to 5 times that of oral methyltestosterone.

In addition to androgenic effect, it promotes protein anabolism and prevents loss

of calcium. The anabolic effect appears to be relatively greater than its androgenic effect, and, in recommended dosage, the frequency and degree of virilization in females has been less than with other testosterones.

Indications—In men or women in all cases where an androgenic-anabolic effect is

required.

In the female: Menopausal symptoms, menorrhagia, metrorrhagia, premenstrual tension, functional dysmenorrhea and inoperable mammary cancer.

In the male: Symptoms of the male climacteric and hypogonadism.

In both sexes: Osteoporosis and where tissue repair and other anabolic effects are desired, i.e., in burns, paraplegia, catabolism produced by long-term cortisone therapy, delayed healing of fractures, chronic malnutrition, debilitating diseases and convales-

Administration—In conditions where a specific sexual effect is desired: initial dosage is usually 2-4 mg. (up to 10 mg. in hypogonadism); maintenance dosage is 1-2 mg.

In conditions were anabolic effects are desired: initial dosage is 4-10 mg. daily

(plus high protein diet); maintenance dosage may be as low as 2-4 mg. daily.

In malignancies and where intensive androgen therapy is required: average daily dosage is 20 mg.; once the optimum dosage is ascertained it should be adhered to.

The Journal presents pharmaceuticals for information. Nurses understand that only a physician may prescribe.

McMASTER UNIVERSITY School of Nursing

I DEGREE COURSE IN BASIC NURSING (B.Sc.N.)

A Four-Year Course designed to prepare students for all branches of community and hospital nursing practice and leading to the degree, Bachelor of Science in Nursing (B.Sc.N.). It includes studies in the humanities, basic sciences and nursing. Bursaries, loans and scholarships are available.

II DEGREE COURSE IN SCIENCE TEACHING FOR GRADUATE NURSES (B.Ed.N.)

A Two-Year Course designed to prepare graduate nurses to teach basic sciences in schools of nursing and leading to the degre, Bachelor of Education in Nursing (B.Ed.N.) It includes studies in the humanities, the physical, social and biological sciences, teaching and nursing education. Bursaries of Six Hundred Dollars each are offered in both years of this Course.

For additional information, write to:

School of Nursing,
McMaster University, Hamilton, Ontario.

ENGLISH OR FRENCH?

Everyone is aware by now of the fact that two separate issues of our Journal will be published each month commencing with the June, 1959 number. This important milestone in the history of the nursing profession in Canada will be marked by several changes. A smart new cover design for both issues has been approved. We are departing from the dark blue color on the cover that has identified our Journal for the past 20 years.

Arrangements have been made respecting publication dates. The Canadian Nurse, as the senior issue, takes precedence. It will come from the press at the beginning of the month. L'Infirmière canadienne will follow in approximately two weeks.

Currently, the separate mailing list for those who desire to receive the French issue is being built up. The A.N.P.Q. is helping us very materially by indicating with an asterisk those of its members who are English and who will, therefore, be put on the mailing list for *The Canadian Nurse*. All other subscribers in the province of Quebec will automatically be placed on the list of those who will receive the French issue. Any

among the latter group who wish to receive the English issue instead are requested to notify the Journal office in writing before April 15, 1959. Please give us your registration number as well as your full name and address to avoid the possibility of errors.

Similarly, L'Infirmière canadienne will be available to any subscriber who wishes to receive the Journal in French. All that will be necessary is to notify us in writing, again giving the essential information for identification purposes: Your name, address, province of registration and registration number.

Of course, changes can be made later at any time. But every nurse who wishes to make a change in the above-mentioned listing must notify us by **April 15**, **1959** if she wishes to receive the June issue.

Such changes will only be made when they are requested in writing. The address to which all of these letters should be sent is:

The Canadian Nurse Journal, 1522 Sherbrooke Street West, Montreal 25, Quebec.

DALHOUSIE UNIVERSITY

School of Nursing

COURSES OFFERED

1959 - 1960

1. Degree Course in Basic Professional Nursing

Candidates for the degree of Bachelor of Nursing are required to complete 2 years of university work before entering the clinical field, and one year of university work following the basic clinical period of 30 months. On completion of the course the student receives the **Degree** of Bachelor of Nursing and the **Professional Diploma** in either Teaching in Schools of Nursing or Public Health Nursing.

2. Degree Course for Graduate Nurses

Graduate nurses who wish to obtain the degree of Bachelor of Nursing are required to complete the three years of university work.

- 3. Diploma Courses for Graduate Nurses
 - (a) Public Health Nursing
 - (b) Teaching in Schools of Nursing

For further information apply to:

DIRECTOR, SCHOOL OF NURSING DALHOUSIE UNIVERSITY, HALIFAX, N.S.

QUEEN'S UNIVERSITY SCHOOL OF NURSING

COURSES OFFERED

Undergraduate

Degree Course, 5 years leading to BNSc. Degree

Graduate Nurses

- a. Degree Course, two years.
- b. Diploma Courses, one year. Public Health Nursing

or

Teaching and Supervision in Schools of Nursing.

For information apply to:

DIRECTOR
SCHOOL OF NURSING,
QUEEN'S UNIVERSITY
KINGSTON, ONTARIO

THE MOUNTAIN SANATORIUM

HAMILTON, ONTARIO

TWO-MONTH
POSTGRADUATE COURSE
IN THE IMMUNOLOGY,
PREVENTION & TREATMENT
OF TUBERCULOSIS

This course is especially valuable to those contemplating Public Health, Industrial, or Tuberculosis Nursing.

For further information apply to:

Director of Nursing, Mountain Sanatorium Hamilton, Ontario.

The New York Polyclinic

MEDICAL SCHOOL AND HOSPITAL • Organized 1881

The Pioneer Postgraduate Medical Institution in America

We announce the following Courses (Six Months Duration) for Qualified Graduate Nurses:

- N. 1. Operating Room Management and Technic
- N. 2. Medical-Surgical Nursing—Supervising and Teaching
- N. 3. Organization and Management of Out-Patient Department (Clinics in all branches of Medicine, Surgery—and Allied Specialties)

Courses include lectures by the Faculty of the Medical School and Nursing School; principles of teaching; principles of supervision, teaching and management of the specialty selected.

Positions available to graduates of these courses.

Full maintenance is provided

For information address:

Director of Nursing Education, 345 W. 50th St., New York 19, N.Y.

PSYCHIATRIC COURSE

for

REGISTERED NURSES

THE NOVA SCOTIA HOSPITAL offers to qualified Registered Nurses a sixmonth certificate course in *Psychiatric Nursing*.

- Classes in March and September.
- Remuneration.
- Preference given to Nova Scotia applicants.

For further information apply to:

Superintendent of Nurses Nova Scotia Hospital Drawer 350 Dartmouth, Nova Scotia

NOVA SCOTIA SANATORIUM KENTVILLE N.S.

Offers to Graduate Nurses a Six-Month Course in *Tuberculosis Nursing*, including Immunology, Prevention, Medical & Surgical Treatment.

- 1. Full series of lectures by Medical and Surgical staff.
- 2. Demonstrations and Clinics.
- 3. Experience in Thoracic Operating Room and Postoperative Unit.
- 4. Full maintenance, salary & all staff privileges.
- 5. Classes start May 1st and November 1st.

For information apply to:

SUPT. OF NURSES, NOVA SCOTIA SANATORIUM, KENTVILLE, N.S.

THE WINNIPEG GENERAL HOSPITAL

Offers to qualified Registered Graduate Nurses the following opportunities for advanced preparation:

- 1. A six month Clinical Course in Obstetrics.
- 2. A six month Clinical Course in Operating Room Principles and Advanced Practice.

These courses commence in January and September of each year. Maintenance is provided. A reasonable stipend is given after the first month. Enrolment is limited to a maximum of six students in each course.

For further information please write to:

DIRECTOR OF NURSING GENERAL HOSPITAL WINNIPEG, MANITOBA

A COURSE IN

ADVANCED OPERATING ROOM
TECHNIQUE AND
MANAGEMENT

is offered by

THE MONTREAL GENERAL HOSPITAL

to

Qualified registered nurses.

Classes of 6 months' duration
are admitted September and March
and are limited to 6 students.

For further information write to:

THE DIRECTOR OF NURSING,
THE MONTREAL GENERAL HOSPITAL,
MONTREAL 25, QUE.

WILLS EYE HOSPITAL Philadelphia, Penna.

The largest eye hospital in the United States, offers a six-month course in Nursing Care of the Eye to Graduates of Accredited Nursing Schools. Operating Room Training is scheduled in the course.

- \$205 per month for the first four months. \$215 per month for the last two months.
- REGISTRATION FEE is \$20
- Course starts March 15 & September 15. Ophthalmic Nurses in great demand for hospital eye departments, operating rooms & ophthalmologists' offices.

For information write to:

Director of Nurses, Wills Eye Hospital, 1601 Spring Garden Street, Philadelphia 30, Penna.

THE JOHNS HOPKINS HOSPITAL

SCHOOL of NURSING

Offers to qualified Registered Nurses a 16-week supplementary course in

OPERATIVE ASEPTIC TECHNIC

with instruction and practice in the general surgical, neurosurgical, plastic orthopedic, gynecologic, ophthalmologic, urologic and ear, nose and throat operating room services. Maintenance and stipend are provided.

For information write to:

Director, School of Nursing
The Johns Hopkins Hospital
Baltimore 5, Maryland, U.S.A.

ROYAL VICTORIA HOSPITAL

SCHOOL OF NURSING MONTREAL, QUEBEC.

Postgraduate Courses

 (a) Six month clinical course in Obstetrical Nursing.

Classes — September and February.

(b) Two month clinical course in Gynecological Nursing.

Classes following the six month course in Obstetrical Nursing.

- (c) Eight week course in Care of the Premature Infant.
- Six month course in Operating Room Technique and Management.

Classes - September and March.

3. Six month course in Theory and Practice in Psychiatric Nursing.

Classes — September and March.

Complete maintenance or living-out allow ance is provided for the full course.

Salary — a generous allowance for the last half of the course.

Graduate nurses must be registered and in good standing in their own Provinces.

For information and details of the courses, apply to:—

Miss H. M. Lamont, B.N.
Director of Nursing,
Royal Victoria Hospital,
Montreal, P.Q.

AS LONG AS THERE ARE PARTICULAR NURSES

THERE WILL BE A DEMAND FOR-

BLAND'S TAILORED UNIFORMS

JUST WRITE TO US, AND SEE
HOW EASY IT IS TO HAVE THEM-



No. 1599 in the finest of Cottons

Made and Sold only by

BLAND AND COMPANY 2048 Union Ave., Montreal, Canada

MONTREAL NEUROLOGICAL INSTITUTE McGILL UNIVERSITY

GRADUATE COURSE

in

NEUROLOGICAL AND NEUROSURGICAL NURSING AND OPERATING ROOM TECHNIQUE

Classes: Feb. 1 & Oct. 1

One half staff salary is paid during course. Students may live in or out.

For information apply:

MISS E. C. FLANAGAN, B.A., R.N.

Director of Nursing,

3801 University St.

Montreal. Que.

COURSES FOR GRADUATE NURSES

In various clinical fields, beginning March 9, June 1, August 24, and November 16, 1959.

Room, meals, laundering of uniforms, and honorarium provided.

Apply to:

DIRECTOR,
COOK COUNTY SCHOOL
OF NURSING,
DEPT. C., 1900 WEST POLK ST.,
CHICAGO 12, ILLINOIS

THE NATIONAL HOSPITAL QUEEN SQUARE

London, W.C.1

and

MAIDA VALE HOSPITAL London W.9, England

(Institute of Neurology, University of London)

Postgraduate Nursing Education for Medical Neurology & Brain Surgery One year courses are open to Nurses on the General Register with good educational background.

3 mo. full time instruction in the school under guidance of the Sister Tutor assisted by a teaching staff of senior neurologists & neuro-surgeons.

8-mo. clinical experience, 1 mo. vacation.

Certificate & badge of the hospital awarded to successful students. Staff nurses' salary paid throughout the year. This work has a special appeal to nurses interested in research & the humanitarian aspect of nursing.

For further particulars apply to the Matron,
THE NATIONAL HOSPITAL

CHILDREN'S HOSPITAL OF WASHINGTON, D. C.

OFFERS

Registered Nurses a 16-wk. supplementary program in pediatric nursing. Admission dates, May 6, September 1, 1959, January 5, May 3, August 30, 1960.

For complete information write to:
DIRECTOR OF NURSING,
2125-13th STREET, N.W., WASHINGTON 9, D.C.

Epilepsy, known in ancient times as the Sacred Disease, was treated by many with preparations from mistletoe. The origin of this superstition is based on the fact that the mistletoe does not fall from the branches of the tree to which it is rooted. It was hoped that the epileptic who used the mistletoe preparation would develop the same property, i.e., not fall to the ground.

* * *
Sympathy is never wasted except when you give it to yourself.

New Mosby Books to Make Your Nursing Courses More Stimulating

Anthony ANATOMY AND PHYSIOLOGY LABORATORY MANUAL

New
5th
Edition!

Adaptable for use with any text on anatomy and physiology, this new manual is designed to help students understand the basic facts and principles related to the human body. All of the exercises in this new edition have been written in an entirely new scientific format which encourages students to work on their own without help from the instructor. The procedures require basic skills and since simple equipment is used, little time is required to set them up. The equipment needed is listed at the beginning of each exercise and sources of supplies are suggested. The exercises allow great flexibility — many can be used as demonstrations, some as guides and some as quizzes.

By CATHERINE PARKER ANTHONY, B.A., M.S., R.N., Assistant Professor of Nursing, Science Department, Frances Payne Bolton School of Nursing, Western Reserve University. Just Published. 5th edition, 356 pages 73/4" x 101/2", 148 illustrations. Price, \$3.50.

Karnosh-Mereness PSYCHIATRY FOR NURSES

New 5th Edition! Written by two well qualified authors, PSYCHIATRY FOR NURSES is a clear, understandable presentation of the nurse's role in the care of psychiatric patients. Incorporating all the recent advances in the field, it helps students to understand the prevention, cause, treatment and rehabilitation of the mentally ill. This edition covers personality development, the development of defense mechanisms, cause and classifications of mental illness and the various therapies in use at the present time. The authors discuss nursing care for each type of mental illness, legal aspects of psychiatry and mental hygiene.

By LOUIS J. KARNOSH, B.S., Sc.D., M.D., Clinical Professor of Nervous Diseases, School of Medicine, Western Reserve University; and DOROTHY MERENESS, Ed.D., R.N., Director of the Psychiatric-Mental Health Nursing Program, New York University. New. 1958, 5th edition, 406 pages, 51/3" x 81/2", 37 illustrations. Price, \$4.50.

Lockerby COMMUNICATION FOR NURSES

New!

Modern nursing no longer considers it sufficient for the nurse to master techniques alone. She must also learn and apply certain principles that will meet the emotional, social and spiritual needs of the patient. This book designed for "Professional Adjustment," "Nursing Arts" or "Communication" courses helps students develop the communicative skills necessary to become an articulate, perceptive and efficient nurse. In an informal, conversational style, the author orientates the nurse to her profession, covering not only the communicative processes but function in planning and giving nursing care, in the hospital and in professional growth as well.

By FLORENCE K. LOCKERBY, A.B., M.A., Chairman of the Communication Department and Co-ordinator of General Education, Presbyterian—St. Luke's Hospital, School of Nursing, Chicago, III. New. 1958, 175 pages, $5\frac{1}{2}$ " x $8\frac{1}{2}$ ", illustrated. Price, \$3.75.

Gladly Sent to Teachers for Consideration as Texts

Write to
The C. V. MOSBY Company

3207 Washington Boulevard, St. Louis 3, Missouri, U.S.A.

Represented in Canada by

McAINSH and Co. Ltd. — 1251 Yonge St. — Toronto, Ontario



rer ye infections... broader antibacterial range greater therapeutic efficacy



OPHTHOCORT

CHLOROMYCETIN - for effective, broad-spectrum therapy

- "...is effective against most gram-positive and gram-negative cocci and some gram-negative bacilli. It rarely produces dermatitis and resistant strains are uncommon,"
- "...penetrates the noninflamed eye better than any other antibiotic, regardless of route of administration."2

POLYMYXIN B-for control of gram-negative invaders

"...gram-negative bacilli are being isolated with increasing frequency from the conjunctiva..."

Polymyxin B "...is bactericidal against most gram-negative microorganisms..."

HYDROCORTISONE—for anti-inflammatory, antiallergic action

- "Cortisone, hydrocortisone and ACTH, by altering the inflammatory responses of the body, cause a decreased amount of scarring and vascularization."
- "Hydrocortisone is about twice as potent gram for gram as cortisone, even when given locally." $^{1/3}$

INDICATIONS: For topical use in ocular infections due to organisms sensitive to Chloromycetin or polymyxin B.

AUMINISPRATION: Local application two to four times daily as required.

PACKAGING: OPHTHOCORT Ointment contains 1% Chloromycetin® (chloramphenicol, Parke-Davis), 0.5% hydrocortisone acetate, and 5,000 units of polymyxin B sulfate per Gm., and is supplied in %-oz. tubes.

RESERVANCES: (1) Perkins, E. S.: Practitioner 178,575, 1957. (2) Queries and Minor Notes, J.A.M.A. 181: 2083. 1956. (4) Smith, C. H.: Eye, Ear, Nove & Throat Month, 34,580, 1955. (4) Blakiston's New Gould Medical Dictionary, ed. 2, New York, McGraw-Hill Book Company, Inc., 1956, p. 945. (5) Ostler, H. B., & Braley, A. E.: J. Iova M. Soc. 44:427, 1954.



PARKE, DAVIS & CO., LTD . MONTREAL, P.Q.

THE CANADIAN NURSE

L'Infirmière canadienne

A MONTHLY JOURNAL FOR THE NURSES OF CANADA PUBLISHED BY THE CANADIAN NURSES' ASSOCIATION

VOLUME 55

NUMBER 2

MONTREAL, FEBRUARY 1959



A Dream Comes True

THERE IS A SENSE of real accomplishment when a goal is reached. All the long weary hours of planning, the countless meetings of committees, the infinite details of innumerable discussions fade into nothingness as the curtain rises on a new chapter in our Association's history. The wish, the dream, toward the realization of which so much effort has been expended, is

at last a thrilling reality.

November 12, 1958 will be recorded in the annals of the Alberta Association of Registered Nurses, and in the hearts of its thousands of members, as the day when a dream came true. Then it was that the splendid new three-story building at 10256-112th Street, Edmonton, was declared officially open. Then it was that Miss Margaret M. Street, President, assisted by other officers of the Association, conducted appropriate ceremonies in the presence of representatives of the provincial and civic governments, the University of Alberta, the Canadian Medical Association (Alberta Division), the Associated Hospitals of Alberta, and nurses from all over the

province. It was a proud moment for one of the charter members of 1916, Miss Lottie Hunter, when she unveiled the bronze plaque: "Dedicated to Our Professional Heritage and to Continuing Growth Through Service." This plaque is now proudly viewed by all members who enter the reception area. Seventh of the provincial associations to own their administrative head-quarters, third to have constructed their own building, the nurses of Alberta are proud of the fact that this



(David Miller—Edmonton)
Officially Open

entire project, valued at approximately \$100,000, has been financed through the gradual accumulation and careful husbanding of the Association's funds.

Designed by Mr. Nicholas Flak and erected by Murmac Construction Limited, the building consists of three floors and is as practical and feminine as the modern nurse herself. It features a basic DU-AL block structure and attractive curtain wall construction with brick facing at the front exterior. The wall facing of baked pastel blue enamel on aluminum, with a touch of soft lemon yellow above the blue and silver entrance canopy, means there won't be any expenditures for paint repair jobs. The double-glazed glass windows assure warmth in winter and plenty of sunshine to accentuate the bright, cheerful atmosphere inside. In summer, with the tightly-sealed doubleglaze, the reverse effect is achieved.

All the windows are draped in crisp "Terylene" material, a decorative note as pleasing from the outside as it is in

the interior.

Entering through the glass doors, a few steps lead up to the main floor and reception area. A small, recessed



(David Miller—Edmonton)
The Reception Area

planter in the white arborite-topped desk, adds a cheerful spot of color to the area where the receptionist works under a well-lighted canopy. The hues throughout are soft sandalwood alternating with turquoise.

Immediately across from the reception area is a waiting room with a louvred panel separating it from the general office. This use of louvred panelling gives an air of spaciousness to the office. A sette and armchairs, comfortably proportioned to the limited space, contribute to the pleasure of visitors who may choose to sample the magazines on the table.

The sunshine that streams in the windows isn't any more cheery than the cooperative-minded staff who work in the general office under conditions approaching the ideal. The desk area has been so designed that it provides the most efficient tools to do the job that has to be done. Beyond the general office is another compact working space devoted to the accounting duties.



The Executive Director's Office

The executive director's office at the front of the building is designed with an eye to simplicity and function. Dominating the room is the overhung walnut desk made up in the modulaire style. A wall unit immediately back of the desk chair consists of a series of shelves, drawers, and filing space, all enclosed in panels with arborite legs in bronze-toned brass. The simply curtained glass-panelled east wall permits the maximum of light. This office affords the luxury of a synthetic Trilan Treebark rug in soft beige. With a small chesterfield settee, the room is sufficiently large to be used as a small conference area. An accordion-type door in the mahogany-panelled walls opens on a commodious clothes closet. As in all of the newer type of executive offices, a small washroom with sink and toilet in seafoam green, completes this accommodation.

Framed by spacious windows at the rear of the building is the office of the registrar. Instead of four square walls, a much more pleasing effect is achieved with a thirty degree angled wall separating the registrar's office from the adjoining office, which will be occupied by the Nurses' Community Service staff. It it just another of those innovations that lends a distinctive air to the nurses' new building. Similar type walls are featured in other offices,

including the downstairs lounge.

A general purpose room at the back of the building houses the mechanical equipment, such as addressograph, etc. Another small area is devoted to the business of sorting mail.

In addition to the girls' modest, streamlined powder room, there is a staff cloak room and additional toilet and washroom facilities for male and female visitors as well as a janitor's

utility room.

On the first floor, just below ground level, the stairs lead directly to the cloak room, a sensibly-sized space where one may sit down and remove outside winter footwear. Equipped with coat-hangers on either side, provision is also made to take care of gentlemen's hats.

To the right of the stairway is the lounge. One wall is panelled in rotary-cut mahogany veneer in suntan finish. Underneath the glassed east wall, eight custom-built seats are to be finished in turquoise and white to match the smart Kroehler sofa-bed of nylon and fabrilite fabric.

Across the hall is the board room where the mahogany finish is contrasted with a knotty cedar panelled wall. This room, which will be equipped with close to 100 stacking armchairs, finished in plastic Fabrolite, will be available for board meetings, conferences, as well as social events. It lends itself admirably to buffet service when a social event is scheduled. A blackboard and movie screen is yet to be installed opposite the windowed wall. When not in use they will be concealed by Flite-

Deck turquoise drapes.

A well-appointed kitchen in natural mahogany finish is equipped with an electric stove as well as ample refrigerator and cupboard space. Leading off from it is the lunch room, very modestly equipped with a chrome dining suite.

Across the hallway from the lunchroom is the library, furnished in sub-

stantial oak pieces.

A storage vault, stationery and furnace room, washroom and janitor facilities occupy the balance of the

space on the lower floor.

With an eye to a source of revenue to help complete the payments on the building, a third floor, comprising some 2800 feet, was added. Divided into spacious quarters, equipped with washrooms and janitor space, they will make ideal office accommodation for some lucky tenants.

Each floor is individually heated and air-conditioned, with access to front

and back stairs.

A large parking space will accommodate cars of staff, tenants and visitors.

Bricks, mortar, steel and glass are inanimate objects until they have been translated into working areas. With this thought in mind, and the A.A. R.N.'s record of achievement in making this building a reality, we believe the new Provincial Office of the Alberta Association of Registered Nurses will be a place where dreams do come true.

CLARA VAN DUSEN Executive Director

The convener of the program committee might find it helpful to consider these points as she and her committee members plan activities for the organization.

- 1. Are you bringing more members into active participation? The responsibility for planning the program should not fall on the same old faithfuls every year.
- 2. Do your programs help the members in their work? You will want to make certain that there is something to appeal to nurses in all types of positions and specialties represented in your section.
- 3. Do you make a point of avoiding the "same old thing" every year? Too predictable a pattern can kill interest.

- 4. Do you have specific short-term goals? Some groups may find it worthwhile to choose a particular theme for one year's emphasis.
- 5. Do your members know your calendar of forthcoming events? This may help to increase the size of your meetings. Planning the full year can help your budget committee.
- 6. How many meetings should you hold? No matter how large or small your community, people are going to be busy. Schedule only as many events as can be handled well.

⁻ American Journal of Nursing

Gastrointestinal Intubation

W. GROBIN, M.D.

ASTRIC INTUBATION has been practised for well over 150 years. Dr. Physick, of Philadelphia, is known to have been the first on this continent to pass a tube into the stomach for medical purposes. That was in 1812. Since that time many procedures of intubation have been developed. Each in turn had its adherents for a while. Most of them are not in use any more since the modern methods of x-ray examination have brought much greater accuracy to the diagnosis of diseases of the gastrointestinal tract. In spite of these advances, however, and in some cases because of them, some procedures of intubation are coming back into use more and more. The following are still being used almost universally:

- 1. Gastric analysis for diagnosis only:
- (a) Fractional with CHO meal Rehfuss method
- (b) Insulin test
- (c) Histamine
- (d) Caffeine
- 2. Duodenal drainage mainly for diagnostic, but sometimes for treatment purposes.
- 3. Miller Abbott tube mainly for treatment; also for diagnosis in conjunction with x-ray.
- 4. Wangensteen tube treatment purposes.
- 5. Gastric lavage mainly as a treatment but has some diagnostic value.

More elaborate procedures, based on the above, are used in research laboratories to study the gastrointestinal tract. There are the double and triple lumen and balloon tubes that enable one to remove gastric juice from one area without admixture from above. The double balloon tube is now used with increasing frequency to arrest bleeding from esophageal or gastric varices.

It is the writer's impression that some of these procedures, although

Dr. Grobin, formerly of St. John's, Newfoundland, is practising in Toronto. ordered routinely by most doctors and carried out on the wards of most hospitals as a matter of course, are usually unsatisfactory and the results obtained unreliable. This particularly applies to gastric analysis.

The writer may be forgiven if he feels rather strongly on this subject. Having himself passed many tubes into the stomach and the duodenum, he knows how easily it can be accomplished if an expert does it. On the other hand, the inexperienced can reduce a patient to tears and cause an uproar because the patient "could not swallow the tube." Admittedly, the instances of complete inability to pass the tube are rather rare. The percentage of cases in which excessive gagging takes place during the act of swallowing, and even later throughout the procedure, is undoubtedly high. Gagging causes a reflux of bile into the stomach. At the same time more saliva is being swallowed than would ordinarily be permitted to happen. Both of these juices dilute the gastric contents and alter their composition to such an extent that the results of the tests are largely rendered valueless.

The fractional gastric analysis with a carbohydrate meal as a stimulant is generally considered as the best method of examining the total work of the stomach. It includes both its motor work and its secretions. The motor work is gauged by measuring the amount of bread left in the samples of juice aspirated throughout the test. Fast disappearance means overactivity; large amounts of bread in the last sample — delayed emptying. If recorded on a chart designed for the purpose, this information can be useful. The degree to which the bread has been chymified is also of interest. Other facts that emerge are the amount of fasting juice, its appearance, the presence of abnormal constituents, such as food from the day before, pus, (swallowed pus will be mixed with mucus, bile-stained pus will point to the duodenum), malignant cells, blood (if only present in the samples which are bilestained, it points to the duodenum). Lactic acid indicates gastric retention.

The degree of free and total acidity in the fasting as well as the fractional samples can be estimated. Each one of these findings has its significance, and the total information can be of great help especially in cases where the x-ray investigation has failed to provide a clear diagnosis. In other cases it will help to form an idea about the course of treatment that should be followed and the chance that medical treatment will or will not be successful.

The majority of doctors order gastric analysis as part of the routine of a gastrointestinal investigation. tend to glance only briefly at the acidity curve and perhaps at the presence of lactic acid and malignant cells if this examination was done. The finding of occult blood is usually ignored because it is suspected to be due to trauma during aspiration of gastric juice. This suspicion is unfortunately justified. Low acid findings, if they do not fit one's expectations in a given case, make one suspect that the tube had been allowed to pass into the duodenum, or had not been passed into the stomach at all, but had remained in the lower esophagus. The aspirate is in reality, saliva. Again, experience has taught us that such suspicions are justified. In order to obtain correct readings of free and total acid, the samples should be tested as soon as possible after extraction. Some hospitals have not the facilities for titration. All the samples are collected and then sent to a central laboratory, arriving there perhaps one or two hours later. This will undoubtedly alter the actual acidity levels.

These are just a few of the pitfalls which seriously diminish the value of this otherwise excellent test.

In the case of the histamine test, the situation is somewhat simpler, but it also has its pitfalls. Its main use is to establish whether the patient has an absolute achlorhydria — that even after an injection of a potent preparation of histamine, his stomach is unable to secrete hydrochloric acid. This helps in the diagnosis of pernicious anemia, in particular. If the histamine is inactive, or if the tube is not in the stomach, the results will be useless. On the other hand, if the fasting speci-

men contains free acid, it is unnecessary to proceed with the test. Achlorhydria has been ruled out.

The insulin test is based on the fact that the stomach secretes hydrochloric acid if the individual has been given enough insulin to lower his blood sugar to hypoglycemic levels. This reaction takes place if the vagus nerves to the stomach are intact. After vagotomy this test has some value in estimating how thoroughly the surgeons have been able to disrupt the vagal nerves to the stomach. If, after an adequate dose of insulin, the sugar has been depressed to, say, 0.50 mg.% and the gastric juice samples during the following hour fail to show a rise in free hydrochloric acid, one can assume that vagotomy was satisfactory.

The caffeine test has been used in some places instead of the carbohydrate meal. It is claimed that when high acidity curves are obtained after stimulation with caffeine, it indicates duodenal ulcer or potential duodenal ulcer.

Duodenal drainage was developed by Lyons, of Philadelphia, in the 1920's. It was used primarily for diagnosis of diseases of the biliary tract. Lyons claimed great successes from its use as a treatment of early infections of the gallbladder. Duodenal drainage enjoyed great popularity in the 1930's and early 1940's, especially in European medical centres. As the x-ray examination of the biliary tract became more efficient, interest in duodenal drainage naturally decreased. Many present-day doctors and nurses have never even seen it performed. As a method of treatment, it has never been accepted without challenge, though there are still some clinicians who report its use in certain conditions, such as the obstructive phase of infectious hepatitis. The writer has used this "non-surgical drainage of the galltract" in a few such cases with undoubted benefit.

The main value of duodenal drainage is in the diagnosis of diseases of the duodenum, biliary tract and pancreas. During recent years it has been used mainly in the research laboratories for the study of pancreatic function. The tip of the tube is guided into the second part of the duodenum under fluoroscopic control. An injec-

tion of Secretin is given, which acts as a stimulus to the pancreas. The volume, chemical and cytological composition of the juice obtained is then studied. An injection of magnesium sulphate through the tube relaxes the sphincter of Oddi and permits bile from the gallbladder and from the liver to reach the duodenum and thus to be aspirated. The bile so obtained can be examined for abnormal constituents. It can be cultured and its chemical composition studied.

Cholesterol crystals are good evidence of stones in the biliary tract; blood or pus, especially if bile-stained, has great diagnostic significance. Malignant cells may be found in the duodenal juice. If, after repeated injections of magnesium sulphate, no bile can be obtained and the same failure to obtain bile is verified by a second duodenal drainage, obstruction of the common duct is almost a certainty. In clinical practice this examination becomes particularly useful when x-ray examination of the biliary ways is unsatisfactory or impossible, as, for example, in many cases of severe jaundice.

Little need be said about the use of the Miller-Abbott tube in the treatment of bowel obstruction. Thanks to the cooperation of the radiologists, this method has become very successful and has permitted the surgeons to wait until the patient is in good shape for operation. By injecting a small amount of barium through the tube, the site and nature of the obstructing lesion can be determined. In cases of paralytic ileus, the Miller-Abbott tube enables us to carry on with intravenous replacement therapy until the bowel has recovered normal function areas again.

function once again.

Both the Wangensteen tube and gastric lavage are used mainly for treatment. Preoperative and postoperative management of patients has greatly improved thanks to the judicious use of the Wangensteen tube. It is of great value in cases of paralytic ileus if for some reason a Miller-Abbott tube cannot be passed. The rationale of its use in this condition is that most of the air found in the bowel is swallowed air. Acute dilatation of the stomach is another very important condition in which both the Wangensteen tube and lavage are of great

value. One must not forget, however, that tubercle bacilli and malignant cells can be recovered from gastric contents

by special techniques.

Finally, the indwelling tube used mainly for tube feeding has to be mentioned. It, too, finds a place in diagnosis. Overnight collection of gastric juice is being used in many centres as a method of study as well as for the proper evaluation of the ulcer patient. Night secretion is considered to be of great importance in the production and persistence of peptic ulcer. Continuous neutralization by indwelling tube with antacids had its vogue some ten years ago and still has its use in the refractory case of peptic ulcer.

As mentioned under gastric analysis, the success of all these procedures depends on careful attention to detail. Though essentially medical, they have to be standardized in the same way as surgical procedures. A routine has to be followed in each case, and yet there must be an experienced person supervising the crucial stages of each procedure. He may order a change in routine, if necessary, or discontinue the procedure altogether if conditions so require. Nobody can claim that intubation is a pleasant procedure. Many patients dread the thought of a tube. Patients with digestive disorders have, for obvious reasons, difficulty in swallowing tubes. The experienced technician can greatly facilitate the process of swallowing. This is especially important because not infrequently intubation has to be repeated.

After many years observing the unsatisfactory results of gastroduodenal intubation in general and that of fractional gastric analysis in particular, the writer is of the opinion that intubation should be considered as a specialty and be placed under the direction of a nurse or technician with special training and interest in this field. This person could then in turn train others, so that the hospital would be sure to have at all times somebody available who is well versed in the proper technique of gastroduodenal intubation for therapeutic as well as diagnostic pur-

I am a man, and nothing that concerns a man do I deem a matter of indifference to me.

— Terence

Duodenal Ulcer

HELEN LEMIEUX

M. BAKER, 65 YEARS OLD, well educated, intelligent, had recently retired from an executive position with a national firm after a useful, busy life. A father, and grandfather, he was obviously devoted to his seven children and their families. These ties plus an avid interest in music and photography had helped him adjust to his retirement from a more active life. He was admitted to hospital for treatment of a recurrent ulcer.

MEDICAL BACKGROUND

Physicians have for years argued about the relationship between worry and excitability and the so-called ulcer patient. It is believed by many that there is a definite tendency towards the condition in the person who possesses these characteristics. Ulcers occur more often in males between the ages of 20 and 40 and seem to favor the spring and fall seasons.

MEDICAL HISTORY

A peptic ulcer is an excavation found in the mucosal wall of the duodenum, the stomach, or the distal esophagus and is due to the erosion of a circumscribed area of its mucous membrane. The etiology is poorly understood, but it seems to develop in persons who are emotionally tense; however whether this is the cause or effect of the condition is uncertain.

Mr. Baker had been in hospital five years previously for treatment of an active peptic ulcer. He recovered well from it and was discharged after a brief stay. A year later he was readmitted for removal of an enlarged prostate gland. The operation apparently left no ill effects. It might also be well to mention that he suffered from hypertension and was periodically treated for this condition. He had a

Miss Lemieux wrote this nursing care study while she was a junior student at St. Mary's Hospital, Montreal. coronary thrombosis several years ago, but apparently had recovered rather well from it, as he was quite active and had no handicap. A superficial phlebitis of the left leg was also revealed through his history. This left no ill effects. For four days prior to this admission, Mr. Baker had been passing tarry stools. He had also felt extremely weak but had no acute pain in the abdomen or other regions. On the evening of his admission, he had a massive hemorrhage from the bowel. This prompted him to call his physician.

On admission Mr. Baker's face was noticeably pale, he was extremely weak but very alert, and he looked worried. A blood pressure of 118/78 on admission revealed loss of blood. Mr. Baker was very apprehensive. Special care and patience were necessary to put him at ease and ensure proper understanding of and cooperation in the treatments he would receive. This apprehensiveness was partly due to the fact that he was suffering from a temporary anemic condition due to loss of blood. It seemed probable that Mr. Baker was suffering from a bleeding duodenal ulcer.

Although he was not in pain at the moment, there seemed to be some tenderness in the left lower quadrant upon palpation. The pain, characteristic of this condition, is a dull burning one which usually occurs from two to four hours after a meal and is usually relieved by an alkaline or milk. Other symptoms typical of ulcer are exhibited, one of which is vomiting. This is usually due to pyloric obstruction, either muscular spasm of the pylorus, or mechanical obstruction. Mr. Baker frequently vomited a dark "coffeegrounds" emesis. This was probably due to destruction of the mucous membrane of the stomach with some blood and vessel destruction. Hemorrhage is sometimes found in the ulcer patient, although this is considered a complication rather than a symptom. Tarry black stools show evidence of hemorrhage and frequently fresh blood is also found upon defecation. The blood loss explained why Mr. Baker's hemoglobin was 6.7 gm. per 100 cc. on admission instead of a normal 12.0.

The diagnosis was gastrointestinal hemorrhage due to a bleeding duodenal ulcer.

An x-ray revealed that the esophagus was normal, as was the stomach whose curvatures were well-defined and whose mucosal pattern was well-preserved. The pylorus was patent. However the duodenal cap was deformed by deep indentations on its greater curvature, and in the center a large barium spot was present. The duodenal ring was not enlarged, but evidence of a large diverticulum on the medial aspect of the second duodenal portion was noted. This confirmed the original diagnosis of bleeding duodenal ulcer.

Urinalysis was essentially normal. A chest x-ray is usually routine in order to detect any serious chest deformity or lung disease, in particular tuberculosis. It revealed an elevation of the right diaphragm, that had been noted during a previous examination in 1954. However, it further revealed a horizontal density immediately above the upper limit of the done of the right diaphragm probably due to a pleural effusion of recent development.

THERAPY AND NURSING CARE

Mr. Baker's anemia from the hemorrhage was corrected by blood transfusions. He was kept on complete bed rest to prevent excessive bleeding and to help heal the ulcer. Blood pressure readings every four hours were used to detect possible shock.

The main medical treatment of a bleeding peptic ulcer is diet. Mr. Baker was treated medically for approximately two weeks. Diet therapy consisted of giving him no solid food, but frequent feedings of milk and cream. This protected the ulcer from exposure to gastric juice by neutralization. They are bland and non-irritating. Feedings are given in frequent small amounts so that the stomach at no time is overloaded, and severe peristalsis is prevented.

Medication also plays an important

role in the treatment of ulcer.

Atropine is a drug derived from the plant Atropa belladonna. It is anticholinergic — that is, it blocks the action of acetylcholine. By blocking this chemical, which is normally released when the parasympathetic nervous system is stimulated, the vagus nerve is depressed. In turn, gastric secretions are lessened as well as gastric motility. The drug is given gr. 1/150 t.i.d. and at h.s.

Amphojel is an antacid. It lowers the acidity of the gastric content, mainly by neutralizing the excessive stomach secretion of hydrochloric acid. It may be given in doses of two drams every hour.

Premarin 20 mgm., was ordered in this instance to be given directly into the blood stream with the intravenous fluids, to help control excessive hemorrhage. It is a synthetic drug composed of conjugated estrogenic hormones.

Phenobarbital was also given. It has a long-acting sedative and hypnotic effect on the body, promoting muscle relaxation. It was ordered gr. 1/4 t.i.d. and at h.s.

Morphine helped to keep the patient sedated. It is a derivative of opium and is commonly used as a central nervous system depressant. It was given in doses of gr. ¼, immediately following admission.

Chloralol was also given. It is a member of the chlorinated hypnotic group. Its action depresses the cerebrum and spinal reflexes, and produces sleep. Grains 10 was given at h.s.

Fotassium chloride was added to each intravenous injection of glucose and saline solution to ensure electrolyte balance. It was given both preoperatively and postoperatively.

Vitamins B' and C were a necessity both before and after operation, because Mr. Baker had not been eating.

Mr. Baker's heart function was not adequate. This was noticed by some distention in the neck veins due to blood backing up into the inferior vena cava from the heart. For this reason, he was digitalized. A patient is said to be "digitalized" when the optimum cardiac effects from the drug have been reached. Mr. Baker was given 0.5 mg. of Digoxin b.i.d. for two days until he was digitalized, then a maintenance dose of 0.25 mg. b.i.d. was ordered. Digoxin is a purified substance extracted from the leaves of white foxglove. These sub-

stances act on the heart muscle itself strengthening its contractions and improving the output. This, in turn, relieves pulmonary edema and poor circulation. It is important to take the patient's pulse before administering the drug. It should be withheld if the pulse is lower than 60.

Seconal 1½ grains was ordered when the patient required a hypnotic after h.s. Seconal belongs to the barbiturate family, is short acting and produces a restful sleep.

Mr. Baker's intake and output were noted to check his electrolyte balance and to detect any cardiac deficiency resulting in edema. His general health had to be improved so that surgery could be performed. Blood transfusions were continued until his hemoglobin was normal.

He presented some nursing problems during this period. He was restless, apprehensive, worried and nauseated. The latter was especially distressing to him. He felt he would never get well unless he could reach a satisfactory nutritional state. His nausea seemed to last up to about one hour after his feedings, and he often vomited half digested milk with fresh clots of blood. For this reason he was finally left at complete rest following his feedings and if he vomited, a second feeding was attempted after a half hour, usually with success.

Mr. Baker's stool became free of visible blood and for three days specimens for occult blood were collected. Examination showed that his stools were completely free of blood and it was at this point that surgery was decided upon.

It is a hard task to determine which ulcer patient will benefit from surgery and which one will not. It is certainly not considered a cure for the condition. The old statement of "once an ulcer patient, always an ulcer patient" seems to prove true in many cases. Surgery is often performed when the patient is over 50 years of age and when severe hemorrhage has occurred more than once. Subsequent hemorrhage might become uncontrollable and eventually prove fatal in older persons since their physical state is already on the decline.

Mr. Baker seemed very happy about the surgeon's decision and confided that he felt something was at last going to be done about his condition.

Specific orders were written for further tests. An electrocardiogram, requested because of the patient's known heart condition, revealed an increasing left ventricular ischemia that would certainly be important to the surgeon and anesthetist during and immediately following the operation.

Intravenous therapy, consisting of glucose and water and glucose and saline was started about three days before the operation in order to keep up Mr. Baker's electrolyte balance, to prevent dehydration and build up his general health. Several blood transfusions were given also. Intake and output were recorded throughout this period.

Spiritual and psychological preparation is very important. It was explained to Mr. Baker that although part of his stomach would be excised, he would still be able to eat, although moderately at first. The remaining portion of his stomach would enlarge somewhat and his nutritional needs would be met very easily. It was also important to tell the patient that he might feel uncomfortable after the operation and that a tube would be inserted for a while. A visit from the clergyman may also help to put the patient at ease.

THE OPERATION

A major shave preparation was done on the preceding day. It consisted of shaving the patient from the nipple line down to six inches on each leg, and on either side from bedline to bedline. A soap suds enema was given in order to empty the colon before surgery.

Sedation, consisting of seconal gr. 1½ was given at bedtime to ensure as restful a sleep as possible.

In the morning a Levine tube was inserted. This tube, which was passed through the nasopharynx down through the esophagus into the stomach, drains off the gastric juices and prevents postoperative nausea, vomiting and gastric distention.

A second skin preparation was done in the morning. This consisted of painting the shaven area with ether, then alcohol and finally iodine. The preoperative medication consisted of Demerol 100 mgm, and atropine, gr. 1/150. Mr. Baker's blood pressure was 170/

110 and temperature, pulse and respirations normal prior to operation.

The abdomen was entered through a right paramedian incision and a partial gastrectomy performed. This consisted of removing the ulcerated area in the duodenum and $\frac{2}{3}$ to $\frac{3}{4}$ of the stomach. An end to end anastomosis was made between the end of the stomach and the jejunum. A cigarette drain was inserted into the duodenal stump to drain any discharge to the exterior and to prevent leakage through the duodenal suture into the peritoneal cavity.

POSTOPERATIVE NURSING CARE

Mr. Baker was brought down from the operating room at 2:00 P.M. and placed in a quiet ward on surgery A nurse remained with him for the next hour. He was pale, conscious and drowsy. Nasal oxygen was started at 2:15 P.M. and continued for six hours. At 2:30 P.M. he complained of pain in the operative area and demerol was given "stat." Demerol had been ordered q.4 h. p.r.n. for 48 hours to relieve pain. Meperidine HC1 (Demerol), is one of the synthetic substitutes for morphine. It is not a potent drug but has a distinct capacity to cause addiction. Its analgesic effect in man is slightly stronger than codeine and lasts for 2 to 6 hours. It is most effective in relieving postoperative pain.

Blood pressure and pulse readings were ordered q.15 m. for two hours then every half hour until stable. It was 140/110 on return from the operating room and remained fairly stable throughout the day, rising to 160/120 in the late evening. A small area of bright red blood on the outer dressings was noticed at 3:00 p.m. At 3:30 p.m. Mr. Baker was visited by the anesthetist and appeared to be responding satisfactorily although very drowsily.

An intravenous of 5% glucose and water that had been started in the O.R. was checked and appeared to be running well. The Wangensteen suction was draining thick, dark reddish fluid. At 4:30 P.M. the patient was again visited by the anesthetist. He was perspiring freely and his bed linen was changed frequently to keep him

comfortable. The Levine tube was irrigated frequently all day to ensure proper drainage. A sponge bath was given to lower Mr. Baker's temperature which was elevated to 101°. Back care was given to prevent the development of pressure areas. Changing his position every two hours was also helpful.

Deep breathing exercises are very important in the prevention of hypostatic pneumonia and Mr. Baker was encouraged to do them. He was also encouraged to cough frequently while his suture line was held by the nurse. At 8:00 P.M. the nasal oxygen was discontinued since Mr. Baker's breathing was greatly improved. Mouth care was given q.3 h. throughout the day. At 10:30 P.M. Mr. Baker felt very distended and voided 480 cc.

Alevaire inhalations were given twice daily for four days to ensure a clear passageway into the lungs and prevent accumulation of mucus that

might lead to pneumonia.

Intravenous therapy postoperatively prevented dehydration. Glucose and water 1000 cc. was alternated with 1000 cc. of glucose and saline. The intravenous therapy was continued for three days. Mr. Baker received 1000 cc. the first day, 2500 cc. the second day, and 3000 cc. on the third and fourth days. Wydase, an enzyme, was added to help absorption.

After the first 48 hours, Demerol was replaced by aspirin phenacetin compound with codeine to prevent addiction or even a psychic dependence on the drug. A preparation of penicillin and streptomycin (Fortimycin) was given twice daily for five days prophylactically. Iron, in the form of ferrous gluconate was given t.i.d. after meals. It was used to combat the

anemia due to hemorrhage.

Nothing was given by mouth immediately postoperatively, and only sips of water on the second day. Mr. Baker followed the special gastrectomy diet. On the third day, he was given one ounce of milk alternating with one ounce of water every hour. The fourth day junket, ice cream, jello, milk and water were added. The clysis was decreased to 1000 cc. On the fifth day, no intravenous was given. Fluids were taken ad lib., with additional pureed food and soft eggs. Mr. Baker tolerat-

ed all of this food very well.

His diet was kept at this level until the twelfth postoperative day when a bland No. 2 diet was substituted. His meals, apart from what he had been taking, consisted of cottage cheese, mashed potatoes, minced meat, white chicken, white fish and melba toast. This was continued throughout his stay, and was changed to a bland No. 3 diet when he was discharged.

On the fourth postoperative day, Mr. Baker's Levine tube was clamped. He was carefully watched all that day for nausea and vomiting. By evening, he had shown no signs of distress, and the tube was taken out completely. His drain was shortened then removed

on the following day.

The fifth day after his operation the patient was allowed up in a chair for 15 minutes. No ill effects were noted and each day thereafter, Mr. Baker although still quite weak and not too sure of himself, spent some time out of bed.

On the 12th day, most of the small black silk sutures were removed. The incision appeared clean, but at the site of the third stay suture, a reddened area was noted and a slight purulent discharge seemed to be seeping out. Magnesium sulphate with glycerine compresses were applied to the inflamed area, in an attempt to halt the process. This was not effectual. On the 14th day Mr. Baker had a fainting spell while in the chair and was immediately put on complete bed rest with blood pressure readings every half hour for two hours. The following day, the remaining stay sutures were removed. The discharge was still purulent and copious in amount. A culture and sensitivity test were ordered. The results showed a heavy growth Staphylococcus pyogenes and measures were immediately taken to control this

infection and prevent its spread. Mr. Baker seemed perturbed about the whole thing. His mind was set at ease by an explanation and the assurance that treatment would be successful.

A small incision was made and one inch packing inserted. The purulent discharge became greenish and continued in large amounts. Hot compresses were applied q.3 h. and a hot water bottle continuously. A few days later, when the discharge still continued, irrigations with saline were ordered and carried out three times a day with very good results.

HEALTH TEACHING

Essentially Mr. Baker has taken good care of his health. His personal hygiene was good. It was important to try to help him to relax and to discuss his difficulties.

Mr. Baker was anxious to cooperate with the doctor and nurse. He sincerely believed that they had done an essentially curative treatment by removing the afflicted organ. He was discharged on a bland No. 3 diet. This consisted of a nearly normal diet based on milk. It was explained to him that he must take approximately six glasses of milk per day, eat cottage cheese often, and avoid spices, broth, roughage and bulk. His wife was told that he should have simple cooking, no fried foods, tender meats often and two eggs daily. She was anxious to comply with this as she had seen a definite improvement in her husband and wished to help in whatever way she could.

Mr. Baker was given one month's supply of digoxin 0.25 mgm., and both he and his wife were instructed that he must take two doses daily. Finally, he was advised to revisit his doctor frequently at first and to have periodic

medical check-ups later.

The apparent self-liquefaction of clotted blood and auto-digestion of necrotic tissue are age-old clinical observations . . . Recent studies indicate that clotted blood is digested by the proteolytic enzymes present in the blood and that necrotic tissue is digested by enzymes produced by bacteria, leukocytes and body tissues.

When the proteolytic enzymes are applied

locally to an infected wound or abscess, they digest the complex proteins and pus to decrease the viscosity of the material. The degree of phagocytosis is increased and pus can be removed from the wound more easily. The changes produced by the enzymes thus initiate a series of biochemical changes leading to healing.

- American Journal of Nursing

Peptic Ulger

CAROLE ELDRIDGE

THE CONDITION

A PEPTIC ULCER is an excavation in the mucosal wall of the stomach, the distal esophagus or the duodenum that may extend to the muscle layer, or even to the peritoneum. Most ulcers, whether gastric or duodenal, are found near the pyloric sphincter of the stomach, and usually appear singly, although more than one may be present at a time.

Peptic ulcers belong to a group of psychosomatic conditions. Their exciting cause is unknown, but is probably due to the digestive action of gastric juice on a part of the stomach whose nutrition has been impaired by a local circulatory disturbance. Contributing factors include poor eating habits, excessive smoking, emotional tension, other mental and worry. Worriers, excitable types, and persons who are emotionally tense but have a calm exterior, are all prone to digestive ulcers. Statistical studies have shown that certain occupations which involve a great deal of mental stress and tension predispose to the development of peptic ulcers, and "there is much to suggest that the increase in duodenal ulcers may be due to the increase in the stresses and strains of modern life."

An ulcer may remain latent for an indefinite period and later be announced by hemorrhage or perforation, but generally symptoms of dyspepsia, epigastric pain and tenderness, nausea, vomiting and hyperchlorhydria, occur.

Complications that may result from a peptic ulcer are: perforation and peritonitis, hemorrhage, edema or scar formation that may obstruct the pyloric sphincter.

The prognosis of a patient with a peptic ulcer is guardedly favorable. Hemorrhage or perforation may occur without warning, and relapses with the formation of new ulcers are not uncommon. To prevent recurrence the

Miss Elridge will graduate this year from Royal Columbian Hospital, New Westminster, B.C. patient must be taught to avoid stress situations, use good eating habits, follow his prescribed diet, avoid the use of alcohol and tobacco, get adequate rest and exercise, practise good hygiene. A medical examination at least once a year, and early reporting of symptoms if they return are essentials that must not be forgotten if this condition is to be controlled.

THE PATIENT

Mr. Carter, the youngest of 10 children, was born in Birmingham, England in 1893. Most of his formal education was gained there while he went to public school, served an apprenticeship, and later attended technical school to study mechanical engineering.

In 1914 he came to Canada where he spent the next eight years living in the Northwest Territories while serving as an R.C.M.P. officer, and later as an employee of the Hudson's Bay Co. Although Mr. Carter has been in all the Canadian provinces, British Columbia has remained his favorite. He has lived there for the past 29 years. For this length of time he has been employed as a machine shop instructor in the provincial penitentiary.

Recreational activities include reading and short story writing. He derives much enjoyment out of his affiliation with a men's club. Mr. Carter has led a very interesting life which contained its share of tragedy, as well as joy. His first wife, whom he married before leaving England, was killed in a railroad accident and his second wife died in a fire. Later he remarried, and now has a son, daughter, and six grandchildren of whom he is very proud.

Mr. Carter is a large man who stands five feet eleven inches tall, and weighs 230 pounds. He seems to have an above average intelligence. Outwardly, he is very calm and complacent, always cheerful, willing and cooperative. He mixes well with the other patients, and adjusts himself easily to the ward and hospital life. His relationships with other patients give him much pleasure. It

was a real joy to care for him.

PAST HISTORY

Except for a case of recurrent lumbago Mr. Carter had been in excellent health until 1953 when he was admitted to the hospital in severe shock with a diagnosis of gastric hemorrhage, and a history of hematemesis and melena. After extensive examinations he was discovered to be suffering from a duodenal ulcer. Following treatment that included blood transfusions, other intravenous therapy, drug therapy, and diet regulation Mr. Carter made a satisfactory recovery.

He was released from hospital at the end of three weeks for further convalescence at home. On the advice of his doctor, he refrained from the use of alcohol and tobacco. He began to realize that emotional disturbances caused him distress, and he tried to avoid them whenever possible. For a period of time Mr. Carter adhered to his diet and its restrictions, then, due either to lack of understanding of the importance of diet in ulcer healing, inadequate teaching or sheer neglect, he became very lax about it, and still later made no attempt at diet control.

In early 1955 Mr. Carter spent several weeks in bed at home while being treated for angina pectoris and persistent hypertension. His usual blood pressure was 200/110. At this time attempts were made to reduce his weight, but they failed. About six months before his second admission to hospital Mr. Carter began to experience gastric distress and a few months later, because of its persistence. he again visited his doctor. Following a barium meal, stomach and duodenal x-rays were taken, and revealed that the original duodenal ulcer was still present and unhealed. A gastric ulcer had appeared on the lesser curvature of the stomach near the pyloric sphincter. He was again placed on medical treatment in an attempt to control his symptoms, and appeared to do fairly well

PRESENT TILNESS

A couple of years later. Mr. Carter was admitted to the emergency ward in acute shock following a severe hematemesis. He was very pale and diaphoretic, B.P. 170/100, pulse rapid and thready. He complained of epigastric tenderness.

Physical examination revealed that eyes, ears, nose, throat and glands were normal. Heart sounds and respirations were normal, and chest sounds were clear. Questioning at this time revealed the presence of melena for about two weeks, but apparently the patient did not realize the significance.

For six to eight weeks previous to this admission, Mr. Carter had been experiencing dull, aching epigastric pain approximately two hours after supper. It usually lasted two to three hours, and some relief was gained by the use of aspirin and a hot water bottle applied to the upper abdomen. Later it was found that bismuth preparations and milk of magnesia would bring about some relief. There seems to have been little or no attempt on the part of the patient to prevent and control pain by diet. Dyspepsia, found commonly in ulcer patients, was not one of Mr. Carter's symptoms. He could and did eat anything. He found that when he got excited, worried. or "mad," epigastric discomfort would result. This is a typical ulcer symptom.

Vomiting, the second classic symptom of a peptic ulcer, was absent in Mr. Carter's history until 30 minutes previous to this admission.

Hemorrhage, as manifested by hematemesis and melena was present in Mr. Carter's case, as it is in about 25% of all ulcer patients. For about two weeks prior to admission he had been passing black stools, and on the night of admission was nauseated, with a "coffeegrounds" emesis that revealed the presence of blood in the stomach for some time. Following this there was an emesis of bright red blood which indicated the presence of a frank hemorrhage in the upper gastrointestinal tract. After this unusual occurrence Mr. Carter's family rushed him to the hospital.

LABORATORY REPORTS

The first hematocrit estimation was low because the blood had been thinned by body fluids. Following transfusion with 2000 cc. whole blood it returned to normal. After the transfusions ceased more body fluids entered the circulation and thinned the blood slightly

so the number of red cells in each cc. of circulating blood was slightly below normal.

Hemoglobin

1st day A.M. 14.6 Gm/100 cc. — 99% 14-16 Gm/100 cc. P.M. 13.5 Gm/100 cc. — 91% 2nd day 14.4 Gm/100 cc. — 98% 3rd day 14.6 Gm/100 cc. — 99% 8th day 12.8 Gm/100 cc. — 86%

Although on admission it was estimated that Mr. Carter's blood volume was 50 per cent below normal his hemoglobin was high. This can be attributed to the fact that body fluids had not yet had time to pass into the blood stream and dilute the blood to its normal volume of circulation. The giving of 2000 cc. of whole blood intravenously during his first 24 hours in hospital replaced a large number of the red cells lost in the hemorrhage, and helped keep the hemoglobin estimation high. After 8 days in hospital his hemoglobin dropped to 86 per cent. One might assume this was caused by the fact that the transfusions had ceased so no more blood cells were being added, and body fluids had ample chance to dilute the blood to its normal volume. Therefore the blood was thinner than normal and the cell volume per cc. was lower.

Non Protein Nitrogen normal
1st Day 43 mg/100 cc. 23-45 mg/100 cc.

3rd Day 36 mg/100 cc.

The N.P.N. estimation is lower on the 3rd day because the body cells are utilizing the ingested proteins more completely; therefore there is a smaller volume of waste to be excreted.

Urinalysis

Urinalyses were carried out daily and the results showed an occasional epithelial and white blood cell, but this can be considered normal.

sugar + 2 normal — neg. acetone strong + normal — neg.

The + 2 sugar may be explained by the fact that in gastric ulcer patients the glucose tolerance curve is frequently abnormal. There is some disagreement concerning the possible pathogenic significance of this fact.

The presence of acetone in the urine denotes an improper fat metabolism.

TREATMENTS AND MEDICATIONS

Treatment of the peptic ulcer is

essentially medical. Surgery, if indicated is usually undertaken for the complications and not for the lesion itself.

Aims: to avoid complications, to create best possible conditions for heal-

ing, to prevent recurrence.

Immediately following Mr. Carter's admission to hospital a consultation was held. The following orders were written and carried out:

Complete bed rest Hemoglobin estimation

Typing and cross matching for blood for immediate transfusion

Blood pressure and pulse q.1 h. and report changes

Record intake and output

First week ulcer regime

Morphine gr. ¼ stat, and gr. 1/6 q.6 h.

Probanthine 50 mg. q.i.d.

Daily urinalysis including microscopic examination

Sodium luminal gr. ii h.s.

Physical and mental rest for Mr. Carter was striven for at all times. An attempt was made to alleviate apprehension and fear because the gastrointestinal tract is so sensitive to emotional stress. By encouraging him to voice his fears, by paying attention to any worries he expressed, and by explanations of all treatments and procedures, we felt that a major step was taken towards our aim of mental rest.

Because of hourly pulse and blood pressure readings for the first few days physical rest was a real problem, but by the wise use of sedation to keep the patient drowsy we gained our objective. On all occasions he was disturbed as little as possible, and he did manage to sleep between intrusions. On his third hospital day Mr. Carter was allowed up in a chair. He tolerated this very well, and his activity was gradually increased.

The relief of pain is of extreme importance in ulcer patients because pain leads to mental distress which in turn leads to more pain. Pain also increases gastric contractions and this can promote the possibility of hemorrhage. Upon his arrival in the ward Mr. Carter received morphine gr. ½ and at the end of each six hour period following this for eight days he received morphine gr. 1/6. This kept him completely pain-free. After his eighth day the morphine was ordered to be given only when necessary and the pa-

tient was watched carefully for signs of pain. None appeared, and the morphine was unnecessary thereafter.

Probanthine 50 mg. was given to Mr. Carter four times daily to decrease gastric motility and secretions thereby eliminating a source of irritation and pain. By careful observation it was decided that this drug was achieving its effect. After three days the doctor felt that it was no longer necessary. In connection with the use of Probanthine, it is well to remember that constipation and urinary retention are two of its untoward effects. On one occasion it was necessary to catheterize Mr. Carter. One half ounce of milk of magnesia given twice daily helped avoid constipation.

Antacid therapy in the form of amphojel played a major role by protecting the irritated gastric mucosa from acid secretions. It helped to eliminate the cause of increased pain, hemorrhage, and mucosal damage, and to provide a better environment for tissue repair. The dosage started at one ounce hourly day and night, and was gradually decreased to one half ounce

four times daily.

The doctor chose phenobarbital as the agent to be used to keep Mr. Carter as relaxed as possible. Sodium phenobarbital gr. ii hypodermically kept him fairly drowsy during his first night in hospital. During the following day phenobarbital gr. ½ q. 1 h. was given until the patient became soporific. The order was then changed to gr. ½ q.i.d. This kept the patient relaxed, and fairly drowsy at times, but did not allow him to become stuporous.

DIET

Diet is very important in ulcer treatment. It is essential that the patient understand the reasons for his diet so that his cooperation may be gained and he will realize the necessity for dietary restrictions following his discharge.

Dietary aims: Adequate nutrition to keep something in the stomach at all times to neutralize the acid:

avoid stimulation and irritation of the mucosa;

high caloric value; easily digested foods. high protein intake to promote repair; Sippy milk (9% cream) is ideal for

this purpose.

Mr. Carter received his first feedings (sippy milk three ounces, and amphojel one ounce) by gavage. Care was taken that the feeding was warm, and that no air was introduced into the tube. Gravity drainage was used to introduce the feeding into the stomach so that no undue pressure would be exerted against the gastric walls. A small quantity of warm water was introduced after each feeding to clear the tube.

Early in his second hospital day Mr. Carter complained of epigastric distress, was nauseated with 24 ounces of yellow emesis, and expelled his Levine tube. It was decided that the tube was no longer necessary. The patient tolerated his diet very well without its use. The gradual progression to second and third week ulcer diet was tolerated extremely well. It had a definite psychological value in that the patient recognized dietary progression as a sign of an improvement in his condition.

Vitamin supplements in the form of B-plex₁₂, ascorbic acid, and halibut liver oil were added to the diet after the first week to help achieve adequate nutrition.

BLOOD TRANSFUSIONS

Because of the severity of the hemorrhage Mr. Carter had suffered before his admission, it was necessary to replace 2000 cc. of blood through the use of transfusions. Laboratory examination disclosed his blood type as O negative, but because of an inadequate supply in the blood bank, and the fact that this was a male patient, it was acceptable to use O positive blood that had been carefully crossmatched against his.

It was necessary to watch constantly for signs of an untoward reaction such as flushing of the face, headache, chills, muscle pain, or dyspnea which would show an incompatibility between donor blood and that of the recipient. Early in the administration of his second 1000 cc. of blood Mr. Carter's face became very flushed. The transfusion was slowed and the untoward symptom vanished. This was the only reaction

that arose during the transfusions. If a reaction had been suspected at any time the transfusion would have been clamped, and the proper authorities notified.

On admission Mr. Carter had a blood pressure of 170/100, but about three hours later it had dropped to 80/60 — an extremely low level for a hypertensive patient. Next morning his doctor remarked:

At the termination of 1000 cc. blood the patient's general condition is only satisfactory — B.P. 138/80. He needs more blood but I think it can be assumed that he has stopped bleeding. Any sign today indicating further hemorrhage would be an absolute indication for operation as an emergency.

After the absorption of the second 1000 cc. of blood Mr. Carter's blood pressure reached 150/92. For the following two weeks it ranged between 125/74 — 150/92. No signs indicating further hemorrhage were noted.

NURSING CARE

The nursing care given Mr. Carter always aimed at establishing his confidence in his nurses and doctors, the hospital and its staff in general. Routine nursing measures were used to keep the patient and his linen clean, and his bed comfortable. Special attention to oral hygiene was very important. Doctor's orders were carried out promptly, and the patient's response to treatment was charted accurately.

Mr. Carter was observed at all times for restlessness. This is a significant sign that may mean the presence of hemorrhage, urinary retention, or nervous tension, all of which must be avoided. Any special change in condition must be reported and recorded. The taking of blood pressure and pulse, and the recording of the rate and quality each hour for his first three days in hospital, and twice daily thereafter helped the doctor to gain an accurate estimation of Mr. Carter's circulatory picture.

In respect to diet it was extremely important that feedings were given on time, that the proper amount was given. that the milk was always fresh. and at no time were dirty glasses allowed to collect at the bedside. An accurate

record of intake and output was kept, and the patient's tolerance to diet increase was noted. Because hourly feedings and constant repetition of the same food was already a strain on the patient, it was essential that feedings should be delivered with the right attitude, that the patient was not allowed to feel that the feedings were a burden to the nurse, and something to be disposed of as quickly as possible. Recording the amount and type of emesis was a nursing responsibility also.

As the patient's condition improved he was encouraged to gradually decrease the time spent in bed, and to increase his exercise. Care was taken that he did not become tired.

It is easier on the patient, and on his relatives, if they are informed before entering his room of any special treatments that are in progress. A simple explanation is all that is necessary, and it will save the relatives a great deal of mental distress. The patient will also feel better because his friends will not be exchanging worried glances.

Mr. Carter had been informed during his early hospitalization that an operation was essential and a date was decided. It then became a nursing responsibility to give the patient an adequate physical and mental preparation for this procedure to prevent him from going to the operating room in an apprehensive and anxious state. Explanations of procedures that could be expected both pre- and postoperatively were given. The patient was encouraged to exercise his arms and legs, and to practise deep breathing in preparation for this postoperative period. He was crossmatched for six pints of blood in preparation for surgery. Mr. Carter was transferred to a surgical floor to allow for adequate orientation before his operation.

He was very cheerful when he left our ward, but he was sorry to leave his new friends. He had a good attitude towards his coming surgery, and looked forward with anticipation to a rapid postoperative recovery, and the day that he would leave the hospital.

THE OPERATION

Under sodium pentothal and nitrous oxide, and using the drug Flaxedil to

gain the desired muscular relaxation, a two-thirds subtotal gastric resection was performed on Mr. Carter. The surgeons' task was made more difficult because the patient's obesity had caused the transverse colon to become very enlarged, and the mesentery very short. Before the incision was closed a 1-inch Penrose drain was placed near the duodenal stump and brought out at the lateral end of the incision. A Levine tube was passed via the patient's nares to the stomach. During the operation the anesthetist kept a constant check on Mr. Carter's blood pressure, and administered 2000 cc. of blood, and 500 cc. of I.V. solution to help replace the blood loss. to help maintain the blood pressure, and to lessen the chances of shock.

POSTOPERATIVE CARE

On return to the ward a retention catheter was inserted and left in place for the first three postoperative days to avoid the complication of urinary retention. The doctor also ordered chloromycetin to be given daily as a precautionary measure, and Bionet lozenges every two hours to help relieve the throat irritation caused by the Levine tube. The irritation of the throat mucosa by the tube caused an increase in mucous production. This resulted in much discomfort.

Blood chemistry readings were taken frequently, and very extensive intravenous therapy was instituted to maintain the patient's electrolyte balance. The doctors ordered demerol to relieve pain, and Largactil to help the patient rest

After four days, because of a constant seepage of bile onto the dressings a catheter was inserted into the wound and a Stedman motor attached to the The doctor ordered aqueous penicillin as the agent to ward off infection. All throughout the postoperative period the drain was a constant source of trouble. Bile seepage still appeared around it and caused a large red excoriated area on the patient's skin. Barrière cream and vaseline dressings were ordered for the area but the patient seemed to get little relief. The orders were changed to cod liver oil dressings, zinc oxide, and later to aluminum paste before the desired effect was achieved. Leaving the abdomen exposed and applying the infrared lamp three times daily gave the patient a great deal of comfort. The area gradually became less troublesome. Eleven days postoperatively the skin sutures were removed, and about three weeks later the drain was taken out and the patient was taught to do his own dressings.

The Levine tube was left open immediately postoperatively, and the length of time it was clamped off was gradually increased. At first the clamping caused the patient much discomfort, but this decreased little by little. Mr. Carter was restricted to sips of water for over two weeks until the Levine tube was removed. He graduated to clear fluids, but the tube had to be reinserted next day because of persistent nausea and bile emesis. When the tube was again removed the patient was placed on a postoperative gastric regime of equal parts milk and water which he tolerated very poorly. This diet was changed when it was found that chicken broth was more agreeable to the patient, and better tolerated. Because nausea was still troublesome at times the dietary increase to pureed and bland foods had to be made very slowly. Vitamins A and B, ascorbic acid, and B-plex were given throughout the postoperative period to supplement the intravenous therapy and the diet. A careful record of intake and output was kept at all times.

Mr. Carter was encouraged to move about in bed and dangle his legs early in his recovery period, but he seemed reluctant to do so. Later when the tubes were clamped, he was helped up into a chair each day. Getting him up was a problem for his nurses because of his size and weakened condition. Also, his periods out of bed had to be fitted in between the intravenous fluids that were running almost constantly. As he became stronger, the doctor encouraged him to get up for at least one half hour before and after each meal, and to spend as much time as possible out of bed. Mr. Carter lost a great deal of weight. He was very depressed at times because of his slow recovery, and the complications that had arisen. But as his strength returned he began to look forward to his visits with other ambulatory patients and was very cheerful at the thought of being home for Christmas. The specialist called in to perform the operation stated that the complications encountered during Mr. Carter's recovery period will in no way alter the fact that only 3-5 per cent of ulcer cases of this type are recurrent. Mr. Carter's prognosis then is very good.

PATIENT TEACHING

The morning bath provided an excellent opportunity for patient teaching. During discussions about peptic ulcers in general, and his case in particular the importance of proper diet, rest, exercise, and hygiene was stressed. He is not in the habit of using alcohol and tobacco, and was cautioned against their use in the future. The avoidance of stress situations will play a major role in the prevention of ulcer recurrence. A regular medical examination, and prompt reporting of any of his previous symptoms if they return were advised. Mr. Carter was cautioned against self-medication and the use of patent medicines. Only medications ordered by the doctor should be used, and care should be taken that the doctor's orders are followed carefully.

Pyloric Stenosis

ADELINE PAVAN

WELL, IT DIDN'T TAKE ME too long to make a second trip to hospital! I am just one month old and hardly yet accustomed to my pretty blue bassinet! It seems ever since I can remember, although I enjoyed my bottle very much and could hardly wait for it, I just could not seem to retain my feedings. Our doctor advised Mother to take me to the hospital. She seemed quite surprised when the nurse placed me on the scales (without a stitch of clothes on!) and informed her that I weighed 7 lb. 8 oz. — quite a difference from my birth weight of 8 lb. 6 oz. Mother explained that since she never did get around to buying a pair of scales she hadn't realized that I had lost so much in such a short time (and with me crying such a great deal!) These new mothers! — it's not always an advantage to be a "first."

I was all set, I thought. My doctor had left orders that my lactic acid formula (boiled, acidified milk, curdled for easier digestibility) was to be thickened with rice pablum. I was to be propped up with pillows in a high Fowler's position to see if that

would help me to keep my formula down. But it didn't. Well, anyway it was the latest in comfort. Later on in the evening, when I was certain that everyone had forgotten that my feeding was due, along came a nurse and strapped a test tube to me. This would be easier on the diapers I supposed, as well as on the nurses!

Next morning the fun really began. A new nurse came in and tried to make friends in a real hurry. No wonder, all she wanted was to make my toe bleed! Then I had no sooner closed my eyes when I had company again. He turned out to be a doctor who had been sent by our family doctor to see me. I was promptly transported to the treatment room where Dr. Barry poked me again and again in my tummy. His first remark was that I "looked" like a "pyloric" (and having lost some more weight didn't help the situation any!).

Then there was some talk about waves! He turned to the student nurse and asked if she knew what my symptoms should be. She replied emaciation, loss of weight, projectile vomiting and peristaltic waves. "Exactly what kind of waves," he queried, "everyone has visible, peristaltic waves." She seemed bewildered. I tried to tell her that they were reverse peristaltic waves

This nursing care study was written by Miss Pavan during her pediatric affiliation as a senior student at St. Joseph's Hospital, Guelph.

since that was the only kind I had ever known. I realize now that this was abnormal. Then the doctor proceeded to feed me and poke my tummy at intervals. Yes, those special waves were certainly there along with some kind of firm, hard mass about the size of an almond which, on palpation, was felt going from left to right. Dr. Barry was quite convinced that it was pyloric stenosis. Just as if to verify his thoughts, up I spit (although I didn't want to) clear over the side of the table!

At that same time Dr. Kay entered and they started talking about such things as surgery, dehydration and loss of skin elasticity (the results of becoming all dried up!) My laboratory reports which I didn't understand at all went something like this:

Hematology: Hemoglobin 108%, WB C 13,600. Urinalysis: Alkaline reaction, occasional epithelial cells, 1-2 pus cells, ammonium phosphate crystals present.

They finally concluded that I should go down to the x-ray department for a barium swallow to confirm the diagnosis

Whatever that was going to be I felt it would be bad enough and was already working myself into a sweat when to my horror I heard Dr. Barry tell the nurse to prepare for a cutdown! That was it, I was sure! My leg was strapped securely to some immovable object to keep me from moving so the cannula would stay in the vein and all I could remember after that was a sharp prick. In a matter of minutes it was all over. Dr. Barry gave explicit orders that the solution of 5% glucose in water and 5% glucose in saline was to run at 25 cc. per hour or the equivalent of 6 gtts. per minute. He went on to explain that too much fluid could be just as dangerous as a deficiency in that I could develop a fatal pulmonary edema. The nurse was also cautioned to observe carefully for signs of muscular twitching due to tetany which results with a loss of chlorides from the body in which case calcium must be immediately administered.

From the way everyone was buzzing around I just knew there was something else brewing. The next thing I knew I was eagerly sucking a new formula that someone from x-ray had

been so kind as to make up for me. Oh, such a tasteless, chalky mixture to feed to a starving infant! It was only a matter of seconds until up it all came to the dismay of everyone around me. The next step entailed a quick change from the treatment room, down the elevator onto another floor into another dark room only to be fed that awful formula again. The doctor here stated that there was a marked dilation of my stomach with apparent obstruction at the pyloric end. Surely all this inhuman treatment was bound to end soon.

I had had a most trying day and could hardly wait to get to sleep. They must have read my mind because the next thing I knew I was transferred to another bed with a glass top and sideview. My, it was nice and warm in there! Mommy and Daddy had made fancy plans for my baptism that was to have taken place the following Sunday but since I was scheduled for the operating room the next day, I was baptized in the hospital.

The next morning they started to work on me bright and early. This time when the lady with the tube tray jabbed my toe, I overheard something about being typed for cross-matching. Following this a very petite nurse came along and slipped a long narrow tube into one of my nostrils. I simply swallowed it in order to get it out of the way! Before I had time to worry or fret, I was whisked away to the operating room and put fast asleep. Peace at last!

I don't remember too much about what happened during the rest of the afternoon, I was so drowsy. In one instance, I remember that same little nurse suctioning my throat and how much better it felt after it had been cleared of all that mucus and the tube had been removed. Then I listened while my doctor told her about what he had done to me.

Pyloric stenosis is a narrowing or tight constriction of the lumen through the pyloric orifice of the stomach which produces an obstruction, more often partial than complete. Two factors cause constriction. One is hypertrophy of the circular muscle about the pylorus, and the other is spasm of this muscle. Projectile vomiting is the chief symptom.

Jimmy is a typical case being a one-

month-old, male infant. Pyloric stenosis occurs about three times more frequently in male than female infants and appears to involve first-born children primarily. It does not usually appear before two to three weeks after birth or after two months of age.

The operation that we performed today is the one of choice for this condition and is known as the Fredet-Rammstedt operation. It consists of an incision through the hypertrophied circular muscle down to, but not through the mucosa, and parallel to the pyloric lumen, thus allowing the pylorus to expand.

All this meant very little to me but I became most attentive when I heard the word "formula" mentioned. A schedule to start four hours postoperatively, had been made out for me in which I would be given alternate feedings of two drams of glucose then two drams of formula (full-strength lactic acid milk). This was to be increased by two drams every feeding every four hours thereafter until two ounces were reached. Should I vomit, the next feeding would revert to the amount I had last retained and work up again. I was to be fed slowly with *a small-holed nipple and feedings were to be interrupted frequently for bubbling. At the end of the feeding I was to be placed on my right side to lessen the emptying time of the stomach, and also to prevent any aspiration of vomitus. My but they were fussy! My feedings did stay with me and I could tell everyone was so pleased I was so thankful that at last my doctor had straightened everything up. I longed to tell him so, but I was a little too young then.

Oh, I had my difficulties with bouts of emesis after some feedings, but I had a lot of mucus in my throat that I just had to get out. Just retaining part of my formula was a whole new experience for me and that is probably why even the addition of Nestargel to thicken my formula didn't really help too much. Actually all I needed was a little bit of time to get adjusted.

A small dressing covered the incision on my tummy. The nurses would peek at it now and then for any sign of bleeding. I was given antibiotics to prevent any infection from developing. I managed to progress quite favorably, and with the appearance of one soft yellow stool, the nurses seemed very pleased and said something about resumption of peristalsis. They must have sensed my hunger because on the third postoperative day sugar preparation was added to my formula and the amount was increased to one and one half ounces every two hours and gradually to three ounces every three hours the following day. Now I was really living!

Before I realized it, it was time to go home. Although I was ever so grateful to everyone for taking care of me so faithfully, (I now weighed a pound more than my birth weight!), I was very happy to see Mommy. The nurse told her to be sure to burp me often when feeding me, to keep a clean dressing on my incision and to be sure to see doctor for a checkup before too

long.

Nursing Sisters' Association

Appointed to the National Executive of the Association were: E. Purdy, Dartmouth, N.S., pres.; E. Pepper, Ottawa, past pres.; M. Haliburton, Halifax, vice-pres.; D. B. Lodge, Ottawa, vice-pres.; H. Corbett, Victoria Gen. Hosp., Halifax, sec.-treas.; A. Egan, 85 Walnut St., Halifax, corr. sec.; M. J. Russell, Halifax, social convener; Mmes. M. C. Macdonnell, Halifax, L. Vatcher, Dartmouth, councillors. Honorary presidents

are: Mrs. S. Ramsay, Montreal and Misses E. L. Smellie, A. Macleod, Ottawa.

The following members were elected to office at the annual meeting of the Halifax Unit, held in conjunction with the Armistice Day dinner: Mrs. L. Vatcher, pres.; Mrs. M. C. Macdonnell, vice-pres.; Mary Romans, treas.; Mary Fraser, sec.; Mrs. Vera Fiendal, convener, sick visiting; Mrs. S. A. Bushell, convener, entertainment.

Nursing Care in Hemorrhoidectomy

PATRICIA ROWLAND

HEMORRHOIDS

I EMORRHOIDS OR "PILES" consist of varicosities in the hemorrhoidal veins in the rectum. There are two types — internal and external hemorrhoids. Internal hemorrhoids are those occurring in the superior and middle hemorrhoidal veins. They are found within the rectum or prolapsed through the anal sphincter and are covered only by rectal mucosa. External hemorrhoids are those originating from the inferior hemorrhoidal vein and occur outside the anal sphincter being covered by anal skin.

The etiology in almost every case has proved to be a congenital or hereditary weakness of the venous structure that has been aggravated by one

of the following conditions:

1. A direct or local pressure on the veins of the rectum caused by:

a. poor bowel hygiene, for example chronic constipation

b. pelvic or abdominal tumors either benign or malignant

- c. a pregnant or misplaced uterus
- 2. A central obstruction of venous return due to:
 - a. decompensated heart failure
 - b. cirrhosis of the liver.

The weakness may be present but hemorrhoids are not usually found in children. However, it is a very common ailment among adults of all ages with the most frequent causes being pressure upon the veins from pregnancy and/or poor bowel hygiene.

The blood supply to the rectum is returned via the inferior, middle and superior hemorrhoidal veins that empty into the common iliac veins. Like other veins, the hemorrhoidal veins consist of three layers — intima, media and adventia. Veins are thinner-walled than arteries and less elastic due to the poorly developed medial layer. The veins have many tiny semilunar valves which form the advential layer. These numerous valves do not obstruct the return flow of blood to the heart, but

Miss Rowland will graduate this year from General Hospital, Belleville, Ont.

they do prevent a backflow.

When the blood flow is obstructed due to local or central pressure, the volume of blood in the veins builds up. The task of trying to force blood uphill is difficult enough without added burden. The inability of the veins to cope with the obstruction results in a breakdown of the valves. The veins become dilated, tortuous, and elongated. Hypertrophy of the medial layer takes places followed by atrophy and replacement fibrosis. The intima and adventia layers also become fibrosed and thickened. As thickening is irregular, pouching occurs in the vein wall. Thrombosis in these pouches is common. Internal hemorrhoids frequently prolapse through the anal sphincter causing considerable discomfort: if the blood within them clots and becomes infected they are said to be thrombosed.

When thrombosis takes place or internal hemorrhoids prolapse there is considerable pain. This is often called an "attack of hemorrhoids." Ordinarily, there is pain in the passage of stool and there may be itching and burning sensations between and especially after defecation. Internal hemorrhoids often bleed at defecation. The amount of bleeding may range from a few drops to several ounces. If bleeding is allowed to persist over a long period, second-

ary anemia may result.

THE PATIENT

One spring evening a tall thin gentleman Mr. Stone, was admitted for elective surgery of internal and external prolapsed and thrombosed hemorrhoids.

Since his birth, 48 years before, he had lived and worked in a lumbering district. Family financial difficulties made it necessary for him to leave school when a boy of twelve. A boy doing a man's work does not produce the healthiest specimen of mankind, and this certainly proved the case for young "Jim" Stone. A very poor diet, meals at irregular times, little or no health teaching in the large family at home, resulted in generally poor health and a

rather scrawnily built man. However, Jim developed his skill as a lumber-jack and at the age of twenty decided to go into the business for himself. Long hours of backbreaking labor proved worthwhile to him as he was able to support a wife and a family of three boys and two girls. He never mentioned any clubs to which he might have belonged but spoke briefly of family get-togethers around the fireplace and of the occasional visit to the little church near his home.

Mr. Stone was introduced to his fellow patients and the evening nurse explained to him the hospital routine so that he would have some idea what to expect and thus would be more at ease.

MEDICAL HISTORY

His admission temperature, pulse, and respirations were normal but his blood pressure was only 90/56. He was very pale and thin.

His family history disclosed a marked tendency towards anemia. His father had had hemorrhoids but had never received medical attention. Upon questioning he told us that his mother had been bothered by the veins in her legs and by sores on her ankles. These were most likely varicose veins and ulcers which stem from the same venous weakness as do hemorrhoids. Mr. Stone's living circumstances had been partially responsible for his slide into poor health habits. In childhood he had had the usual diseases but had always seemed to be ill with them longer than normal. For the past 15 years he had been experiencing severe pain and bleeding on defecation. Thus over the years he had often disregarded the urge to defecate to prevent the discomfort he knew would ensue. Chronic constipation and increased pain and bleeding during defecation proved to be the result of his efforts to overcome the condition.

Mr. Stone had not been to a doctor about his condition until now when he found that he could no longer endure the constant itching, burning, and severe pain. He realized, too, that lately he tired more easily, that his work seemed increasingly strenuous.

DIAGNOSTIC PROCEDURES

When the doctor visited, he did a

rectal examination to determine the location and extent of the hemorrhoids. Although it was very evident that hemorrhoids were present, bright blood in the stool is an important clinical sign. The doctor realized the great importance of searching the alimentary canal thoroughly for other causes of the bleeding such as cancer of the rectum, bleeding ulcer, or hiatus hernia. He ordered a barium enema and x-ray of the lower colon on the following day. For this test it is very important that the lower bowel be completely emptied. Otherwise particles of fecal material might lead to a wrong diagnosis. This cleansing was done by giving Mr. Stone enemas until the return soap suds solution was clear.

A gastrointestinal series of x-rays were also ordered for the following morning. The nurse explained to Mr. Stone that he was not to eat or drink after midnight and that he could have no breakfast the following morning, in order that the x-rays might be accurate. To make sure no one tempted him with food she hung a "no breakfast" sign on his bed.

Following the x-rays, low residue diet was ordered for Mr. Stone in order that the fecal content or bulk would be small and the hemorrhoids less irritated.

Tuinal grains 3 was ordered as a sedative so that Mr. Stone might obtain a good rest prior to surgery. Aspirin phenacetin compound with codeine grains ½ was ordered for pain. Wyanoid rectal suppositories were also ordered three times daily for the same reason. Wyanoid is an analgesic compound prepared in cocoa butter. The cocoa butter melts at body temperature releasing the analgesic compound.

Several laboratory tests were ordered for Mr. Stone. They were urinalysis, white blood count, hematocrit, prothrombin time and standard test for syphilis. (See next page)

The x-rays proved to be negative for any abnormalities. Since the patient must drink a barium solution for the gastrointestinal series, a laxative was ordered that night and the following morning to clean out the bowel as barium can be very constipating.

During his second day, Mr. Stone developed a cold. He began to expectorate thick, yellowish blood-streak-

RESULT NORMAL TEST

1. Urinalysis color

clear, bright yellow clear, straw-colored

or amber

specific gravity

1.019

1.005-1.025

albumin

negative

negative

sugar, microscopic examination of

sediment for casts, red blood cells, and pus cells negative

negative

a) Abnormalities of color may denote such things as hemorrhage of the urinary system; or disorder of the liver or gall bladder since bile is noted in the urine at an early stage.

- b) Sugar in the urine might denote that the person was a diabetic.
- c) Pus cells would denote the presence of infection in the body or kidneys.

2. White Blood Cell Count

12.900 per cubic

5,000-9,000 per millimeter of blood. cubic millimeter.

Significance:

The white blood cell count increases under certain circumstances, for example infection and leukemia. The increase in Mr. Stone's white blood count was due to infection that might be present in the thrombosed hemorrhoids or from some other source in the body.

3. Hematocrit

370%

45%

Significance:

The hematocrit measures the number of packed red blood cells per cubic millimeter of blood. Mr. Stone has had rectal bleeding for some years which accounts for the hematocrit being slightly low.

4. Serum Test for Syphilis

negative

negative.

Significance:

This is a standard blood test done on all patients entering the hospital to discover and prevent the spread of venereal disease.

5. Prothrombin Time

20 seconds.

15-30 seconds.

Significance:

This test showed that Mr. Stone's prothrombin time was normal. Prothrombin is important in the clotting process; if the time is longer than normal vitamin K would be given to lessen the bleeding time since vitamin K influences the production of prothrombin in the liver.

ed phlegm and was coughing considerably. The nurse telephoned the doctor who postponed the operation until the cold had cleared up. Mr. Stone was very sensitive and embarrassed about his condition, and was anxious to have the operation done. The nurse had to explain to him that although the operation was a minor one, a heavy cold such as his could easily develop into postoperative hypostatic pneumonia. Mr. Stone's anemic condition also rendered him more prone to infection. He was not considered a good operative risk.

Penicillin with streptomycin grams 1/2 was ordered to overcome his cold. It was to be given twice daily by intramuscular preparation.

Syrup of codeine was ordered for his cough. Tablets of aspirin phenacetin compound with codeine were ordered to relieve the headache accompanying his cold and to keep his temperature down.

Two days later Mr. Stone was much better. He was given a chest x-ray to make sure that his lungs were clear and to see if definite operative plans could be made. He was also given an intramuscular injection of vitamin K to lessen the danger of hemorrhage. Vitamin K stimulates the synthesis of prothrombin by the liver. This is important in the clotting process of the blood.

Clotting Process: When injury occurs: thromboplastinogen forms thrombo-

plastin

thromboplastin + calcium + prothrombin forms thrombin thrombin + fibrinogen forms fibrin fibrin + cells of blood forms clot.

PREOPERATIVE CARE

The operative area was shaved thoroughly by the orderly. It is necessary to remove all the hair since bacteria are harbored in it. The colon must be clean so that there will be no bowel movements for a few days to give the operative site a chance to heal. A bowel movement too soon after operation would cause pain, trauma and hemorrhage.

Mr. Stone was given his usual dose of Tuinal grains 3 in order to get a good night's rest. At 7:00 the following morning, morphine grains 1/6 and hyoscine grains 1/150 were given hypodermically. Morphine is given preoperatively to enhance the action of anesthesia as it depresses the central nervous system. Hyoscine is given to dry secretions of the mouth, throat and nose thus preventing their aspiration. Mr. Stone had not been allowed to have anything by mouth since midnight; thus any previous food would have left the stomach by the time of operation. At 8:00 A.M. he was taken to the operating room.

THE OPERATION

Sodium pentothal five percent was given intravenously as an induction anesthesia. It is rapid in action and is used mostly for induction or for very short operative procedures. The recovery from pentothal is quick but occasionally it causes a mental depression that lasts for several hours.

Mr. Stone was further anesthetized with nitrous oxide and oxygen given by mask. Nitrous oxide is one of the oldest inhalation anesthetics known. It is given with oxygen because when given alone it may produce asphyxia.

For the operation Mr. Stone was placed in lithotomy position. Before being draped with sterile drapes the area about the rectum was cleansed well with sterile water, Phisohex, and merthiolate tincture. The operation consisted of ligation of the base of the hemorrhoid and then amputation. In manner internal and external hemorrhoids were removed from three different areas about the rectum. A vaseline pack and a catheter were inserted into the rectum to keep the anal sphincter dilated and allow for drainage of any internal bleeding. This also makes it easier to recognize hemorrhage as otherwise it may be insidious.

Proctocaine was injected intramuscularly at several points proximal to the anus. Proctocaine is similar to novocaine in that it is a local anesthetic but it is prepared in an oil base so that it is long-acting. It is effectual for 24 to 48 hours. The dressings were held in place by a firm T-binder.

NURSING CARE

Mr. Stone was taken to the recovery room where he could be closely watched until he had recovered from the anesthetic. His pulse and blood pressure were checked frequently to denote the presence of shock or hemorrhage. A rise in pulse or a drop in blood pressure are signs of hemorrhage. His dressings were also checked frequently for excessive bleeding. His pulse remained stable at 80 and his blood pressure at 110/64.

Upon his return to his room the vitamin K was repeated to insure against hemorrhage. It was the nurse's responsibility to check for bleeding and to check the pulse and blood pressure every hour for eight hours.

During the next few days, Mr. Stone experienced a great deal of severe rectal pain. He was given morphine grains ½ every three hours as necessary. It has powerful analgesic properties and so it is very useful for relief of pain. However, with certain individuals, very little relief is obtained from it. The nurse noticed that the morphine was not giving Mr. Stone much relief. She notified the doctor who changed the order to Demerol 100 mgm. to be given intramuscularly every four hours as necessary. Demerol is a synthetic drug

that often gives relief to those who do not get it from morphine. It is not as constipating as morphine though it is habit-forming.

The penicillin and streptomycin injections twice daily were continued as a prophylactic measure against infec-

tion.

The nurse encouraged Mr. Stone to breathe deeply and to cough occasionally in order to expand his lungs and prevent any upper respiratory infection. She also encouraged him to move about in bed especially exercising his legs to prevent formation of a thrombus. Mr. Stone obeyed these instructions very well needing only an occasional subtle reminder from the nurse. He was started on a fluid diet that was gradually increased to soft on the second day and to a full diet on the third postoperative day.

Preoperatively the nurse had noticed that Mr. Stone rather neglected good health habits. Health teaching had to be done in such a way that Mr. Stone would be learning without realizing it and his pride in himself would not be hurt. As she was bathing him, they discussed general good health and hygiene. The nurse stressed the importance of well balanced, nutritious meals and the importance that diet plays in the regular emptying of the bowel. She told him that good bowel hygiene was important to prevent recurrence of the hemorrhoids. At meal times she pointed out what she had meant by a well balanced diet.

During a visit from his wife Mr. Stone introduced her to the nurse who remained for a moment to become acquainted with her. Before she left Mrs. Stone asked the nurse if there was anything she could do to help. The nurse explained what she had told Mr. Stone. She suggested to Mrs. Stone that she could encourage good health habits and also prepare nourishing rather than just filling meals. Sufficient rest was also important to her husband's general health. This he obtained in the hospital but would he at home? Mr. Stone was not getting any younger. In the next few years he would have to cut down on the amount of labor he could do. He no longer had children to support and he had younger men working for him who could gradually assume the more

strenuous tasks. All these little suggestions the nurse also discussed with Mr. Stone, hoping that he would consider them when he returned home.

During his stay in hospital the several visits of Mr. Stone's minister seemed to encourage him although he would never have admitted it. He did not have many visitors and often became very moody around visiting hours. He appeared to feel out of tune with the busy hospital routine compared to his freedom in the bush. Only once did he take his feelings out in rage. It seemed to give him a sense of satisfaction that just once he had "ruffled the quiet feathers" of the busy hospital schedule.

Mr. Stone's progress was very good

in the days that followed surgery. He was turned from side to side for comfort or given a rubber air ring to take the pressure off the rectal area when lying on his back. On the second postoperative day the rubber drain and vaseline pack were removed. A digital examination was done. Diothane ointment was then inserted into the rectum and whenever necessary for discomfort thereafter. Diothane is an analgesic anesthetic ointment used to relieve rectal pain by dulling the sensory pain receptors in the area. Mineral oil was ordered every morning and evening to

soften the fecal material so that a bowel

movement would not traumatize the in-

cisions. Thirty cubic centimeters of

mineral oil was ordered to be instilled into the rectum prior to evacuation

Mr. Stone was very anxious to be up and about. The doctor explained how the veins of the rectum would dilate and that undue pressure on them from the upright position at this point might cause hemorrhage. This simple explanation satisfied Mr. Stone who settled back on his pillows without a word.

On the third postoperative day he was given bathroom privileges and began Sitz baths twice daily. Sitz baths consist of soaking the body in moderately hot water, covering the hips. These baths provide much relaxation and comfort to the sore area of the rectum. The heat increases the blood supply, speeding up the healing process.

Mr. Stone had no difficulty voiding

postoperatively. This is frequently a complication after a hemorrhoidectomy. He would have been catheterized had he been unable to void after all other nursing measures had been tried.

He had a bowel movement on the fourth postoperative day with pain but no bleeding. From then on he had bowel movements daily with little trouble. He continued to take Sitz baths twice daily. By the time Mr. Stone could go home he was eating

a full diet, and had established good bowel habits, to both of which he promised to adhere.

Surprisingly enough he had adapted himself to his surroundings. Instead of the rather moody person he had been upon arrival he was quite jovial, getting much enjoyment out of expounding in great detail his many harrowing experiences in the bush. He was discharge a healthier and happier man than he had been for sometime.

Mission to Japan

HAZEL F. NAUDETT

To VISIT JAPAN at any time would be wonderful. To do so under the sponsorship of two great organizations such as UNESCO and the Canadian Nurses' Association was an unforgettable experience. The East-West Cultural Mission was organized by the United Nations Association Committee for UNESCO under the chairmanship of Mrs. Helen Tucker. The aim was to further UNESCO's long range program of promoting mutual appreciation of East-West culture.

UNESCO has long maintained that since wars begin in the minds of men, it is there that the defences of peace must be constructed. Certainly, understanding is the foundation stone for such defences and how better can we learn to understand one another than by getting to know each other as individuals.

Our mission of 30 members was made up of representatives of educational, cultural and industrial fields from British Columbia to Quebec. The fact that we represented such a variety of interests and were a cross section of Canadians — ordinary citizens — was of interest to the Japanese people who interpreted this as real democracy.

Miss Naudett who is superintendent of Listowel Memorial Hospital, Listowel, Ont. and president of District 2, R.N.A.O. represented the Canadian Nurses' Association on the East-West Cultural Mission to Japan.

From the moment that our plane landed on the runway at the Haneida Airport, Tokyo until we wistfully said "Sayonara" four weeks later we were surrounded by kindness, courtesy and hospitality beyond anything that we could possibly have anticipated. The careful planning of the Japanese National Commission for UNESCO assured us a program of significant and enjoyable activities.

National organizations in Japan cooperated with the National Commission for UNESCO in arranging lectures, receptions, visits to industries and sight-seeing so that we could make the very most use of our time. The day of our arrival the chairman of the Japanese UNESCO Commission, Mr. Tamon Maeda, gave a reception at the beautiful Prince Hotel in Tokyo. This gave the Canadians the opportunity to meet members of the ministries concerned with cultural affairs, education, and international relations as well as members of the National Commissions for UNESCO, UNICEF, the United Nations Associations, International House, and the Japan-Canada Society.

On our second day, Mr. Iyemasa Tokugawa, former ambassador to Canada and presently president of the Canada-Japan Society, entertained at dinner where men and women outstanding in industry were presented. Trade with Canada is a major concern since Japan buys twice as much from

Canada as she sells. Canada on the other hand, would like to sell more

hard wheat to Japan.

Our group was honored by an official welcome at the semiannual meeting of the Japanese National Commis-sion for UNESCO. In her reply on behalf of the mission, Mrs. Tucker said, "It is the work of UNESCO in your country and mine, to bring the right meaning to the words we exchange. This is education in its true sense — understanding of the heart, as well as of the words spoken by the mind."

One of the outstanding lecturers



Japanese dancing

presented to the Canadians was Dr. Yukio Yashiro, world renowned art critic, who addressed the group on "The Japanese Scroll" at the Society for International Cultural Relations. Among the social highlights was the magnificent outdoor reception given by the Ministry of Foreign Affairs with Mr. Akira Miyazaki, Director of the U.N. Bureau, as host. This was held at "Happoen" formerly owned by the Imperial Family. The reception at the Canadian Embassy, given by Ambassador and Mrs. William Frederick Bull, featured the famous koto performer, Mr. S. Yuize. The koto is an ancient harplike instrument, placed horizontally and played from a standing position.

Travel and sight-seeing were made easy and interesting by the topnotch guides of the Japan Travel Bureau. The absolutely punctual train service required baggage transfers in two minutes flat. The significance of shrines, temples and national treasures was explained in apt and oftentimes humorous English by a former history professor who was our guide throughout the tour.

Before going on the tour that took

the group to Hiroshima University and the International Peace Library, our mission was entertained at a unique luncheon by the International Women's Association. The setting was the mansion of the Iwata Iron and Steel Co. and the hostess, Mrs. Emiko Ojima, wife of the president. The Tea Ceremony was demonstrated in the teahouse set apart in the garden especially for that purpose. Flower arrangements and Japanese dancing were taught in the conservatory. The luncheon itself was a culinary masterpiece of Japanese soup, tempura (prawns fried in deep fat), vegetables and exotic delicacies. We were greatly impressed by the skill, charm and ambition of the Japanese women in presenting the culture of the Japanese family to the foreigner.

On our tour, a holiday was arranged in a beautiful new Japanesestyle hotel in the mountains above Hakone. Although the aftermath of a typhoon prevented sports and viewing from the cable car, we relaxed in mineral baths, Japanese style. The hot deep bath, up to the chin, is a



A Lesson in flower arrangement

positive treatment for weary muscles, jagged nerves and aching joints. That daily bath keeps the Japanese free from

rheumatic pains.

Several days were spent among the historic treasures of Kyoto and Nara, the former capitals of Japan. Kyoto because of its national treasures, was not bombed during the war and now, by vote of its citizens, is considered "The Peace City." Unusual effort is made to make international friends.

Our party was divided into groups of five and, equipped with interpreters, visited private homes. These personal home visits were most instructive and enjoyable. This service is looked after by a special department of the city government. Then we travelled through miles and miles of luxuriant farm land, meticulously manicured into gardens of tea, rice and bamboo, peopled from dawn to dark by hatted, stooping figures.

In Hiroshima we were greeted at the railway station by flowers from the Mayor and a guard of honor of local Boy Scouts. We went directly to the University where President Tatsuo Morito and officials had arranged the ceremony for the presentation of books and UNESCO gift coupons to the International Peace Library. Mrs. Tucker delivered the main address to which President Morito and representative students replied.

After inspecting the University buildings - many makeshift or in process of construction, we visited the Hiroshima Memorial and silently and solemnly placed the gift of flowers. The program did not include a visit to the museum. It was explained, "What we would see there is disastrously awful, it is not pleasant." The following day we went on an early tour of Miyajima Itsukushima Shrine and its Tori Gate in the sea. Lunch later and speeches by the Deputy-Governor of the Prefecture, the Mayor of the city and Dr. Morito who assured the Canadians of the very real appreciation that the Japanese people felt for the compliment paid them by such a visit from Canada. Here, determination that peace shall be maintained, vibrates the very air. We stopped at Osaka, Japan's second city, upon our return to Tokyo. A night at the Osaka Grand Hotel, brand new and as smart as any in this country, gave us an opportunity to evaluate our experiences and plan the last week of free time.

As a nurse I was interested in the welfare of the Japanese people. In Japan, in the early postwar years, there was a tremendous increase in the number of persons seeking social aid and medical services. National concern for improvement in the social security system is steadily mounting.

All political parties have shown a positive interest in expanding its benefits. Japan has many laws pertaining to social security: The Livelihood Security Law (for needy persons); Law for the Welfare of Disabled Persons; Child Welfare Law (for children in need of health protection); Health Insurance Law (for employees); National Health Insurance Law (for everyone); Unemployment Insurance Law and Welfare Pension Insurance Law (for employees). The number of beneficiaries under the public aid program totals two million persons.

Extensive preventive efforts are being made to combat tuberculosis, one of the most serious diseases in Japan today. Under the Tuberculosis Control Law. all students, employees in offices and factories and persons under 30 years of age living in designated areas, are required to undergo tuberculin reaction tests and x-ray examination. However, tuberculosis is very much on the decline in Japan as

it is in Canada.

Japan has a total of 5,418 hospitals for her 90 million people. There are 31,390 nurses for government health centres and a total of 224,486 nurses and 86.554 midwives. People with whom I had contact, assured me that they had a sufficient number of hospital beds. These hospitals are attended by efficient staffs, many of whom have received postgraduate courses on the North American continent. Hospitals have no shortage of registered nurses and qualifications are much the same as ours in Canada. The minimum education required to enter a training school for nurses is the equivalent of our Junior matriculation.

Salaries for general duty nurses are about \$50.00 a month in Canadian money. Salaries or wages of all Japanese people are much lower than in Canada for a comparative position or job. The salaries of nurses are in accordance with the Japanese scale of income. A factory worker would get \$20 a month and one in an executive position would get \$100. It is interesting to note that most hospitals have a policy that all their nursing staff must live in the hospital residence.

Through the courtesy and influence of Mr. Shu Tomii, former minister of

Foreign Affairs to Canada, a complete tour of Tokyo Kosei Nenkin Byoin (The Tokyo Welfare Pension Hospital) was arranged. This is a 500-bed general hospital, modern in architecture and design and having modern equipment similar to what we have in Canada. It has five stories. The first two floors are mainly for the outpatient department and the remaining three floors are for inpatients. The hospital is open for all types of patients, not only health-insured but private patients as well.

One could write a great deal about a trip like this but space does not permit. The 93 hours of flying time took me across Canada to Cold Bay, Alaska; Tokyo, Japan; Hong Kong; Honolulu, Hawaiian Islands, back to Vancouver and finally Toronto. When one has been privileged to be daily with men and women of another race, to come to know them as friends, barriers of race and color disappear. One's attitude toward them can never be the same again. There wasn't one of us who did not feel a responsibility to make the Japanese better known and better appreciated in Canada. As UNESCO major project, "Mutual Appreciation of Eastern and Western Cultural Values," the Canadian mission says with one voice, "You cannot do better than to start with Tapan."

In the Good Old Days

(The Canadian Nurse - February, 1919)

From an editorial quoted from the American Journal of Medicine: The war and the epidemic of influenza with the consequent scarcity of nurses, have drawn attention to the trained nurse and to the fact that she does not supply the suitable agent for ministering to the large body of the ill. The very poor may get free nursing . . . the rich can, and will, pay whatever may be demanded; but the large mass of people of moderate means . . . must be deprived of her services or secure them at what is often a ruinous sacrifice. More than this, a nurse of the highly trained type is not necessary, or even desirable, in the vast majority of cases of illness.

The editor answered: This condition where the people of moderate means find the fee asked by the nurse a burden does undoubtedly exist; but do not these same people complain loudly and long at the charges of the doctors? The family doctor no longer exists; but an army of specialists, each with his ample fee, awaits the sick person. One does not hear the medical profession crying out that there shall be two standards of medical education — one to take the higher work, and the second grade to take charge of the chronic and similar cases where, indeed, it is difficult to get the first-class physician to take much interest.

Hospital trustees are realizing that the class room and laboratory are fundamental parts of the equipment, and that an overworked superintendent of nurses, whose chief duty is administration, cannot be expected to prepare lessons and conduct classes as a side issue . . . Some of us are wondering if the visiting instructor may not find her place here . . . There is a long list of hospitals needing full-time instructors, and not enough women to send to them.

In one hospital an instructor was asked to give a course in chemistry. No space could be found except the board room where eventually the lectures were given while experiments where conducted in the small lavatory opening off the main room. One young miss handed in her experiments marked "Lavatory Notes!"

Natural sleep is ushered in by slow, shallow breathing. It is therefore recommended that the person trying to go to sleep should breathe slowly and not too deeply. Sleep usually follows.

Thirty necklaces have been made from the pearls given by the women of the Empire for the benefit of the Red Cross. Many of the pearls have historic associations.

Nursing Profiles

Ethel Crawford Shaw was appointed regional director for Nova Scotia and Newfoundland with the Victorian Order of Nurses in the latter months of 1958. A graduate of the Hospital for Sick Children, Toronto in 1943, she is a native of Wetaskiwin, Alberta and received her early education in that province.

Miss Shaw was a nursing sister in the Royal Canadian Army Medical Corps for a period of one year before going on to the University of Alberta to obtain her diploma in public health nursing. In 1947 she completed the requirements for her B. Sc. N. and more recently, 1957, she obtained her Master of Science degree from Simmons' College, Boston. Her professional duties have been associated almost exclusively with public health work. For six years she was a staff nurse with the City of Calgary Health Department attached to the school health service. Experience in a Child Hygiene Clinic was followed by her appointment to the Montreal Branch of the V.O.N. in 1957. She remained here until she received her present appointment.

She has always taken an active and interested part in professional activities, as secretary-treasurer of the Alberta Public



(Paul Horsdal Ltd.—Ottawa)

ETHEL CRAWFORD SHAW

Health Association for two years, president of the Calgary chapter of the A.A.R.N. for a similar length of time and, most recently, as an executive member of the Nova Scotia Section of the Canadian Public Health Association. Off duty she is an enthusiastic sportswoman with hiking, skiing, swimming and badminton as favorite activities. Playing bridge, reading and photography are reserved for more leisurely moments.

Dorothy Maud Hibbert has been appointed assistant professor in charge of the program in administration of nursing services sponsored by the W. K. Kellogg Foundation at the University of Saskatchewan, Saskatoon.

Born in Manitoba, Miss Hibbert is a graduate of the General Hospital, Winnipeg, class of '37. In 1944 she obtained her certificate in teaching and supervision from the University of Manitoba; in 1953, her B.Sc. in administration of nursing services from Teachers College, Columbia University, and in 1957, her M.A. in administration of nursing education from the same institution. This past year she completed the requirements for a professional diploma in graduate nurse education at Teachers College after receiving a Kellogg fellowship.

Miss Hibbert has had considerable practi-



DOROTHY MAUD HIBBERT

cal experience in nursing service administration. Shortly after graduation she joined the staff of her hospital as a general duty nurse, later becoming a head nurse — a position that she filled for several years. In 1948 she was appointed an instructor and supervisor in surgical nursing and in 1950 she became the director of nursing services at W.G.H. Miss Hibbert was a member of the board of managers of the MARN for approximately five years, interrupting her term of office briefly for postgraduate study. In addition she was a member of the nursing service committee of the district association for two years.

In her leisure time, she enjoys her membership in the Soroptomist Club, the University Women's Club and similar organizations, and helps in the work of the Women's Auxiliary of her church. Stamp collecting, handwork and gardening, "all in moderation," help to fill any spare moments.

After 30 years of service with the Victorian Order of Nurses for Canada, **Dorothy**Fowler has retired.



(The Smith Studio -- Amherst)
DOROTHY FOWLER

A Maritimer by birth, she took her professional training at Newton Hospital in Newton Lower Falls, Massachusetts. This was followed by postgraduate study in public health nursing at Columbia University. Miss Fowler first joined the V.O.N. in 1928 after experience as a staff nurse at Highland View Hospital, Amherst, N.S. and in public health nursing south of the border in West Virginia.

She began her career with the V.O.N. as a staff nurse in Halifax and over the years she has been nurse-in-charge of branches in Kentville, Sydney and Sackville, Nova Scotia and Moncton, New Brunswick. In 1953 Miss Fowler was appointed the regional director for Nova Scotia and Newfoundland. A sense of humor, an immense fund of energy and her interest in her work carried her through a regime of constant travel and work, especially during the years since her appointment as regional director, that would have exhausted many. Everywhere she went, she made friends for herself and the organization that she has so ably represented. Her retirement will be regretted by her colleagues, friends and patients but the good wishes of all are extended to her for her future happiness.



Annonciade Bergeron

Annonciade (Martineau) Bergeron retired from her position as chief nurse in the City Health Department of Montreal in October, 1958. The loss of her services in public health nursing will be felt keenly but freedom from professional duties has made it possible for Mrs. Bergeron to enjoy her new home in Shawinigan, P.Q. and her activities as a housewife.

Her interest in public health began shortly after her graduation from Montreal's Notre-Dame Hospital. After four years with the Brown Paper Company at La Tuque, she did postgraduate study at the University of Montreal. Some time later she spent a year at Teachers College, Columbia University.

Her association with the Montreal Department of Health began in 1928 when she was appointed supervisor in the division of communicable disease control. It was interrupted temporarily while she acted as interim director of Ecole d'Infirmières Hygiénistes

at the University of Montreal. She returned to the Department in 1942 where she subsequently served as assistant director and then director of nursing services.

The alumnae association of her hospital, the provincial Public Health Section, the CNA Public Health Section and the Canadian Public Health Association Nursing Section have all received her active support and energetic participation. She is a past president of the Association of Nurses of the Province of Quebec.

The sincere good wishes of her friends and former colleagues in the nursing profession are extended to Mrs. Bergeron for her future happiness.

In Memoriam

Annie Black who graduated from the Hamilton General Hospital in 1917, died in October, 1958. She had engaged in private nursing for a short time before illness forced her retirement at an early age.

Phyllis Margery Dart, a graduate of Guy's Hospital, London, England in 1917, died in Hamilton, Ont. on November 30, 1958. She served during World War I as a member of the Queen Alexandra Imperial Nursing Service in the Dardanelles, Egypt and South Africa. Miss Dart came to Hamilton in 1923 and joined the staff of the General Hospital as a head nurse. She retired in July, 1957 but continued to give parttime service until shortly before her death.

Gretta MacKay Ross, a graduate of the General Hospital, Toronto in 1919, died on December 12, 1958. She was in charge of the social service department of the Hospital for



GRETTA MACKAY ROSS

Sick Children, Toronto before going to Bedford College, London, Eng. where she took advanced study in public health nursing. On her return to Canada Miss Ross became the first Director of Nursing and Camps for the Ontario Society for Crippled Children. Three camps were opened under her supervision. She retired from this position in 1953.

Catherine G. (Marshall) Hawkins died in August, 1958 in Hay River, N.W.T.

Kathleen (Stowzinski) Hopfner who graduated in 1956 from St. Boniface Hospital, Winnipeg died in Winnipeg in October, 1958. Mrs. Hopfner was on the staff of Johnson Memorial Hospital, Gimli, Man. at the time of her death.

Beatrice M. Knechtel, a staff member of the South Waterloo Memorial Hospital, Galt, Ont., died on November 3, 1958.

Joan (Nixon) Morrison who graduated from the General Hospital, Hamilton in 1951, died in June, 1958.

Gerald Roth who graduated from the General Hospital, Hamilton in 1942 died on March 23, 1958. After a short time spent in general duty at H.G.H. and St. Mary's Hospital, Kitchener, Mr. Roth joined the staff of the Freeport Sanatorium, Kitchener where he remained until his death. He was a member of the executive of the Ontario Male Nurses' Association.

Clare Waller who graduated from the General Hospital, Hamilton in 1911, died in August, 1958. She had engaged in private nursing until she retired in 1932.

She speaks, yet she says nothing.

— WM. SHAKESPEARE

If God be for us who can be against us.

— Holy Bible, Romans VIII.

The Past has a Future

ALBERT W. WEDGERY, REG.N

HERE IS ONE QUESTION that I am asked frequently, both within and outside the profession, and for which, as a matter of defence, I have long since prepared an immediately reply: "Do you believe there is a future for men in nursing?" A ready affirmative on my part, supported by a few terse but emphatically stated reasons why I feel there are abundant possibilities for men in the nursing profession usually engenders a facial response which implies grave misgivings about my sanity. Whenever I encounter this anticipated unfavorable reaction, my only consolation is to remember that to most people (including many who should know better) the contemplation of a nursing career for a man seems illogical, if not downright fantastic. In the face of such undisguised mental opposition I have found that it is often much wiser to let the uninformed go their incredulous way rather than disperse one's energies on a notalways successful barrage of persuasion and enlightenment.

It is strangely ironic that this modern tendency to reject nursing as an appropriate and acceptable type of work for men reflects so closely the unfortunate position in which women found themselves less than a hundred years ago, if they dared to dream of nursing as a suitable occupation for their sex. One need only recall (with humor now) the wave of revulsion and hysteria that swept the family circle every time Florence Nightingale broached the matter of training as a nurse. Yet, when the long, bitter struggle against prejudice and ignorance had been won through Miss Nightingale's unceasing perseverance, nursing became so inseparably identified with women that a new professional concept slowly and inevitably took shape. Thus, what had at first appeared impractical and doomed to

Mr. Wedgery is operating room supervisor at the General Hospital, Oshawa, Ontario.

failure in the face of violent antagonism in official circles, proved in the end to be the redemption of thousands of women who sought in nursing a worthy and satisfying outlet for their talents

and energies. .

While it may not be entirely just to label Miss Nightingale's persistent campaign against Victorian sensibilities as an "accident of history," there is no gainsaying the fact that her ultimate victory has created the false impression in succeeding generations that nursing has always been an exclusively female vocation. Despite much historical evidence to refute this misguided belief, there has grown up in the public mind a far too ready acceptance of nursing as a type of work which can best be performed by women and in which men can have no valid interest. Consequently, many young men whose temperaments and abilities would make them valuable additions to the nursing profession find themselves out of line with the cultural patterns of our present century. In other words, where once public opinion had been, on the whole, unsympathetic to the notion of gentlewomen training as nurses, so now it continues to uphold a tradition and sentiment that have the dubious value of keeping the nursing profession almost restricted to female practitioners.

Essentially, then, the whole question of a brighter future for men in nursing in this country revolves around the established cultural beliefs and customs of the present day. Even in this remarkably progressive era of our civilization, owing to the prevailing sharp division between what are deemed conventional male and female occupations, it is sometimes risking social disapprobation to pursue any career that does not fit into the accepted mould. Oddly enough, though women have invaded many fields of work that a half century ago were acknowledged inaccessible citadels of masculine employment, there has been a surprising reluctance in many quarters to encourage men to seek careers in those areas that are commonly regarded uniquely female callings. Nevertheless, in those instances where men have crossed the imaginary barrier and found personal satisfaction and happiness in work that is orthodoxly considered female, they have often achieved conspicuous success and given undeniable proof that men are able to perform these duties equally as well as women.

Is it not time, then, to cast off the shackles of tradition that hinder nursing from realizing its full professional potentialities? Should we not discard these outworn impediments that have no rightful justification today and look the matter of recruiting more men into nursing squarely in the face? Once we can get a clear picture of the singular opportunity presented to the nursing profession to make possible worthwhile and permanent careers for young men, we shall perceive that the present disposition to retain outmoded sentiments would seem to place nursing in a somewhat static and unprogressive position.

At the present time the few men, comparatively speaking, who embark

upon nursing careers in Canada are very much in the same circumstances as women who enter the medical and legal professions. In both situations these individuals, who feel a distinct call to their respective fields and are brave enough to risk being thought eccentric and noncomformist, (although this is less true today in the case of female doctors) pursue their vocations vastly outnumbered by members of the opposite sex working in the same professional territory. Furthermore, in each instance, until they have proved themselves capable and reliable practitioners in a new environment, there is often an unwitting inclination on the part of their coworkers to look upon them as curiosities, or at best, misfits. If this seems too severe an appraisal of the predicament facing these dedicated men and women, I think you will agree, at

least, that while there appears to be

a great deal more reciprocity nowadays

in these virtually restricted occupations (teaching has long been the

notable exception in this regard), there

is still enough adverse sentiment of

this kind tainting these respected pro-

fessions to cause discomfort and diffidence in those determined souls who encroach upon the hallowed precincts.

Therefore, anyone who approaches the matter of recruiting more men into the profession, with a realistic appreciation of the difficulties of such a task, will be faced with the immediate problem of convincing the general public, and the male portion in particular, that nursing is not an effeminate and unnatural vocation for men. For one thing, history reminds us that the military orders, which were founded during the Middle Ages to care for the sick and needy, were comprised solely of men trained specifically for this philanthropic purpose. It is especially worth remembering, too, that the institution of chivalrous virtues such as obedience, discipline, and devotion to duty by these Knights Hospitallers have become an integral part of our nursing legacy from a faraway time when the burden of caring for suffering humanity fell equally upon the shoulders of both men and women. If contemporary proof is needed for the process of re-educating the public one need only consult the present record for ample confirmation that men are making, and will continue to make, a distinctive contribution to the nursing profession. Across Canada in general hospitals, in schools of nursing, in mental and penal institutions, in the public health field, and in industry, men are now occupying important positions as directors, supervisors, instructors, and head nurses, in addition to others who are employed as general staff nurses. In those places where men are supervising and directing staffs comprised of one or both sexes there prevails, more often than not, a wholesome atmosphere of efficiency and cooperation that is sometimes lacking in situations where feminine leadership is not always able to cope with problems of incompetence and insubordination. Moreover, it has been proved that there is unquestionable value in having men in such administrative posts because their uninterrupted careers as nurses produce a long-range employment that effects a stabilizing influence within the profession itself.

It is, I suggest, this necessary element of stability which more men in its ranks could give to the nursing profession. This appears to be the cardinal feature of recruiting them into this sphere of work. To intelligent and far-sighted young men, with a genuine calling to this field, nursing could become a lifetime occupation in which they would find satisfying rewards and the proper incentives to grow professionally. To many young women, on the other hand, nursing is a valuable and treasured steppingstone to marriage, a home, and a family, a commendable ambition which few will dispute but an objective that annually robs the profession of hundreds of trained personnel. In spite of the great numbers of women who graduate from our schools of nursing each year, there is no alleviation of the now chronic shortage of nurses, an apparently irremediable situation that gives every indication of becoming more acute as hospiservices expand. Even if only small groups of men were turned out each year, they would help in some way to fill the gap left by those nurses who desert their vocation, for it is conversely true that marriage and domestic responsibilities, providing remuneration is adequate, would not have the same effect on their budding careers. Thus, there is every reason to hope that large numbers of men, who could have a stabilizing and salutary influence on the profession, would help to establish a firmer foundation for Canadian nursing as it explores new pathways in service and education.

Notwithstanding these pertinent possibilities, however, it must be remembered that if nursing is to attract its share of ttalent among young men (and women) it must expect constant and vigorous competition from other occupations, especially in regard to monetary returns. Nowadays, with few exceptions, recruitment into any type of work is influenced by remuneration and terms of employment, two basic points that may well spell the answer to the chronic inability of the profession to overcome the present shortage of graduate nursing personnel. No matter how sincerely a man may want to become a nurse, he is not likely to endure a long period of training (unless there is a personal reason for doing so) if the rewards and opportunities at graduation are not equal

to other occupations demanding no apprenticeship and less responsibility. While present salaries show a striking improvement over those of the immediate post-war years, nursing must not relinquish its constant struggle to bring its pecuniary compensations more into line with other professional groups. In short, if nursing hopes to meet fully its expanding obligations, it must make every effort to retain adequate numbers of trained personnel by assuring them of truly professional benefits.

All the same, there are small but obvious signs that the men in nursing today are enjoying the gradual but welcome recognition of the special role which they can play in professional affairs and activities. As every year sees an increase in the number of male nurses who have come to this country from Great Britain and Europe to seek a new livelihood and a new professional outlook, it is not unreasonable to expect these men to want some share in formulating the plans and policies of nursing in their respective communities. In Ontario, which boasts the first committee of male nurses in the history of Canadian nursing, it is heartening to report that men are now sitting as members of the permanent committees of the Registered Nurses' Association of Ontario. Each year at the annual meeting of that organization the registration of men has increased to the point where what was once virtually a sea of feminine faces has now become pock-marked with small spots of masculine invaders equally intent upon the proceedings.

An even more important move in this direction has taken place recently in Nova Scotia where a man has been appointed chairman of one of the main committees of the provincial nursing association — a forward step which shows not only enterprise but also faith in the future contribution that men can make to their calling. It is, I believe, indicative of a *realistic* trend of thought in provincial nursing affairs that in the brochure, "A New Day," which was prepared for the opening of the new headquarters of the R.N.A.O., the following significant statement appears:

in it will work, and in it will study, the men and women who are dedicated to the

raising of standards of nursing education and service.

Ten years ago, perhaps even five, this confident assertion would have been unthinkable so little part did men take in nursing activities. Today, it opens not only a new door to the future for men in nursing in Ontario but also serves as a guide to other provinces where men may be waiting and eager to share in shaping the course of their profession.

Does it seem strange to you now that I remain steadfast in my belief that few other professional fields offer better opportunities to the right men than nursing does today? In what other field at the moment does there exist such an alarming shortage of trained personnel with the likelihood that the inception of governmentsponsored hospital insurance schemes will create an even greater demand for competent practitioners? All in all, there are unlimited possibilities in the variety of available positions, each of which will depend upon personal interest, initiative, and proficiency. Furthermore, it is clearly evident that nursing is taking the necessary steps to raise its financial position from the present uninspiring level so that it can compete more favorably with other professional and non-professional occupations. If this happy objective is reached in the near future, there is no logical reason why men should not find in nursing all the essential attractive conditions for security and advancement.

Today, while fundamental and often revolutionary changes are taking place within nursing that will set the pattern for future developments, there is no better time for rededication to the cherished ideals of our highly-respected profession. It is an excellent time, also, for re-evaluation of the methods and devices employed to recruit personnel so that every potential candidate for training, male or female, will not fail to find in nursing those professional and personal rewards that are the hallmarks of a worthwhile vocation.

Lastly, it is an opportune time for a renewal of purpose throughout the profession, for a broadening of our professional horizon so that, side by side, men and women can share in the steady progress of nursing as it strides forward confidently to meet the unforeseeable problems of this challenging century.

Greetings from the ICN President

In extending my good wishes to nurses throughout the world, I am reminded that in most countries this is a season for giving and receiving gifts. As nurses, we treasure our privilege of "giving" generously to those for whom we care. May we strive for increasing wisdom to give with such understanding and compassion that the receiving of our gifts will bring comfort and joy as well as improved health.

To achieve our goals we need to work closely with all of our colleagues in the health team and to develop an understanding of the general public. For this we shall need the help and the facilities of our national nurses' associations.

Through this greeting I send my good wishes to our member organizations and to each of the nurses whom they represent. I am confident that by giving strong support to your association in the coming year you will give more effectively to the patients and the community, and the citizens will continue to receive richly throughout this year, and the years to come.

Affectionate greetings to each member for an active and eventful 1959.

AGNES OHLSON

President

International Council of Nurses.

Peptic ulcer tends to be worse in the period from October to March. During these months there is usually less opportunity to follow outdoor interests and to relax from the day-to-day grind . . . People do not seem to have the feeling of well-being that they

have in the sunny months of the year . . . There is a psychogenic factor involved in the formation of peptic ulcer and any condition that affects the individual's feeling of well-being will have an effect on ulcer symptoms. — American Journal of Nursing

RESEARCH

The Master Plan of Rotation

MARGARET M. STREET, B.A.

(Concluded from the January 1959 issue.)

ADMINISTRATION OF THE PLAN

1. Postings: From the Master Plans of Rotation for all classes, postings may be made once monthly, or as deemed advisable. For example, at the end of November, 1958, postings may be made for the months of January and February, 1959 or for one month only, if preferred.

Mimeographed copies of the postings for all wards and departments will then be sent to head nurses, supervisors, clinical instructors, the nurses' residence, the associate directors of nursing education and nursing service, the student health service.

- 2. Program revisions for individual students may become necessary through illnesses, leaves of absence, etc. These are made on an individual basis, according to the particular circumstances of the case. Generally speaking, it is advisable for the student, after the initial adjustment of program, to carry on with her rotations according to the original plan. However, this may not be advisable, in which case more complete readjustment of program must be made. Everyone concerned must be advised of any changes in postings which have been made. This is proably best done by memoranda, rather than by telephone.
- 3. Use of Master Plan by clinical instructors for all classes, is a helpful tool in assessing the learning needs of the individual student, and in plan-

Miss Street is Associate Director of Nursing of the Calgary General Hospital School of Nursing.

ning her ward teaching program in advance of her coming to the ward. The instructor can see at a glance what previous experiences and classes the student has had, whether she will be returning at a later date to this same service, and, if so, when. She is alerted to the special needs of the student arising out of her background of experience and instruction. For instance, a young intermediate student, entering a general surgical ward, may have had the following experiences between the time she finished the Medical-Surgical Block, in May, and the time she enters general surgery: holidays, four weeks; central supply room, two weeks; diet kitchen, six weeks; operating room, eight weeks; and general medicine, four weeks. She has had very little bedside nursing experience since the block, and will require careful guidance and supervision in nursing care, in the administration of medications, etc. The clinical instructor then has the responsibility of advising the head nurse, team leaders and other staff regarding the background of this student and her special needs.

A clinical instructor in medical nursing, consulting the Master Plan in advance of a student's coming to the ward, will be able to ascertain how much experience of this kind the student has had, and how much she will have later. This, in turn, makes it possible for her to plan a program for the student at the level she has reached.

It should be noted that the clinical instructors — in seeking information about the background of the

student and her progress to date — will wish to consult, also, the Clinical Experience Monthly Record Book, and the Clinical Progress File of the student. It is helpful if these sources of information are all kept in one office, that of the Clinical Coordinator

or person doing the rotations.

4. Withdrawals constitute a problem of greater or lesser magnitude, in administration of the Master Plan, depending upon the number, and where they fall on the plan. Generally speaking, it is advisable to adhere to the original plan. This is possible only in a situation where stabilization of the service is not dependent upon student nurse service. Stabilization of service by general staff nurses and nursing aides is vital to the successful administration of the Master Plan and of the educational program as a whole.

5. A major principle of first importance in the administration of the Master Plan is that students are not moved for service needs from the area to which they have been posted to another area where there may be a shortage of staff. Graduates or nursing aides may be moved, to stabilize service needs, but not students, otherwise the educational program of the

student is seriously disrupted.

6. If curriculum revisions in the educational program for a particular class should be deemed essential and major revisions of a program once planned should be relatively few this may necessitate redrawing the Master Plan, which is a very difficult matter. It seems advisable to hold firmly to the curriculum pattern established for any one class, and to undertake revisions for succeeding classes instead. However, it is inadvisable to hold to a pattern which experience has revealed to be faulty, and revision of the Master Plan to make possible the correction of weaknesses appears justifiable.

7. The Master Plan is reviewed thoroughly at the end of the second

year.

EVALUATION OF THE MASTER PLAN

The final test of the Master Plan is the progressive development of the student in the program, and thus the satisfactory achievement of the aims of the educational program. Evaluation of the Master Plan of Rotation, as of other aspects of the total curriculum, may be made

a. By the *faculty* of the school of nursing, who are guiding the learning process and closely observing the student at every stage of her progress. Such evaluation should be a constant activity in the regular faculty meetings, which are attended by all instructors, classroom and clinical.

b. By the *head nurses*, and *supervisors* who have an important share in the clinical program of students, the assignment to them of patient care and related duties, supervision of such activities, and evaluation of the students. As custodians of patient care, head nurses are in a unique position to guide and evaluate students.

c. By the *students* themselves. It is helpful to receive the evaluation of students about their program, including clinical experiences. Students may give such evaluations in conferences with clinical instructors, with the clinical coordinator, the associate director of nursing education, etc. They may also be invited to attend meetings of the faculty for the purpose of making recommendations regarding their program.

d. The quality of patient care given by students and graduates of the school is the most sensitive index of the educational program, and of the rotation plan that is such an important part of it

e. The satisfaction of patients, their relatives and doctors, with nursing care given.

IMPLICATIONS FOR THE NURSING SERVICE

1. Estimating, for budget purposes, equated student service hours of coming fiscal year: The Master Plans of Rotation are planned around the learning needs of the students, not around the meeting of nursing service needs. However, it must be recognized in the hospital school of nursing, that the student gives some service in return for her education. Until schools of nursing are established on a sound financial basis, like other institutions of learning, and until student nurses pay fees, like other students, we shall

have with us a situation where student nurse services are rendered in exchange for their education. However, it is essential, if we are to produce nurses capable of meeting the complex demands of today's program of total health care, that buffers be placed in the ward situation to protect both the care of patients and the learning needs of students. These buffers are general staff nurses and auxiliaries — certified nursing aides, and orderlies. The budget of the Department of Nursing should make provision for the required personnel.

2. Nursing care is measurable in terms of hours per patient day: The number of average hours of care in a given service of a particular hospital depends upon a variety of factors.

a. The physical plant and facilities of

the ward and of the hospital.

b. Services rendered by other departments in the total care of patients.

c. Age of patients.

d. Diagnoses of patients.

- e. Plan of medical care (kinds and numbers of treatments ordered, medications, etc.)
- f. Plan of nursing care (custodial, rehabilitative, etc.)
 - g. Length of hospital stay.
 - h. Prognosis.
- i. Presence of learners in the area (student nurses, medical students, etc.)
 - j. Research activities undertaken.

It appears necessary to establish, for each ward or service, a standard of patient care, including a statement as to the average number of hours to be given per patient day, and the percentage of these which will be given by professional and by non-professional personnel.

It is also necessary that a record be kept, month by month, of the patient days in each ward. This is used in forecasting staffing needs for the

coming budget year.

Estimating the staffing requirements for a specific ward, for a given budget period, becomes a matter of exact computation, when one is in possession of the foregoing particulars, and in addition, information regarding the amount of student nurse service which will be available, equated in terms of professional or graduate nurse service.

In a moment, we shall consider one method of computing the amount of

anticipated student nurse service, but first let us see how this information may be used, once we have secured it.

Example: West 5 is a general medical and diabetic ward, having both male and female patients in public (four-bed and six-bed), semi-private and private accommodations. Number of patient days for the last twelve-month period (September 1, 1957 - August 31, 1958) was 14,569. This figure will be used for budget estimations for the 1959 budget year. The standard of care approved for this ward is 3.4 hours, of which 65% is to be given by professional personnel and 35% by non-professional personnel. Graduate nurses work 1868 hours at the bedside in one year, and nursing aides 1891 hours. From the Master Plans of Rotation, it has been computed that student nurses will spend 13,839 hours at the bedside, equated in terms of professional (graduate) hours. How many general staff nurses and nursing aides will be required?

Total nursing hours required for 14,569 patient days, at 3.4 per patient day $(3.4 \times 14,569) = 49,534.6$

Number of professional nursing hours $(65\% \times 49,534.6 = 32,197.49)$

Number of non-professional nursing hours $(35\% \times 49,534.6) = 17,337.1$

Number of student (equated) hours anticipated = 13,839

Number of nursing hours to be given by general staff nurses (32,197.49 — 13,839) = 18,358.49

1868 nursing hours are worked by *one* general staff nurse in one year.

18,358.49 hours are worked by $(18,358.49 \div 1868)$ general staff nurses = 9.8 (9 - 10)

1891 nursing hours are worked by one nursing aide in one year.

17,337.1 hours are worked by (17,337.1 ÷ 1891) nursing aides. = 9.1 (9)

Budget computations, may, with great advantage, be worked out on a four-month basis rather than a yearly basis. Such a method will provide for stabilization of service in periods of heavy class schedules, heavy holidays, or graduation, of a large class.

One Method of estimating available

student nurse service:

1. From the Master Plans of Rotation, the anticipated numbers of students in all classes for the coming fiscal year are summarized.

2. Number of student weeks in each

clinical area is ascertained, both on the annual basis, and on the basis of four-

month periods.

3. The summary of students of all classes anticipated in each ward weekly during the coming year is typed, and copies are made available to the clinical instructors, head nurses, and the associate director of nursing service. This summary is of great value in such aspects of administration as planning staff holidays, vacations of clinical instructors, etc.

4. Student service hours are computed from student weeks, as follows:

Example: Number of equated student service hours for Class 1959 (Senior), January-April, 1959.

Total service weeks, estimated January-April: 33 weeks, or 231 days.

Total maximum service days, exclusive of weekly day off (6/7 x 231) 198 days
Sick time to be deducted (7/365 x 231) 4 days

Statutory holiday time to be deducted $(3 \times \frac{1}{2})$ days $(3 \times \frac{1}{2})$ 1.5 days.

Net days of student service (198 — 4 sick days — 1.5 statutory holidays) 192.5 days

Total hours of duty (8 x 192.5) 1540 hours

Estimated teaching time deductible (33 weeks x 3 hours per week) 99 hours

Net hours of senior student service, January-April (1540-99) 1441 hours

Effectiveness factor of senior students 90%

Replacement value of students during this period (90% x 1441) 1297 graduate equivalent hours

Similar computations can be made for the other classes of students using the effectiveness factors noted above.

It has been found advisable, when computing service hours of the junior class, to allow for a 15% withdrawal. This is done at the beginning of the computation, that is, the anticipated

student weeks are brought to days, then 15% is deducted therefrom. This is a protection to the nursing service, since additional staff will be engaged as a buffer against withdrawals.

Conclusion

From our experience, the Master Plan of Rotation has proved to be an effective instrument in providing a balanced program of clinical experience, correlated with instruction, to all students. It has made it possible to provide all students of the same class with comparable experiences. Students have expressed satisfaction that they know in advance their program as planned for the three-year period. They are pleased, too, to be able to express certain preferences with regard to clinical experiences (including affiliations) early in their first year (before the names are put onto the Master Plan) and early in the third year when the total program is reviewed with each student, electives assigned, and, when indicated, certain revisions made in the third-year program.

Once the Master Plan has been constructed, which takes one or two weeks once yearly, administration of it is not difficult. Monthly postings take from one to two days. The balance of the month may be spent in other activities, apart from the small amount of time occupied by making minor day-to-day adjustments in an individual

student's program.

From the point of view of nursing service, it has proved to be a valuable asset, in estimating staffing requirements for a budget period, to be supplied in advance, by the faculty member in charge of rotations, with a summary statement of the anticipated student inflow into all clinical areas for the coming year, and the graduate-equivalent hours of nursing service which are expected in them.

One out every 100 Canadians is a diabetic; five out of each 100 over 50 years of age have the condition. Forty per cent of diabetics are aware that they have it. Those who are over 40 years of age, over-

weight and have a history of diabetes in the family are most susceptible. Periodic medical examinations will aid in discovering the condition and permitting treatment to control it.

— Dept. of National Health and Welfare

The first entry of a member of Parliament with two Christian names occurred in 1552 — Thomas Maria Wingfield, Huntingdon, England.

L'Organisation et la Conduite d'une Assemblée

PATRICIA DUPLAIN

ES HORIZONS de l'hygiéniste ne sont plus exclusivement limités aux exigences locales, mais ils sont souvent ralliés aux besoins régionaux, provinciaux, nationaux et parfois même internationaux. Avec l'expansion toujours grandissante des services d'hygiène publique, les transformations démocratiques qu'ils ont subies dans les dernières années et les demandes croissantes du public, les hygiénistes médecins, infirmières, inspecteurs et autres — sont souvent appelé à présider ou préparer une assemblée, intéressant le domaine professionnel ou extra professionnel.

Il est inutile d'insister sur l'importance capitale de la connaissance des divers médiums de communication avec le grand public et des mesures scientifiques qui doivent être utilisées pour obtenir pleine efficacité. Il ne s'agit pas de s'enliser dans une longue dissertation doctorale, mais pour arriver à un résultat satisfaisant certaines notions élémentaires doivent nous être familières, car il arrive souvent que le parrain d'une bonne cause en compromette le succès par ignorance des règles, d'usage, alors qu'un adversaire plus habile et plus au courant des technicalités en aura facilement raison.

D'après les concepts modernes, une assemblée est le résultat de développements techniques requérant un art et une préparation spéciale, convergeant vers les exigences de la communauté. Elle doit être efficace et comporter un travail d'équipe et plus l'assemblée aura d'envergure, plus grande sera l'équipe et aussi plus difficile sera la coordination.

L'homme étant un être éminemment social, a constaté depuis longtemps, qu'au contact de ses semblables, il enrichissait sa culture et son développement, par une association ou un échange d'idées. Les plus anciens ré-

Séminar présenté par Mlle Patricia Duplain sous la direction de Mlle Gabrielle Charbonneau, professeur à l'Ecole d'Hygiène de l'Université de Montréal. gistres du monde nous décrivent des réunions, soit pour fêter un chasseur victorieux ou pour organiser une stratégie de guerre. Il est même facile d'imaginer que l'homme des cavernes devait réunir son conseil autour du "feu de camp" pour discuter de ses

De temps immémorable, la discussion a semblé être le dénouement heureux de la plupart des assemblées délibérantes. Par sa forme démocratique d'approche aux intérêts et affaires de la communauté, elle est une source inépuisable d'informations et les gens y participent ordinairement avec beaucoup d'enthousiasme. Poston déclarait dans "Small Town Renaissance," que la discussion franche et amicale par les gens eux-mêmes est le plus court chemin pour atteindre leurs problèmes et qu'aussi longtemps qu'ils pourront discuter librement, la démocratie survivra. Je crois qu'il est à propos de faire ici une courte revue des diverses méthodes de discussion les plus employées:

Parlons d'abord de l'entrevue, qui est ce contact individuel entre deux personnes se réunissant dans un but spécifique et bien déterminé. Forme d'approche intime et très personnelle, l'entrevue tend à renseigner l'un et l'autre des participants. C'est une méthode idéale d'éducation individuelle.

Vient ensuite la conférence table ronde où trois ou quatre personnes, parfois plus, sont réunies pour disséquer un ou plusieurs sujets d'intérêt commun. Un président choisi parmi le groupe est responsable de la discussion, il y participe s'il le désire, comme les autres membres. Il n'y a pas d'auditoire, l'atmosphère est familial et sans formalité. C'est un moyen efficace de renseignement pour un petit groupe d'une organisation et la formule généralement employée pour les réunions de comité.

Très populaire chez les anciens Grecs, le symposium consiste dans la présentation individuelle d'un sujet, par deux ou plusieurs experts, sous la direction d'un président. Le sujet, débattu pendant

environ dix à quinze minutes par chacun des experts, a pour but de présenter un problème sous plusieurs points de vue. Après quoi, l'auditoire peut énoncer ses idées et poser des questions. Cette méthode de discussion est constante et flexible dans sa forme et sa haute valeur a été reconnue dans le domaine de l'éducation publique.

Suit de près le *forum*, prenant forme de conférence un travail est élaboré par un expert et des questions, posées par l'auditoire, sont dirigées vers les spécialistes participant sous la tutelle d'un président. Il est avantageusement employé quand une information est désirée sur un sujet sans controverse et qu'on recherche les idées d'experts.

Le panel est une autre méthode très en usage de nos jours. Il se compose ordinairement de trois ou quatre membres tenant conversation devant un auditoire. Le président au centre, sans prendre part active à la discussion, la dirige et la clarifie au besoin. Le panel est surtout employé devant une assistance très nombreuse pour reproduire un point déjà discuté devant un petit groupe. La télévision en a fait un de ses spectacles éducatifs.

Tel que vous le connaissez, le séminar est la combinaison de recherche individuelle et de discussion de groupe. L'autorité décide du sujet à élaborer, un membre ou étudiant fait l'investigation et présente un rapport sur la question en cause. Il s'ensuit une discussion coopérative sous l'égide d'un professeur. Tous les étudiants doivent se renseigner sur la matière et prendre part à la discussion. Les universités et les centres de recherches l'utilisent sur une haute échelle.

Enfin l'institut, cercle d'étude ou "workshop," présente une opportunité pour les individus de travailler ensemble à la solution de leurs problèmes. Il peut durer un seul jour ou s'étendre à plusieurs semaines. Le workshop organisé dans certaines universités devient véritablement un cours de "rafraîchissement." Des conférences prennent place dans l'avant-midi et l'après-midi, des petits groupes ayant un intérêt commun travaillent à l'analyse d'un sujet, un rapport est rédigé et présenté au groupe entier à la fin du "workshop."

De ces méthodes de discussion, le symposium et le forum sont souvent employés au cours des assemblées professionnelles ou autres.

Une simple réunion nécessitera moins d'élaboration qu'une convention de trois jours avec mille délégués venus de toutes les parties du monde. Mais qu'il s'agisse de l'organisation du plus petit cercle d'infirmières au plus solennel conclave, une assemblée pour qu'elle puisse délibérer validement doit être régie selon certains principes des procédures parlementaires, être orientée et dirigée par un chef aidé d'un exécutif qui en fera fonctionner le rouage effectivement et c'est ici qu'entre en jeu le choix des officiers.

Une organisation ne vaut que par le caractère et les aptitudes de ceux qui la dirigent, aussi faut-il apporter beaucoup de sagesse et de discernement dans la sélection des membres. Un bon comité doit être varié dans ses membres. Les uns, portant à l'oeuvre un intérêt très sincère, constituent collaborateurs fort actifs, assistent régulièrement aux séances, donnent largement de leur temps et s'initient aux détails du fonctionnement. Ils portent sur leurs épaules le poids de l'entreprise. D'autres, ne pouvant donner un effort aussi continu, apportent tout de même le concours précieux de leur compétence technique. Enfin, certains ayant une valeur potentielle plutôt que réelle sont trop jeunes et trop inexpérimentés pour fournir une aide effective, ils sont les administrateurs de demain qui se forment au contact de leurs aînés. Leur présence est indispensable, car si brillant que soit le présent, il faut penser à l'avenir et l'attachement à une oeuvre ne s'improvise pas.

L'équipe sera aussi structurée par une variété d'âge et de sexe. Sans porter atteinte au prestige indiscutable du sexe fort, il serait parfois souhaitable que l'élément féminin y soit représenté, car sur le plan psychologique la femme, par sa nature et son éducation, perçoit ou conçoit les choses de façon différente et complémentaire à l'homme.

Toute prépondérance de classe sociale et de quartier doit aussi être évitée. On ne peut négliger l'influence attachée à la position sociale, mais la campagne entreprise pour la santé publique ne doit pas être l'apanage d'une coterie locale. Si désirable que soit la collaboration de chacune des personnes composant l'équipe, il sera sage For relief of constipation

a gentle laxative that will not cause cramps, yet is effective for even the most severe cases

"PHENO-ACTIVE"



Available in handy tubes for your purse, and in economy sizes for home use.



Charles E. Frosst & Co. MONTREAL, CANADA

à l'occasion de sacrifier le concours de certaines d'entre elles et de s'assurer une représentation équilibrée de tous les éléments de la population. Les circonstances extérieures ne doivent pas être l'unique critère de cet équilibre. Il faut dans un comité et des coeurs et des esprits, et les deux ne se rencontrent pas nécessairement dans le même individu.

Le minimum de personnes dans un comité doit comprendre un président, un vice-président, un secrétaire et un trésorier. On peut, selon les besoins de la cause, y ajouter un président honoraire, un ou deux vice-présidents, un secrétaire archiviste, un trésorier adjoint et des conseillers, avec un maximum limité de 15 à 20 membres, donnant la préférence à un nombre impair. Ce groupe constitue le bureau de direction ou l'exécutif selon le cas.

Dans le choix du président, trois points sont à considérer : l'expérience, l'habileté et le tempérament. Il doit être dynamique, versatile, posséder le sens de l'humour et des qualités de "chef." Son expérience des hommes le rendra capable de s'entourer de collaborateurs compétents. Son esprit sera assez ouvert pour accueillir les idées nouvelles. Si, à ces qualités s'ajoutent le prestige et l'influence conférés par un rang éclatant dans la société, dans les affaires ou dans une profession libérale, le choix n'en sera que meilleur, car il est le cerveau de l'assemblée, "Autant vaut le président, autant vaut l'assemblée."

Parmi les aspirants à la présidence, if nous sera donné de voir évoluer divers individus à personalités différentes; nous en étudierons quatre genres fréquemment rencontrés, à sa-

Le type phallique, policier ou dominateur, il domine s'impose au groupe sans toutefois obtenir la collaboration ou la sympathie des membres. Une fois élu, il attache beaucoup d'importance à son titre et aux honneurs qui en découlent. Avec un tel président, l'organisation aura à souffrir.

Le type *obsessif* se sent en conscience le seul à pouvoir tout faire, il ne délègue aucune responsabilité à personne. Il apporte grand soin à une multitude de détails, néglige les grandes lignes et perd de vue l'essentiel. Une fois élu, il cherche constamment l'approbation. Avec un tel président, qu'adviendra-t-il?

Le type passif réunit tous les membres, les laisse sans directive et croit que tous pourront réussir par eux-mêmes. Alors, une fois élu, qui dirigera l'entreprise?

Enfin de type actif n'est pas autocrate. Il stimule les gens, les encourage à se mettre d'accord, à former un groupe, à donner leurs opinions et à coopérer activement aux décisions du groupe. Une fois élu, il sera le président ideal!

Après cette brève énumération, libres sont les gens de faire un choix judicieux de leur président, car par son rôle, il dirige les délibérations, maintient l'ordre et le décorum, reçoit les propositions et les soumet à l'assemblée, se prononce sur les questions de procédures, appelle le vote et proclame les résultats, signe les documents officiels, confirme les procèsverbaux des séances antérieures approuvés par l'assemblée. Il ne prend part à aucune décision et ne vote qu'au cas d'égalité des voix, alors qu'il a prépondérance.

Si le président désire prendre part à un débat, il doit laisser le fauteuil et y appeler le vice-président ou à défaut un autre membre à présider, mais il doit s'abstenir autant que possible de recourir à cette méthode, afin de conserver son prestige d'impartialité. En cas d'appel de sa décision, il a droit d'être entendu le premier sur les dits motifs, sans être obligé de laisser le fauteuil. Il reste assis pour disposer de la routine, mais il doit se lever pour énoncer les propositions et pour en appeler le vote.

Quel rôle assigne-t-on au vice-pré-

sident? Il remplit les fonctions du président en l'absence de celui-ci; il est souvent appelé à présider les réunions de l'assemblée lorsque celle-ci siège en comité plénier. La vice-prédence est trop souvent considérée comme un poste purement honorifique et cette attitude présente de grands inconvénients. Le progrès d'une oeuvre est maintes fois paralysé à cause d'un officier incapable d'assumer, le moment venu, les responsabilités que le président abandonne temporairement. Les qualités personnelles du vice-président peuvent bien se comparer à celles du président.

Quelle est la fonction du secrétaire? Il envoie les avis de convocation, prépare l'ordre du jour et IN THE MILDER MENTAL AND EMOTIONAL DISORDERS AND IN NAUSEA AND VOMITING, OPTIMUM RESPONSES USUALLY OBTAINED WITH 2 TO 4 MG. DAILY

- rapid onset of action
- effectiveness in extremely small doses
- prolonged therapeutic activity
- freedom from drowsiness and depressing effect
- low incidence of side reactions

as a tranquilizer and antiemetic

STELAZINE*

as an antipsychotic agent

- effective in withdrawn, apathetic schizophrenics
- effective in chronic patients relegated to "back wards"
- marked beneficial effect on delusions and hallucinations
- fast therapeutic responses at low doses
- inherent long action allows b.i.d. administration

IN HOSPITALIZED PSYCHIATRIC PATIENTS, ESPECIALLY THOSE UNRESPONSIVE TO PREVIOUS THERAPY, OPTIMUM RESPONSES USUALLY OBTAINED WITH 10 TO 20 MG. DAILY



SMITH KLINE & FRENCH · MONTREAL 9

communique aux membres les rapports des comités, les motions et autres documents officiels dont il a la charge. A chacune des séances il rédige et signe les procès-verbaux qu'il soumet à l'approbation de l'assemblée. Le président les confirme de sa signature en indiquant la date de cette confirmation.

La bonne administration du conseil dépend beaucoup plus qu'on ne le pense de sa compétence et la tâche du président se trouve considérablement facilitée, s'il a comme secrétaire une personne sur laquelle il peut se reposer pour tous les détails du service. Si l'assemblée se réunissait sans qu'il y ait de président ou de vice-président, il est du devoir du secrétaire de l'appeler à l'ordre et de provoquer l'élection d'un président provisoire.

Pour que l'assemblée soit validement constituée et conforme aux statuts exigeant la présence d'un nombre déterminé de personnes, il faut s'assurer avant l'ouverture qu'il y a "quorum" pendant la durée des délibérations. Le secrétaire est ordinairement chargé

de cette constatation.

Quant au trésorier, il s'occupe de la comptabilité, prépare et présente le rapport financier. Conjointement avec le président, il signe les chèques et autres documents concernant les finances de l'organisation. Ses responsabilités sont grandes et il doit parfois, dans l'exercice de sa charge, être couvert par une police d'assurance donnant une certaine garantie contre les erreurs ou détournements de fonds.

Il nous reste à considérer les droits et les devoirs des membres. Au cours d'une assemblée, les membres passent par différents stades avant de faire vraiment partie intégrale d'un même groupe. Cette évolution psychologique s'opère par différents phases dont la première appelée phase individuelle, est celle où chacun fonctionne comme individu et essaie de se faire accepter comme tel.

Dans la phase d'identification, les membres cherchent à faire paire, triangle ou chaine avec les autres membres de l'assemblée. Puis, processus analogue à celui qui se passe chez l'adolescent, alors que devient adulte, phase de narcissisme et de dévalorisation, les gens surestimés deviennent des statues d'argile et ceux que l'on mésestimaient sont appréciés à leur juste valeur.

Enfin, arrive la phase de stabilisation ou de productivité. Les participants s'acceptent bien comme différents et incomplets. Chacun apporte une bonne volonté à dépersonnaliser et à liquider ses conflits en face des exigences du travail demandé. Tel sera le comportement de l'équipe idéale.

S'il est un terrain ou la liberté d'opinion doit s'exercer dans toute sa plénitude, c'est bien celui d'une assemblée délibérante. Chaque membre a le droit de soumettre ses propositions ou motions et de les discuter sans qu'on puisse porter atteinte à l'exercice de ce droit, mais la liberté n'est pas synonyme de licence et celui qui veut excercer son droit ne peut le faire au

préjudice de ses collègues.

Le premier droit des membres est bien celui de la liberté de parole. Après avoir 'dûment demandé la permission au président, le participant doit rester dans les bornes légitimes. Ainsi, on ne peut interrompre un membre qui a la parole, à moins que ce soit pour le rappeler à l'ordre ou pour établir une motion privilégiée, légalement admise. Les interruptions, les apostrophes, les conversations entre les membres ne sont pas de mise, surtout si elles ont pour effet de distraire l'attention de l'assemblée, et le président veillera à l'application rigoureuse de ces prescriptions.

L'assemblée légalement constituée doit donc être régie selon certains principes des procédures parlementaires. Ils ont pour but de faciliter et d'aider la transaction des affaires, tout en protégeant le droit des membres. Quelques-unes de ces lois sont essentiellement techniques et si elles ne sont pas comprises, elles peuvent donner lieu à la confusion plutôt qu'à la bonne

entente

Un premier principe veut que la majorité ait force de loi. La majorité dans une assemblée est souveraine et ses décisions ont forces de loi sauf en certains cas, où les principes du droit des gens sont établis si fermement, qu'il faut une proportion plus nombreuse et parfois même l'unanimité pour les ignorer. Par contre la minorité doit aussi être entendue. Ses droits de base doivent être reconnus et respectées; elle a droit d'entrer dans la discussion et de présenter son opposition en temps opportun.

NOW... the finest Meat Dinners in sparkling glass

FROM SWIFT -- WHO BROUGHT YOU THE FINEST IN 100% MEATS FOR BABIESI



Swift—meat specialists and pioneers in working with doctors to make meats available in baby foods—now bring you 5 new Meat Dinners ... in sparkling glass. Swift's Meats for Babies—always the most complete line—is now more complete than ever! These 5 new Meat Dinners have the same smooth texture, are prepared from the same fine, lean meats used in Swift's 100% Meats for Babies. Just the right amount of fresh vegetables and cereal have been included to

make them balanced dinners.

With the 5 new varieties of Meat Dinners, the 13 varieties of 100% Meats (including 3 fruit-flavoured ones), plus Egg Yolks, and Egg Yolks & Bacon, you can recommend whatever meat best suits each baby's nutritional requirements with the knowledge that every meat is available in Swift's complete line of Meats for Babies.

(If Swift's new Meat Dinners are not in your area yet, they will be very soon.)

FOR YOUR CONVENIENCE, HERE IS A LIST OF ALL SWIFT'S MEATS FOR BABIES. (Most are also available in chopped form for older babies.)

Beef • Lamb • Pork • Veal • Chicken • Chicken & Veal • Ham • Liver • Liver & Bacon • Beef Heart • Pork with Applesauce • Ham with Raisin Sauce • Lamb with Mint flavour • Egg Yolks • Egg Yolks & Bacon

Beef Dinners • Chicken Dinners • Veal Dinners • Lamb Dinners • Ham Dinners



To Sorve Your Family Better

Un autre principe dit que chaque motion présentée est sujette à libre et entière discussion. Le proposeur fait l'éloge de la motion et en expose tous les mérites; de leur côté, les adversaires doivent avoir la même opportunité de formuler leur opposition. Cependant, il faut ne faire qu'une chose à la fois et si plusieurs motions étaient présentées en même temps, il en résulterait une anarchie complète. Le président veillera à l'observation de ce principe. Enfin il doit y avoir justice et courtoisie pour tous les membres présents. Ce principe ne s'applique pas seulement au président ou à ses officiers, car par son attitude de courtoisie et sa manière d'agir le président devient une saine inspiration pour tous les membres.

Qu'entend-on par motion? C'est une proposition faite par un membre de la réunion, c'est une forme de procédure des lois parlementaires requises pour la transaction des affaires dans un corps délibérant. Une motion peut être principale, privilégiée, subsidiaire ou incidente. Elle doit être présentée selon

la procédure suivante:

Un membre se lève et s'addressant au président, il s'identifie puis énonce la motion qui doit être secondée par un autre membre. Le président énonce la dite motion à l'assemblée et la discussion est ouverte, après quoi il prend le vote et annonce le résultat. L'amendement à une motion est une autre forme de procédure par laquelle un membre de l'assemblée propose une modification. On peut amender la motion par addition, insertion, élimination ou substitution.

La technique d'organisation immédiate, en vue de la tenue régulière d'une assemblée, demande de tracer un plan déterminant la date, l'heure, l'endroit, le sujet à être discuté, le conférencier à inviter s'il y a lieu. Il est à propos de rédiger un agenda et de le faire distribuer aux membres quelques jours avant l'assemblée, ainsi qu'à ceux qui prendront une part active à la réunion. La publicité est assurée par les moyens usuels de la presse, de la radio, des annonces au prône, des feuillets et des cartes d'invitation.

Le nombre et la nature des comités diffèrent suivant les besoins du service ou de l'organisation. Si un comité est nécessaire, il faut le créer, mais un petit nombre de comités travailleurs et vivants vaut mieux qu'un grand

nombre plus ou moins actifs.

Avant d'approcher le conférencier, il est prudent de s'assurer que la date de la réunion ne coïncide pas avec un autre programme intéressant la majeure partie des gens de la localité. Dans une petite ville ce détail est vite éliminé, mais dans une plus grande il est bon de consulter qui de droit à ce sujet.

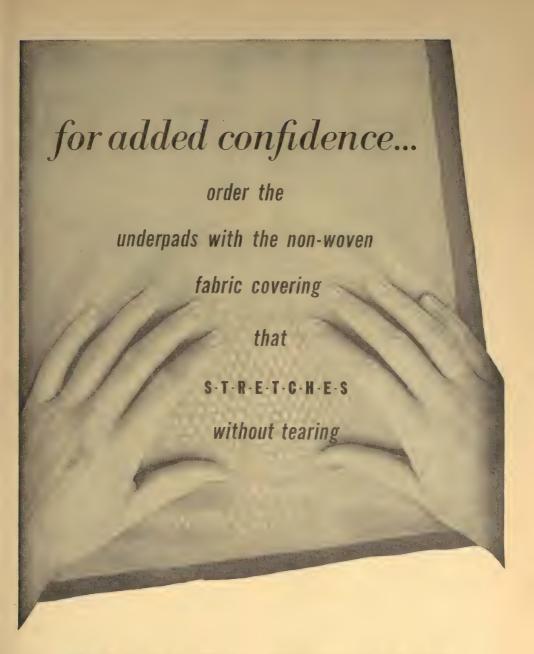
Le choix du conférencier est aussi d'extrême importance. Il ne sera ordinairement pas le même s'il s'agit d'une assemblée ordinaire, spéciale ou de l'inauguration d'une nouvelle technique comme d'un nouveau service. Quoiqu'il en soit, il doit être approché à l'avance et il est de bon aloi de lui

offrir un cachet.

Quelles sont les obligations dues au conférencier? D'abord la courtoisie la plus raffinée depuis son arrivée dans votre localité, jusqu'aux derniers moments de son départ, impliquant ainsi maximum de prévenances d'égards. Trop de conférenciers ont été négligés dans le passé et tout habitué en la matière pourrait en relater de tristes expériences. Puis dès qu'il a accepté votre invitation le comité doit être informé des qualifications de ce personnage, de son rang social, de la fonction qu'il occupe, des services qu'il a rendus, selon le cas, pourquoi il est invité à parler et le rôle qu'il aura à jouer. Avec ces renseignements il sera plus facile, le moment venu et si l'occasion s'y prête, de converser plus librement et intelligemment avec lui.

Certaines organisations ont même l'initiative de réunir leurs membres spécifiquement dans le but de faire connaître leur conférencier. Une photographie, par exemple, pourrait aider à le faire reconnaître à première vue.

En lui écrivant ensuite pour le remercier, il convient de lui demander à quel moment précis il se propose d'arriver dans votre localité, quel moyen de transport il utilisera, de quel matériel il aura besoin, s'il sera accompagné, secrétaire ou associé, s'il a des amis dans la localité qu'il désire inviter, l'informant que ces personnes sont bienvenues à l'assemblée et que des prévisions seront faites à leur égard. Quand l'invité aura répondu à toutes ces questions le président verra à con-



TRI-PAD* SURGINE*

AVAILABLE THROUGH YOUR DEALER

fier à un membre le devoir d'exécuter les désirs du conférencier, en temps opportun.

Si la séance coïncide avec un dîner ou banquet, le maître d'hôtel sera prévenu assez tôt. En lui faisant connaître le nombre de gens attendus il serait sage de lui envoyer l'agenda ou programme, cette marque de confiance est susceptible parfois de faire bénéficier d'un meilleur service. Un délégué responsable arrivera sur les lieux avant l'heure indiquée et verra aux derniers préparatifs de l'événement. S'il v a des billets d'admission ou cartes d'invitation à l'assemblée ou au dîner, et ceci est psychologiquement important à plusieurs points de vue, on doit s'assurer que le conférencier et les invités en sont pourvus.

Pendant les quelques minutes précédant la conférence, certains ont l'habitude de circuler avec le conférencier dans les différents groupes. Selon Mr. Donahue, expert reconnu en la matière, ce n'est pas une très bonne politique, car le conférencier a besoin de toute son énergie pour les heures qui suivront et il est de mauvaise psychologie de le faire parader dans une assistance qu'il essaiera tout à l'heure d'impressionner, une certaine distance est nécessaire à l'être humain payant un ultime hommage à l'inaccessible. Il est suggéré de garder le speaker dans une semi-retraite, il ne s'agit pas de le reléguer à l'écart, un membre, celui qui doit le présenter par exemple, profiterait fort bien d'un entretien avec lui.

Un conférencier a besoin d'une bonne présentation autant qu'un livre est favorisé par une bonne préface. La présentation a pour but de créer cette ambiance favorable lui permettant de présenter son message dans les meilleures conditions possibles. Elle doit réunir trois points et faire savoir qui est le conférencier, quelle est son histoire ou son statut et pourquoi il est invité. Elle doit être claire et précise, n'excédant pas plus de cinq minutes. Elle peut être faite par le président ou toute autre personne assignée à cet effet.

Si l'on doit avoir une période de questions et réponses, à la fin de l'assemblée, il est bon d'en discuter à l'avance avec l'invité, certains d'entre eux y excellent, d'autres s'y objectent, cette procédure peut donner de grands résultats, mais aussi récolter de malheureux échecs.

Avant la conférence, il est bon aussi de prévoir une entrevue avec les journalistes ou les messieurs de la radio et, s'ils assistent à l'assemblée, un endroit leur sera réservé.

Il faut aussi remercier le conférencier, le président ou le vice-président rempliront cette tâche; souvent certaines organisations assignent cette fonction à une personne de l'auditoire. Même si le conférencier n'a pas su soulever tout l'enthousiasme qu'on y attendait, il a droit à une certaine marque d'appréciation.

Le lendemain de la conférence, le secrétaire se charge d'écrire au conférencier pour le remercier chaleureusement. Il lui fera parvenir le cachet qui lui revient ainsi que les reportages de journaux concernant la publicité et la critique qu'il a eues.

Pour assurer aux assemblées tout l'éclat et le succès auxquels on aspire, il faut mettre beaucoup de dynamisme et un certain intérêt matériel de nature à éveiller ou attirer les gens de toutes classes et de toutes conditions. Il faut toujours se rappeler ce motto emprunté au monde théâtral: "Put on a good show."

Les gens qui assistaient à une réunion le font librement pour y être inspirés, amusés ou instruits; il est important de les considérer et de s'adresser à eux comme individus et non comme à une foule, il faut éviter les termes trop collectifs.

Conduire une assemblée est un art des plus délicats, et même armé de savantes techniques et de la meilleure volonté du monde, il faut toujours s'attendre à un certain montant de critique, tout organisateur en sait quelque chose.

Pour résumer le tout et obtenir un dénouement heureux, il faut s'assurer les services d'un président actif entouré d'un conseil et de membres collaborateurs et productifs, constamment stimulés par la régularité et la continuité des assemblées.



Seven Baby Cereals for Specific Prescription

Heinz now makes available the most complete, most useful range of baby cereals. You will note below that each of the 7 Heinz Baby Cereals serves a specific need. As never before, you can now prescribe the right cereal for individual requirements.



RICE— The hypo-allergenic cereal . . . and the most binding of all the cereals. Used widely in the diet of coeliac babies.



BARLEY—Used with infantile diarrhoea... well-tolerated. High in 2 of the essential amino acids—Threonine and Tryptophan, agents for the prevention of pellagra and liver fat accumulation.



OATMEAL—Mild, natural laxative properties . . . a highly recommendable cereal where a baby suffers from constipation.



WHEAT—Highest in iron content of all the cereals . . . a particularly useful dietary source of iron for the anemic baby.



INFANTSOY—29.0% Protein (N x 6.25) by typical analysis . . . one of the better and most palatable dietary sources of high-quality protein.



MIXED CEREAL—Wheat, oats, corn, combined in a cereal of excellent, all-round nutritional value. Exceptionally agreeable in taste.



corn—A single grain cereal . . . used by many doctors in an elimination diet for the treatment of eczema cases. Valuable where protein allergies are a factor.



For further information—and for samples of any or all of the 7 Heinz Baby Cereals, for tasting or testing, simply send your request to

HEINZ BABY CEREALS, LEAMINGTON, ONTARIO

a cereal for every need

HEINZ BABY CEREALS



PREPARED IN YOUR NATIONAL OFFICE, CANADIAN NURSES' ASSOCIATION, OTTAWA

Top Priority for Nursing Education

At its December meeting, the Committee on Nursing Education proposed recommendations which are being presented to the Executive Committee at this month's meeting. These include:

- Further study by members in each province of the Pilot Project for Evaluation of Schools of Nursing.
- Fact-finding survey of personnel providing instruction in schools of nursing;
- 3. Proposed guide for curriculum development.
- 1. It is hoped that through the type of study mentioned above, nurses everywhere will become more familiar with the Pilot Project and all will assist in expressing their beliefs about what is considered a desirable school of nursing. Out of this study should come valuable suggestions for the development of Canadian criteria for the evaluation of our educational programs. Materials from National Office will form the basis for the initiation of such study by the general membership.
- 2. The survey of teaching personnel in schools of nursing will provide information as to (a) the numbers of instructors to the total student body, (b) the preparation of each as related to her present teaching function. The qualifications of those involved in clinical teaching, whether considered on the teaching staff or not, will also be surveyed. The proposal suggests the survey be conducted in one specific month in 1959. Purpose of this endeavor is to learn how well Canadian nursing is fulfilling the CNA educational policy.* Suggestions for meeting the needs, which may be found to exist, have also been outlined.

3. Since all provinces report interest and activity in the realm of curriculum development, it was agreed that the time is ripe for the preparation of a CNA guide for this purpose. This, it is felt, would give further expression to the CNA statement on policies regarding nursing service and nursing education, and would be welcome guidance to provincial nursing education committees.

These proposals will be considered and voted upon by the CNA Executive Committee in session, February 12—14, 1959.

Interpreters of the Pilot Project

In line with the thoughts of the Committee on Nursing Education that all CNA members should know about the project and its aims, it is fitting to suggest that the regional visitors be called upon as interpreters.

The eleven visitors appointed from various regions to assist the Director in evaluating the 25 selected schools have now all been involved in at least one survey. Since last September, 19 of the schools have been surveyed. Each evaluator brought to this experience a rich background of knowledge, and each expressed understanding of survey procedures and the Pilot Project.

All are well qualified to interpret the Pilot Project in their region. It is our hope that local chapters and other interested groups will call upon them to address meetings, so that a greater understanding of the aims of the Project may be accomplished.

The regional visitors are:
Sister Françoise de Chantal, Sudbury,

^{*}Policies Regarding Nursing Service and Nursing Education — Policy #4.

Gypsona has withstood the test of time





hallmark of quality in plaster of Paris bandages and splints

se either GYPSONA STANDARD or L. P. L. GYPSONA (Low Plaster Loss)

SMITH & NEPHEW, LIMITED

5640 Paré Street, Montreal 9, Que.

Miss Jeanie S. Clark, Edmonton, Mrs. Blanche Duncanson, Toronto, Sister Mary Felicitas, Montreal, Miss Doris Grieve, Saint John, Sister Mary Kathleen, Toronto, *Sister Leontine Mongrain, Regina, Sister Florence Keegan, Montreal, Miss Sheila Nixon, Winnipeg, Miss Mary Richmond, Victoria, Miss Margaret Street, Calgary.

Board of Review Pilot Project

The November issue, in this column, carried information concerning the meeting of the Board of Review, October 22-24. The names of the Board Members had not been released at that time. It is our pleasure to advise you that the board, selected by the Special Committee on the Pilot Project and approved by the Executive Committee, is composed of the following members:

Mrs. Blanche Duncanson — Toronto Miss Elsbeth Geiger — Director of Nursing, Phillips Training School, Queen Elizabeth Hospital, Montreal.

Sister Rheault — Hôpital St. Jean, St. Jean, P.O.

Miss Mary Richmond — Director of Nursing, Royal Jubilee Hospital, Victoria, B.C.

Miss Dorothy Riddell — Senior Inspector, Schools of Nursing, Nursing Branch, Ontario Department of Health, Toronto.

Miss Glenna Rowsell — Director of Nursing Education, St. John's General Hospital, St. John's, Nfld.

Sister Mary Thille — Director of Nursing, St. Boniface Hospital, St. Boniface, Manitoba.

Miss Jean Wilson — University of Toronto School of Nursing, Toronto, Ontario.

Representing the Canadian Medical Association:

Dr. A. F. W. Peart — Assistant Secretary.

All members were present at the first meeting in October, with the exception of Sister Rheault. Sister Denise Lefebvre attended in her capacity as senior bilingual evaluator.

Mary Richmond was elected chairman of the Board for the duration of the Pilot Project and the director, Helen Mussallem, secretary.

The next meeting of the Board of Review has been scheduled for May 25 to May 30, 1959.

Nursing at Springhill

The following information on the part nurses played during the Spring-hill Disaster was provided upon our request, by Mrs. Florence Marney, Secretary, Cumberland Co. Branch, R.N.A.N.S. We present it here:

At approximately 8:10 p.m. on October 23, 1958, Springhill a little town of 7,000 people in Nova Scotia's Cumberland County, suffered its third disaster in two years. An underground upheaval, a bump, occurred in number two coal mines.

Once again military, medical, nursing personnel and people from all walks of life were pressed into service in the town. The hospital's regular staff, on duty 3:00 — 11:00 P.M. was re-enforced by the nurses of the town. Nurses also were on duty in the Armories which was set up as an emergency hospital. During Thursday evening Civil Defence officials moved in and nursing service then came under that group. On Friday six nurses from the neighboring town of Amherst, N.S., sixteen miles away, were brought in on the 7:00 - 3:00 shift and help was also given by three nurses from Grace Hospital, Halifax.

After Friday afternoon, the number of Springhill nurses available was sufficient to carry on the nursing service alone. It was stated at one time by an official that there would be a nurse for every patient. This was carried out whenever necessary and whenever possible

Nurses also were called upon at one time to assist at the McColl Dressing station, located near the mine entrance, when the nurse on duty at the First aid Station could not handle the work alone.

There was also a psychiatric unit in operation in the town and nurses were on duty at all hours, some from the Nova Scotia Hospital, Halifax, and some local nurses. This service was available to any who felt the need of it and especially to members of the families who had loved ones unaccounted for in the mine and to men who had been already rescued.

The nurses on duty, when not busy with nursing procedures were well oc-

^{(*} To evaluate French-language schools of nursing.)

Make Nursing

an adventure

with practical advantages

As a Nursing Sister with the Royal Canadian Army Medical Corps, you get the excitement of adventure and travel . . . serving with Canada's Army at home and overseas.

Opportunities exist to work in the various fields of nursing such as teaching and supervision, nursing administration, public health, and operating room techniques and management.

You receive officer's pay, allowances for uniforms, food and accommodation, plus 30 days annual holidays with pay.

You may apply for a Regular Army appointment for a lifetime career, or a Short Service Commission whereby you engage for a period of three, four or five years.



cupied easing tensed minds by listening to the accounts the men had to tell of the "bump" and the horror it produced for the individual patients.

Miss Phyllis Lyttle, Superintendent of Nursing, Department of Health, Province of Nova Scotia and representative of the Provincial Civil Defence Committee, was in charge of organizing the nursing service generally and was on the scene for several days. At All Saints

Hospital, Miss R. Hargraves. Superintendent of nurses, was in charge of the nursing service and this position at the Armories was capably filled by Mrs. G. Jones, one of the local nurses. Offers of assistance were received from nurses from all over the Maritime provinces. It was very heartening for those in charge to know that a wealth of nursing service was available just for the calling. if and when it was needed

Le Nursing à travers le pays

l'rédominance de l'Education en Nursing

Lors de la réunion du Comité de l'Education en Nursing tenue en décembre dernier, les recommandations suivantes ont été faites et seront présentées au Comité Exécutif au cours de ce mois:

- Que dans chaque province une étude soit faite des objectifs ainsi que des moyens et méthodes employés dans l'exécution du Projet-essai.
- Qu'un relevé soit fait concernant le personnel enseignant dans les écoles d'infirmières.
- Qu'un projet de guide soit rédigé pour l'élaboration d'un programme d'études.

Nous espérons que par des études de ce genre toutes les infirmières se familiariseront avec le projet-essai d'évaluation des écoles d'infirmières et qu'elles exprimeront leurs idées sur ce qui, dans leur opinion, peut être considéré comme une bonne école d'infirmières. Cette étude devrait nous fournir de bonnes suggestions qui nous serviront dans l'établissement de critères pour l'évaluation de nos programmes d'enseignement. Le Secrétariat national fournira la matière devant servir de base à cette étude à laquelle devraient participer tous nos membres.

Le relevé concernant le personnel enseignant dans les écoles d'infirmières nous renseignera sur : (a) Le nombre des institutrices par rapport au nombre total d'étudiantes : (b) la préparation de chacune, considérant les matières qu'elle doit enseigner. La préparation des infirmières chargées de l'enseignement clinique, qu'elles fassent on non partie du personnel enseignant, sera également connue. Il a été suggéré que

l'enquête se fasse en 1959, durant un mois déterminé. Le but de cette enquête est de savoir si les infirmières canadiennes suivent la ligne de conduite recommandée par l'A.I. C., en matière d'éducation.* Des suggestions pouvant permettre de répondre aux besoins éventuels ont été exposées.

Comme toutes les provinces se montrent intéressées au développement et au perfectionnement du programme d'enseignement, il semble que le temps soit venu pour l'A.I.C. de préparer un guide à cette fin. Nous croyons que ce serait là une autre occasion d'exprimer la politique de l'A.I.C. concernant l'éducation et le service d'infirmières et que cela serait bien accueilli par les comités provinciaux d'éducation. Ces propositions seront présentées au Comité Exécutif de l'A.I.C. pour étude et approuvées par vote, s'il y a lieu, lors de la réunion du 12 février 1959.

Bureau de Revision du Projet d'Evaluation des Ecoles d'Infirmières

Dans le numéro de novembre, il était question, sous cette rubrique, de la réunion des membres du Bureau de Revision, tenue de 22 au 24 octobre. Le nom des membres n'avait pas été publié alors. Il nous fait plaisir de vous informer que les membres suggérés par le comité spécial du Projet d'Evaluation furent acceptés par le Comité Exécutif et voici leurs noms:

Mme Blanche Duncanson — Toronto Mlle Elsbeth Geiger — Directrice du Nursing, Ecole d'Infirmières, Queen Eli-

^{*}Lignes de conduite concernant le Service du Nursing et l'Education en Nursing



zabeth Hospital, Montréal.

Soeur Rheault — Hôpital St-Jean, St-Jean, P.Q.

Mlle Mary Richmond — Directrice du Nursing, Royal Jubilee Hospital, Victoria, C.B.

Mlle Dorothy Riddell — Visiteuse, Ecoles d'Infirmières, Ministère de la Santé de la Province d'Ontario, Toronto.

Mlle Glenna Rowsell — Directrice de l'Education en Nursing, St. John's General Hospital, St-Jean, Terreneuve.

Soeur Mary Thille — Directrice du Nursing, Hôpital St-Boniface, St-Boniface, Manitoba.

Mlle Jean Wilson — Ecole d'Infirmières de l'Université de Toronto, Toronto, Ont.

Représentant l'Association Médicale Canadienne: Le docteur A. F. W. Peart — secrétaire-adjoint.

Tous ces membres étaient présents lors de la première réunion tenue en octobre, sauf Soeur Rheault qui fut remplacée par Soeur Denise Lefebvre à titre d'évaluatrice conjointe bilingue.

Mlle Mary Richmond fut élue présidente du Bureau pour la durée du Projet et Mlle H. Mussallem, directrice du projet, en sera la secrétaire.

La prochaine réunion du Bureau de Revision aura lieu du 25 au 30 mai 1959.

Comment faire connaître le Projet?

Le Comité de l'Education en Nursing est d'avis que tous les membres de l'A.I.C. devraient être mis au courant du projet d'évaluation des écoles d'infirmières actuellement en cours, ainsi que du but de cette entreprise. L'on suggère que les visiteuses régionales en soient les interprètes.

Les onze visiteuses régionales nommées pour assister la directrice à l'évaluation des 25 écoles choisies à cette fin, ont toutes participé à l'inspection d'au moins une école. Depuis le mois de septembre 1958, 19 écoles ont ainsi été visitées. Chaque évaluatrice a apporté à l'exécution du projet des connaissances approfondies et a parfaitement compris le sens de ce travail. Chacune d'elles est donc en mesure de faire connaître, dans sa région respective, le projet d'évaluation et d'en expliquer l'exécution et les buts. Nous comptons que les Associations de Districts et autres groupes intéressés inviteront les visiteuses régionales à adresser la parole lors de leurs réunions et collaboreront ainsi à la réalisation de l'objectif du projet.

Les visiteuses régionales sont:

Soeur Françoise de Chantal, Sudbury, Mile Jeanie S. Clark, Edmonton, Mme Blanche Duncanson, Toronto, Soeur M. Felicitas, Montréal, Mile Doris Grieve, Fredericton, N.B., Soeur Mary Kathleen, Toronto, Soeur Léontine Mongrain, Régina, Soeur Florence Keegan, Montréal, Mile Sheila Nixon, Winnipeg, Mile Mary Richmond, Victoria, Mile Margaret Street, Calgary.

Les Infirmières à Springhill

Les informations suivantes nous furent données, à notre demande, par Mme F. Marney, secrétaire pour le Comité de Cumberland, de l'Association des Infirmières de la Nouvelle-Ecosse.

Le 23 octobre 1958, Springhill, petite ville de 7,000 âmes, de la Nouvelle-Ecosse, était le siège d'un désastre. Un soulèvement souterrain, un choc violent se produisit dans la mine de charbon No. 2.

Une fois de plus l'on fit appel à l'armée, aux médecins et aux infirmières, de même qu'aux personnes de toutes conditions pouvant venir en aide à la ville affligée. Le personnel régulier des hôpitaux en service de 3 à 11 heures fut aidé par des infirmières de la ville. D'autres infirmières furent assignées à l'arsenal militaire transformé en hôpital d'urgence. Le lendemain, le 24 octobre, la défense civile prit charge des opérations et la direction du service d'infirmières. Le vendredi, six infirmières d'Amherst, ville située à 16 milles de là, vinrent prêter main forte à l'équipe de 7 à 3 heures. Trois infirmières du Grace Hospital, Halifax offrirent aussi leurs services.

A compter du vendredi après-midi, les infirmières de Springhill purent suffire à la tâche. Il fut déclaré à un certain moment, par une autorité, qu'il y aurait une infirmière en service auprès de chaque blessé. Il en fut ainsi lorsque la chose s'avéra nécessaire et fut possible.

Des infirmières furent aussi demandées pour venir aider l'infirmière chargée de la Clinique d'urgence de la mine qui ne pouvait suffire à la tâche.

Une clinique psychiatrique fut ouverte dans la ville, fonctionnant jour et nuit, et où il y avait aussi des infirmières dont quelques-unes de l'Hôpital Nova-Scotia d'Halifax. Les services de cette clinique étaient offerts à tous ceux qui avaient besoin de cette aide, particulièrement aux familles éprouvées dont un de leurs membres était encore au fond de la mine ou venait d'en être ramené.

Les infirmières en service, lorsqu'elles

Diaper Rash ... Safely recommend



DIAPARENE

Clinically proven, effective*



- DIAPARENE OINTMENT—medicated, soothing ointment to clear up the most obstinate case of diaper rash.
- DIAPARENE POWDER—highly absorbent corn starch base, gently medicated, guards against prickly heat and chafing. Prevents ammonia odour and diaper rash.
- DIAPARENE RINSE—(tablet or liquid)—added to final wash water premedicates diaper preventing diaper rash and ammonia odour upon contact with urine.

Most new babies require protection against annoying diaper rash, DIAPARENE in these three forms assures complete prevention and treatment night and day.

DIAPARENE antibacterial preparations for complete baby skin care

*Niedelman, M. L. and Bleier, A.; Jour. Ped., 37:5, 762, Nov. 1950 Fischer, C. C. and Lipschutz, A.; Am. Jour. Dis. Child, 89:5, 596, May 1955 Benson, R. A., et al: Arch. Ped., 73:250 - 8, July 1956

DIAPARENE samples and literature available on request to:

HOMEMAKERS' PRODUCTS (Canada) LIMITED
36 Caledonia Road Toronto 10, Ontario

n'étaient pas occupées à donner des soins physiques, essayaient de diminuer la tension nerveuse en écoutant ce que les escapés racontaient de cette terrible expérience, choc, secousse et horreur terrifiante par laquelle ils avaient passé.

Mile Phyllis Lyttle, directrice du nursing au Ministère de la Santé de la Nouvelle-Ecosse et représentante du comité provincial de la défense civile, était chargée de l'organisation générale du service du nursing et demeura sur les lieux pendant plusieurs jours.

A l'Hôpital All Saints, Mlle R. Hargraves, directrice des infirmières, fut chargée du service du nursing et cette même fonction, au manège militaire, était remplie avec compétence par Mme G. Jones,

Toutes les infirmières des provinces maritimes furent unanimes à offrir leurs services. La pensée que l'on n'avait, au besoin qu'à appeler au secours fut très réconfortante.

Sawdust Beds

BEULAH V. BOURNS

Our two-story Quonset hut is now full of patients and our other wards are filled as usual. One of our patients, who was brought in off the street, was an 18-year-old boy weighing 50 lbs. He looked like some of my skinny little "old men" babies. He is now a different boy weighing 75 lbs. We just can't fill him up.

We have a new invention! "Sawdust bed." for treatment and prevention of bedsores in paralyzed or aged patients. One man, paralyzed from the waist down, in spite of a home-made Stryker frame and every nursing care that is possible, had his back break out into a huge bedsore 4" wide and 2" deep. His heels also were affected. Even the pillow used to support his feet caused pressure sores. He was ill-nourished and swollen from malnutrition. We had to do something about it

We had heard about sawdust beds and recalled reading about them in our nursing magazines, so they were worth a try. Then came the problem of how to make one. A

Miss Bourns is at Severance Hospital. Seoul, Korea. Her mailing address is c/o Canadian Mission, 190-10, 2 Ka Choong Chung Ro. Sudaimoon Ku, Seoul, Korea. recovery room bed, also a home-made invention consisting of a frame to hold a stretcher, was utilized with a sheet thrown over it to form a pocket for the sawdust. Even to find the sawdust was a problem but we did find it, spread it out in the sun and sifted it. Then with a little prayer we laid our patient directly on the sawdust.

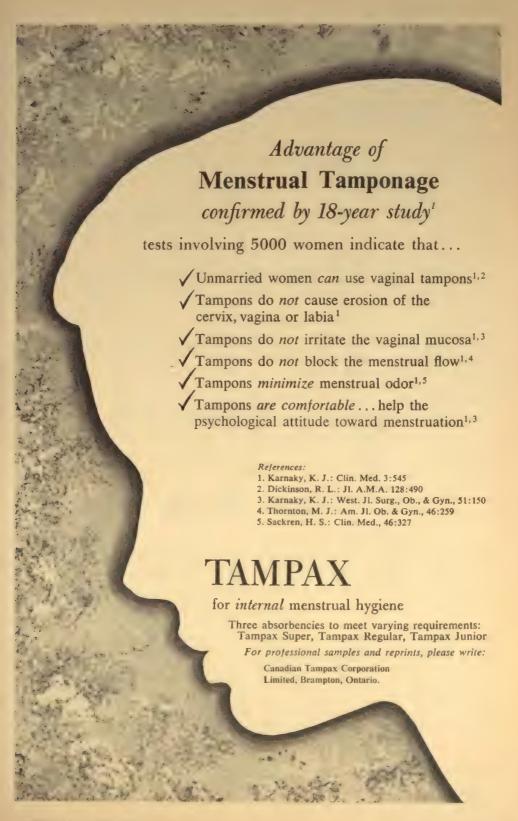
To our astonishment, not many days later, the dirty wound showed signs of healing. Even the skin on his legs looked clearer. A high protein diet helped his general condition. In a few weeks this huge hole was half the size. We can hardly believe it. Now our patient is up in a wheel-chair. We are hoping that somehow we will be able to buy him a wheel-chair for his own use and then he will be able to return home and start a new life.

Sawdust beds are really something. They keep the patient always dry, as wood is highly absorbent; pine wood has a resin or healing oil in it; the sawdust provides enough friction to promote healing and certainly makes nursing care easier. Just wash out the wound several times a day with soap and water, remove damp or lumpy sawdust and replace completely every ten days or as needed. We now have four patients on sawdust beds and certainly recommend them.

The British Royal College of Nursing, after working for many years for a shorter working week for nursing staffs in hospitals, welcomed the approval given by the Ministry of Health to the Whitley Council recommen-

dation of a 44-hour work week.

The introduction of these new hours of work will call for considerable planning to avoid detriment to nursing care of patients or sacrificing the teaching of student nurses.



The Registrar

ANN F. GAVIN

Do we ever think, as the days go by, Of one who is striving to keep Hundreds of souls contented, Or the reward she is sure to reap? The Registrar's duties are arduous. When she picks up a telephone, Calling a nurse to night duty, All she hears is this monotone: "Seven to three is the duty I take. I never work nights, you know. I've given a good many years to this job And feel able to choose what I do." Ting-a-ling, ting-a-ling, another call goes. "Will you take a case for tonight?" "Oh dear, no! If I'm absent at noon My husband will not eat a bite. Three to eleven are the hours I take. If I change those duties you see My husband would leave and what would I do Without home or husband? Poor me!" Over and over, day after day, Those self-satisfied savers of lives Refuse to respond to emergency calls Regardless of who else survives. The Registrar, then, so weary of soul, Calls on nurses who never refuse

Who night after night, go weary to work, Tho' other hours gladly would choose. For they are type who put work before play The patient comes first, they believe, While the three to eleven, or seven to three, If they get what they want, do not grieve. Those much pampered nurses, day after day, Report to their duties to work. No "Golden Rule" ever at night spoils their dreams: As their Nightingale pledges they shirk. Does it ever, I ask, dawn on them as a sport To give the night nurses a break, Or help make the Registrar's duty a job, With a motto like - well - "Put and take?" Let's give a thought to that friend of the nurse Who sits by her desk, day by day, Trying to keep the machinery at work With naught but her salary for pay. A kind word or thought would better her cause, Good team work would help pave the way To lighten a task which must sometimes grow stale -Calling nurses to work night and day.

News Notes

ALBERTA

DISTRICT 2

PONOKA

A bursary is to be presented by the chapter to a local girl entering nursing in one of the province's hospitals. A total of \$125 will be given over the three years in sums of \$25, \$50 and \$50. The bursary will be available to applicants of schools of nursing for September. Mmes Oness, Crowhurst, Kinnear, Clapp and Miss Kemp form the committee entrusted with setting up the award.

DISTRICT 4

MEDICINE HAT

Chapter members voted to have a total of nine meetings per year omitting the months of July, August and December. The January meeting was in charge of Miss Helen Clemis and was devoted to civil defence. Mrs. Batter reported on the official opening of the new A.A.R.N. building at a recent meeting.

DISTRICT 7

VEGREVILLE

Chapter members held a Christmas party again in 1958 for children at Mundare orphanage. The program included a children's movie at the local theatre with lunch served at the nurses' residence afterwards. Each child received a gift, a bag of candy and fruit and a small toy. The Lions' Club provided some financial assistance to make the party possible.

VERMILION

The executive for the coming year of the

Baby's Own Tablets

satisfactorily relieved

every one of 40 babies* with

constipation

and 34 out of 35 babies* with

teething

gastrointestinal upset and malaise

with complete easing of straining at stool, gas distress, disturbed sleep, restlessness, crankiness and anorexia.

REMARKABLY SAFE — "Throughout the study . . . in no instance was there any untoward reaction" what-

BABY'S OWN TABLETS provide Phenolphthalein %6 grain, mildly buffered with Precipitated Calcium Carbonate ½ grain, and Powdered Sugar q.s. Pleasant, convenient.

*2 months to 24 months of age.

For a sample supply and literature citing references 1-15 write...

Typical Case History

CASE #50. Baby R.S., age 12 months, weight 20 lb. 10 oz., had gastrointestinal discomfort and malaise associated with teething. Baby had no teeth as yet, but gums were tender, puffy and swollen. Baby was cranky, irritable, restless and couldn't sleep. Drooling was excessive; appetite poor.

BABY'S OWN TABLETS were given, one each night at bedtime.

Baby had satisfactory relief of symptoms. Appetite improved. First days, then nights, became more comfortable. Baby now has six teeth.

G. T. FULFORD CO., LIMITED, Brockville, Ontario

local chapter will be: A. Keith, hon. pres.; Mrs. Z. V. Barr, pres.; Mrs. M. McLoughlen, vice-pres.; Mrs. E. Corley, treas.; Mrs. D. Watt, press; Mmes D. Coulter, E. Waldenberger and Miss J. McPhee, visiting committee. The annual Christmas party was held with the local doctors and their wives, and husbands of the nurses as guests.

WAINWRIGHT

The new executive of the Chapter has been elected. The members are: Mrs. E. Mitchell, pres.; Mrs. P. Akyroyd, vice-pres.; Miss J. Thomas, sec.-treas. The local high school girls were invited to attend the opening of the nurses' residence. Miss Doris Sundberg attended a civil defence course in Edmonton and brought back a very interesting report of the program presented. She also arranged to have two films, "Disaster on Main Street," and "Atomic Medical Cases in World War

BRITISH COLUMBIA

PENTICTON

Chapter officers have been elected for 1959. They are: Mrs. L. W. Pigeau, pres.; F. Trout, Mrs. V. Crittenden, vice-pres.; Mrs. I. Cross, treas.; Mrs. W. Peters, rec. sec.: Mrs. M. Smith, corr. sec.; Mrs. D. W. Keir, membership; G. Gow, Mrs. A. Gayfer, "Inklings"; M. Banford, program convener; Mrs. F. Colclough, publicity; Mmes D. M. Deacon, F. Coutts, social committee; Mrs. K. Lucky, sick and visiting convener. The annual dance sponsored by the association, "White Caps," was held at the end of January in the Legion auditorium.

VANCOUVER

St. Paul's Hospital

The executive of the alumnae association entertained the preclinical students at a doughnut and coke party recently. Different members addressed the students briefly concerning the association and its work. The party was so successful that a decision has been made to make it an annual affair for

each new class.

There were 160 members at the Homecoming this year. It was a very pleasant event with members of the classes of '25 and '26 present as honored guests. Joanne (Slade) Cunningham '57 is working at St. Joseph's Hospital, Victoria and Irene Field '53 is doing public health nursing with a child guidance clinic. Irene (Wiest) Witt '46 is studying teaching and supervision at U.B.C. Marion Boyd who completed her studies in public health at McGill last year is presently working at Nelson. Shirley Mermet '56 is on the staff of the Kaiser Foundation. San Francisco. Edith Fraser '49 is doing public health nursing in the city. The December meeting of the association was planned to coincide with the R.N.A.B.C. Christmas party which was held at the hospital this year. Everyone reported a marvellous time.

MANITOBÁ

DISTRICT 2

BRANDON

General Hospital

Mr. H. L. Crawford, associate editor of The Brandon Sun, was the guest speaker at a recent meeting of the alumnae association. He described the moving scenes that marked the closing of the British Empire Games at Cardiff. Wales and then described the tour that took him through England, Scotland and four countries on the continent. Colored slides brought a glimpse of the World's Fair at Brussels to his listeners and took them in imagination on a trip down the Rhine and through Switzerland. Mr. Crawford had met well-known Brandonites now living abroad and had included pictures of them as well to show to their Canadian friends.

It was announced that the nursing service and nursing education committees of the MARN would hold a refresher course in the city in March. The project committee is hoping to install a new refrigerator in the nurses' residence for the use of the students.

NEW BRUNSWICK

MONCTON

The Christmas meeting of the chapter was held at Hotel Dieu L'Assomption with the president, Miss Hollenbeck in charge of the meeting. A home nursing class is to be conducted in the hospital during this year. Gifts were forwarded to the Provincial Hospital in Saint John. The student nurses of the hospital provided a program of most enjoyable entertainment for this meeting.

Moncton Hospital

Nurses' Aid

The film on "The Treatment of Erythrobastosis Fetalis by Replacement Transfusion" was shown to members at a recent meeting. It proved to be very interesting and instructive. A Christmas party took the place of the regular meeting in December although routine business was transacted. Gifts for patients in the provincial mental hospitals were placed under the Christmas tree at a local store. A gift was presented to Mrs. R. Sowerby who is moving away from the city. The members sang carols, exchanged gifts and enjoyed a very pleasant social time.

SAINT JOHN

Miss Edna Shaw shared her experiences as a tourist in Europe as well as her very interesting collection of colored slides at a recent chapter meeting. Miss Shaw spent several years in Germany teaching the children of Canadian Air Force personnel. A successful bridge party helped to swell association funds.

CHATHAM

Public General Hospital

Mrs. A. (Jennings) Longeway was the guest speaker at the annual alumnae banquet. She gave a most interesting account of the International Congress of Nurses held in Rome. L. Baird told of her trip to Europe at the December meeting. In place of the usual exchange of gifts, members contributed money to be sent to B. Pardo, a missionary in Hong Kong, to use in her work with the children there. A bakeless bake sale netted a substantial amount of money for the Priscilla Campbell Scholarship Fund.

LONDON

Ontario Hospital

The alumnae association recently elected its new slate of officers. Those members holding office are: D. Kerr, hon. pres.; Mrs. V. Hey, pres.; Mmes M. Millen, C. Forrestall, Miss N. McDowell, vice-pres.; Mrs. M. Wright, sec.; Mrs. Chamber, asst. sec.; Mrs. P. Soutar, treas.; Mrs. E. Grosvenor, flower fund; Miss Padgham, Mmes. Hilgert, Bruner, Fraser, program committee; Mmes Griffen, Garner, Guldiken, refreshments.

WINDSOR

Grace Hospital

A farewell tea was held in honor of senior Major Grace Keeling before she left for her new appointment in Calgary. The student Council held a very successful fashion show late last fall. Proceeds were for the students' recreational activities. M. Robson '44 presently home on furlough from her duties as a missionary in India was the guest speaker at the January meeting.

Hotel Dieu Hospital

The annual bazaar sponsored by the alumnae association was particularly successful this year. There was a net profit of almost \$500. One of the special highlights of the bazaar was the presentation of a gift to Sr. Marie de la Ferre (accepted by Sr. Superior in Sr. Marie's absence) on the occasion of her golden jubilee in the religious order. This anniversary has been marked by a number of events in the hospital. The December meeting was a Christmas party with each member bringing a box lunch that was eventually auctioned, and a small Christmas gift.

C. Meloche '51 is now an intravenous therapy nurse at Highland Park General Hospital. M. (Harper) Paul '53 is working in San Francisco.

DISTRICT 4

Hamilton

The annual dinner meeting of the district



was held late last fall with an attendance of 400 members. The guest speaker was Mrs. A. Sengkusch, dean of the School of Nursing, University of Buffalo. Her theme was "Trends and Outlook in Nursing for the Future." She stressed the responsibility that the professional group has for initiating changes, evaluating results and determining the value of such changes to nursing. The officers elected were: Mrs. Geneva Lewis, pres.; Edith Bingeman, Evelyn Dougler, vice-pres.; Mrs. Pat Grant, secretary; Mrs. Esther Cunningham, treas.

DISTRICT 6

BELLEVILLE

General Hospital

The tea and bazaar held last fall was a tremendous success, the total proceeds being \$548. Miss M. L. Peart planned and directed a pageant of nursing that received many favorable comments. The annual Christmas party was in the form of a potluck supper with the members putting 50 cents each into a general fund for use by the Salvation Army. The hospital chapel was recently completed and an opening service held. It is located in the basement of the building and is attractively decorated in blond and green with broadloom carpeting and comfortably upholstered chairs in harmonizing tones. A Hammond organ has also been installed.

Congratulations are extended to the graduating class of 1958 whose members passed all registration examinations successfully. The school of nursing is also proud to report that



facilities for experience in pediatric nursing have been expanded to an extent that students no longer need to affiliate elsewhere.

SASKATCHEWAN

SWIFT CURRENT

Chapter members gathered in the main lounge of the new nurses' residence in December for their first meeting in the room that they have furnished for the hospital. Mrs. F. Verret presided. A drawing is to be held in February as a fund raising project since this has proved so successful in former years. Mrs. J. Craig was appointed corresponding secretary — permission having been received by the chapter to add this office to their executive. Mrs. C. D. Lee reported on the recent workshop in mental health. The film "Girls in White" was shown with four collegiate students, prospective nurses, as particularly interested observers. The girls had an excellent opportunity to find out more about the profession as they talked to

their nurse hostesses. Chapter members and their guests were taken on a tour of the residence at the close of the meeting.

Union Hospital

In November, 1958, members of the Board proudly welcomed citizens of the district to the opening of the new nurses' residence and wing of the hospital. The completion of these building projects means that the hospital now has accommodation for 177 patients and 78 nurses. Mr. I. Hansen, chairman of the Board, greeted the guests at the official ceremony while L. E. Plewis, deputy mayor, J. McIntosh, M.L.A. and Everett I. Wood, M.L.A. gave brief messages of congratulation and praise. Reverend J. K. Johnson of the local Ministerial Association dedicated the building and the ribbon cutting ceremony was performed by the Honorable J. Walter Erb, Minister of Public Health for Saskatchewan.

SASKATOON

St. Paul's Hospital

Candle-bearing student nurses carolled their way through each ward in the hospital to the delight of their patients, as part of the hospital's Christmas festivities. Twenty senior students received their coveted black bands in December and were guests of the graduate staff at their inservice educational program on the neurosurgical care of a patient. The meeting was followed by a social hour of music and refreshments.

Nurses and doctors enjoyed a Christmas concert presented by the student nurses and featuring carol singing by the Junior and Senior Glee Clubs under the direction of Miss D. Skinner and Mr. U. Donlevy respectively; a piano duet, vocal solo and Ukrainian dancing by Class IA; and the presentation of "The Waif" — a Christmas story.



CASH'S NAMES

Permanent, easy identification. Easily sewn on or attached with No-So Cement. From dealers or CASH'S Belleville 5, Ont.

CASH'S: 3 Doz. \$1.80; 9 Doz. \$3.00; NO-SO NAMES: 6 Doz. \$2.40; 12 Doz. \$3.50; 35¢ per tube **Employment Opportunities**

Advertising Rates — \$5.00 for 3 lines or less; \$1.00 for each additional line. U.S.A. & Foreign — \$7.50 for 3 lines or less; \$1.50 for each additional line.

Closing date for copy and cancellations: 10th of the month preceding the month of publication. All letters should be addressed to: The Canadian Nurse, 1522 Sherbrooke St. W., Montreal 25, Quebec.

Director of Nursing for new 33-bed General Hospital with well equipped surgery wing, in new mining town, about 250-mi. east of Port Arthur & northwest of White River, Ontario. Starting salary commensurate with experience & qualifications. Apply, stating qualifications, experience, age, marital status, etc. to Mr. W. Harrison, Room 1715, 44 King Street West, Toronto, Phone EMpire 4-1194, or to the Administrator, Manitouwadge General Hospital, Manitouwadge, Ontario, Phone TAylor 6-3251.

Director of Nursing for 180-bed hospital with a school of nursing. Applicant with University Degree &/or postgraduate course preferred. Salary commensurate with experience & qualifications, position available May 1959. Apply: Secretary, Board of Directors, Victoria Union Hospital, Prince Albert, Sask.

Assistant Director of Nursing Education & Surgical Clinical Instructor for 85-student School of Nursing, 200-bed hospital, good personnel policies. Apply Director of Nursing Education, St. Michael's Hospital, Lethbridge, Alberta.

Director of Nursing Education for 500-bed General Hospital with school of nursing. Applicant must have a degree in nursing. Salary commensurate with experience & qualifications. Apply to, Director of Nursing, Royal Jubilee Hospital, Victoria, British Columbia.

Nursing Supervisor for community owned 18-bed General Hospital. Full maintenance \$48 per mo., in new modern nurses' residence on hospital grounds. Scenic location, in Rocky Mountains west of Calgary, Alberta on Trans Canada Highway. For full particulars write: C. F. Collins, Secretary, General Hospital, Golden, British Columbia.

Nursing Supervisor for northern hospital. Good salary, good living conditions. Apply: The Matron, Yellowknife District Hospital, Yellowknife, North West Territories.

Operating Room Supervisor, Operating Room General Duty Nurse for 110-bed modern hospital. Excellent personnel policies. Apply: Superintendent, Charlotte County Hospital, St. Stephen, New Brunswick.

Operating Room Supervisor (Immediately) for 86-bed hospital. Good salary, employee benefits & statutory holidays, living accommodation available in residence. Locate in Collingwood & enjoy many winter sports along with excellent skiing in the Blue Mountains. Apply, Director of Nursing Services, General & Marine Hospital, Collingwood, Ontario.

Registered Nurse Supervisors & Staff Nurses (experienced) for outstanding 400-bed hospital & home for aged. All shifts (3-11 P.M., 11 P.M. - 7 A.M., 7 A.M. - 3 P.M.) Starting salary \$375 & \$330 per mo. Attractive living quarters available. Good personnel policies. Send complete resume, Attention: Nursing Director, Menorah Home & Hospital for aged, 871 Bushwick Avenue, Brooklyn 21, New York.

Superintendent of Nurses for Community Hospital, situated 7-mi. from Dawson Creek, B.C. Starting salary \$300 per mo. with yearly increments of \$10 starting after 6-mo. of service. 28 days annual vacation, 40-hr. wk. Matron's suite available in nurses' residence. Monthly maintenance deduction \$40. Apply to Administrator, Community Hospital, Pouce Coupe, British Columbia.

Assistant Head Nurses excellent personnel policies. Apply Director, Shriners' Hospital for Crippled Children, 1529 Cedar Avenue, Montreal, Quebec.

Clinical Instructor (Medical Nursing) salary \$3,480-\$4,440 per annum. 40-hr. week. Apply to, Director of Nursing, City Hospital, Saskatoon, Saskatchewan.

Registered Nurses (3) for Municipal Hospital. Duties to commence January 1, 1959 or as soon as possible thereafter. Address correspondence to, The Matron, Municipal Hospital, Three Hills, Alberta.

Registered Nurses for modern hospital comfortable home. Starting salary \$250 per mo., maintenance \$35 per mo. Apply: Superintendent, Lorne Memorial Medical Nursing Unit, Swan Lake, Manitoba.

Registered Nurses: for 50-bed Hospital, Obstetrical & General Duty. Rotating shifts, 40-hr. wk. Apply: Director of Nursing, Ajax & Pickering General Hospital, Ajax, Ontario.

Registered Nurses for General Duty modern 18-bed Private Hospital in Iron Mining town, 180-mi. north of Sault Ste. Marie, Ont. Excellent accommodations & personnel policies. Starting salary \$255 minimum to \$290 maximum for experience, less \$20 per mo. maintenance. Transportation allowance after 3-mo. service. Apply Superintendent, Miss O. Keswick, Lady Dunn Hospital, Jamestown, Ontario.

Registered Nurses for general duty in all departments — including operating room, premature & newborn nursery. Good salary & personnel policies. Apply: Director of Nursing, Victoria Hospital, London, Ontario.

Registered Nurse (1) for September 1959, to take charge of infirmary in a residential school, housing approximately 100 boys between 9 & 14 years. Suite of rooms provided adjacent to infirmary. Would prefer applicant in early middle age. Apply: Headmaster, Ridley College, St. Catharines, Ontario.

Registered Nurses: Positions available in all areas & on all shifts. Ultra modern, new 254-bed General Hospital located in the heart of beautiful sunny Castro Valley, just 30 minutes drive from San Francisco. This is a busy residential community which offers casual California living at its very best. Many excellent schools & colleges within easy commuting distance. Progressive personnel policies include free hospital & surgical insurance, paid sick leave, paid vacations, 7 recognized holidays & other benefits. No split shifts; evening & night duty salary differential, also differential paid for operating room, delivery room & nursery service. Uniforms laundered free. Basic salary for general staff duty, \$320 per mo. Salaries for other positions commensurate with assignments. Please write: Personnel Manager, Eden Hospital, 20103 Lake Chabot Road, Castro Valley, Calif.

Registered Nurses: Are you interested in a starting salary of \$355.00 per month? We have openings on all services in our new 525-bed Osteopathic Unit scheduled to open about April 1. All R.N.s must speak and write English. For full details, write Betty Hartwig, R.N., Los Angeles County General Hospital, 1200 North State Street, Los Angeles 33, California, We will help you with registration.

Registered Nurses for new 157-bed General Hospital located in fast growing City of Fremont approximately 1-hr. from heart of San Francisco. Good salary, vacation, sick leave & hospitalization plan. Contact Director of Nursing Services, Washington Township Hospital, P.O. Box 656, Niles, California.

Registered Nurses: Spend your winter in the Sunny Southwest — New Mexico, "The land of Enchantment". Vacancies for staff duty in Medicine, Surgery, Obstetrics, Pediatrics, and Operating Room. Salaries \$285-\$315, days; \$10 differential for evenings & nights; \$15 differential, operating room. No shift rotation. Excellent job benefits. Board and room in nurses' residence, \$43 per month. Free transportation via 1st Class Air travel to Albuquerque and return in exchange for a 1-yr. employment contract. Write or call collect Mrs. Margaret Nelson, Director of Nursing, Presbyterian Hospital Center, 1012 Gold Ave. S.E. Albuquerque, New Mexico. Phone 3-5611.

Registered Nurses & Certified Nursing Assistants (immediately) for 73-bed General Hospital on Lake of the Woods. Favorable salaries & personnel policies. Living conditions available. Apply Superintendent, Kenora General Hospital, Kenora, Ontario.

Registered Nurses & Certified Nursing Assistants for new expanding 88-bed hospital in a pleasant progressive town. General Duty Registered Nurses start \$220, annual increments to \$240, Certified Nursing Assistants \$150, annual increments to \$180. 2-wk. shift rotation, bonus for 4-12 & 12-8 shifts. Accumulated sick leave to 60-dy. Only 1-hr. drive to Toronto, to other cities & resort areas. Local swimming pool, artificial ice arena, bowling, etc. Apply: Director of Nursing, Dufferin Area Hospital, Orangeville, Ontario.

Registered Nurses & Licensed Practical Nurses for new 33-bed General Hospital with well equipped surgery wing, in new mining town, about 250-mi. east of Port Arthur & northwest of White River, Ontario. Starting salary commensurate with experience & qualifications. Apply: stating qualifications, experience, age, marital status, etc. to Mr. W. Harrison, Room 1715, 44 King Street West, Toronto, Phone EMpire 4-1194, or to Administrator, Manitouwadge General Hospital, Manitouwadge, Ontario, Phone TAylor 6-3251.

Registered Nurse & Licensed Practical Nurse for general floor duty. Gross salary \$290 per month for R.N., \$200 per month for L.P.N. with \$25 deducted for full maintenance. 44-hr. week. For further particulars please apply to John Hiscock, Secretary-Treasurer, Medical Nursing Unit, Baldur, Manitoba.

Registered Nurses for General Duty Staff. Salary commences at £40-10-0 per mo. with full maintenance. Transportation allowance. For full particulars apply Matron, King Edward VII Memorial Hospital, Bermuda.

Registered Nurses for Operating Room with operating room postgraduate courses and/or experience, for 140-bed hospital. Travel allowance paid. For particulars, write Matron, King Edward VII Memorial Hospital, Bermuda.

Registered Nurses for General Staff & Operating Room in modern hospital (opened in 1956). Situated in the Nickel Capital of the world, pop. 50,000 Salary: \$260 per mo. with semi-annual merit increments, plus annual bonus plan. Recognition for experience. Excellent personnel policies. Assistance with transportation can be arranged. Apply Director of Nursing, Memorial Hospital, Sudbury, Ontario.

Registered Laboratory Technician (Male or Female) will consider recent graduate who has not taken the Registry. Good personnel policies; salary open. Write or phone: Administrator, Sidney A. Sumby Hospital, River Rouge 18, Michigan.

Surgical Registered Nurses, Staff Registered Nurses for 240-bed General Hospital. 40-hr. wk. 15 working days; paid vacation; 7 paid holidays; sick leave. Surgery starting base pay \$338 stand by & call back time extra. Staff R.N. starting pay \$322 monthly; regular pay increases; P.M. & night differential \$10. Apply: Yolo General Hospital, P.O. Box 210, Woodland, California.

Registered General Duty Nurses (2) Starting salary \$260 gross, personnel policy upon request, living in residence. Apply, Matron, Myrnam Municipal Hospital, Myrnam, Alta.

Registered General Duty Nurses. Salary: \$230 per mo. 40-hr. wk. Apply Director of Nursing. General Hospital, Cobourg, Ontario.

Registered General Duty Nurses for 118-bed General Hospital along the shores of Lake Michigan, 25 mi. from Chicago. Salary: \$340 for days, \$370 for evenings, \$360 for nights 5 day wk. Good personnel policies. Apply Personnel Director, Highland Park Hospital Foundation, 718 Glenview Ave., Highland Park, Ill.

General Duty Registered Nurses for 100-bed General Hospital in town of 6000 on shore of Lake Huron. Good personnel policies, 5-day wk., residence accommodation available. Please apply to Superintendent, Alexandra Marine & General Hospital, Goderich, Ont.

General Duty Registered Nurses & Operating Room Nurse (1) for new 56-bed hospital on Georgian Bay. Attractive residence. Gross salary \$225 per mo. for general duty, 44-hr. wk. All statutory holidays, 12-dy. sick leave. 3-wk. vacation after 1-yr. Apply to Director of Nursing, Meaford General Hospital, Meaford, Ontario.

Baker Memorial Sanatorium, Calgary, Alberta, offers to Graduate Nurses a 6-mo. post-graduate course in Tuberculosis. Salary: \$3,480 to \$4,080 per annum. Openings also available for General Duty Nurses. Residence with board, if desired, \$30 per mo. Excellent holiday, sick leave & pension benefits. Apply to: Superintendent of Nurses.

General Duty Nurses for small active hospital. Salary \$250 for unregistered. \$260 registered with yearly increments. Nurses' Home available. For further particulars write, The Administrator, Lady Minto Hospital, Ashcroft, British Columbia.

General Duty Nurses for R. W. Large Memorial Hospital United Church of Canada at Bella Bella 300-mi., north of Vancouver on B.C. Coast. Transportation refunded after 1-yr., Apply to, Matron, R. W. Large Memorial Hospital, Bella Bella, British Columbia.

General Duty Nurses for modern 35-bed hospital situated on beautiful South Shore. Good personnel policies. Excellent living quarters. Apply Superintendent, Fishermen's Memorial Hospital, Lunenburg, Nova Scotia.

General Duty Nurses for an accredited 64-bed hospital. Starting salary: \$250-\$260. Good personnel policies with sick leave benefits holidays & paid vacations. Apply Director of Nursing, Douglas Memorial Hospital, Fort Erie, Ontario.

General Duty Nurses (immediately) for 105-bed General Hospital. Salary \$220 per mo. with annual increments of \$10 per mo., 40-hr. wk., 21 days vacation after 1-yr. 31 days after 2-yr. Room, board & laundry \$35 per mo. Apply: Director of Nursing, St. Andrews Hospital, Midland, Ontario.

McKellar General Hospital, Fort William, Ontario requires General Duty Staff Nurses interested in coming to northwestern Ontario. Basic salary, \$250 per mo. 40-hr. wk. Good personnel policies. Renovation program now complete. Openings in all departments. For further information apply to the Director of Nursing.

General Duty Nurses for modern 42-bed hospital, starting salary, new graduates \$255 with two (2) yr. experience \$270 provided Ontario registration is obtained; these rates to be revised October 1st. Ontario registration required for maximum salary. Annual increments, 6% bonus for evening & night shifts. 44-hr. wk. with 8 statutory holidays, annual vacation 21 days first yr. 28-dy. thereafter, monthly sick time allowance. Good living accommodations available. Apply to: Nursing Supervisor, Sioux Lookout General Hospital, Sioux Lookout, Ontario.

General Duty Nurses (English speaking) for 466-bed hospital. Nurses' residence available. Salary: \$315, California registered — \$285, Canadian registered. \$22.50 differential for 3-11 & 11-7 shifts. Apply Cedars of Lebanon Hospital, 4833 Fountain Ave., Los Angeles, Calif.

General Duty Nurses (all shifts) for 140-bed hospital Central California. \$310 per mo., plus \$10 for 3-11 p.m. & 11 p.m.-7 a.m., yearly increases. 5-day wk. paid holidays, paid sick leave & vacation plan. Supervisor 3-11 p.m., \$351 to start. Operating Room Nurse \$325 to start. Living quarters on grounds. Write to Director of Nurses, Madera County Hospital, Madera, California.

General Duty Nurses for 600-bed teaching hospital in central California. Inservice educational program; 40-hr. wk., 11-holidays yearly, retirement & sick leave plan. P.M. & night shift differential. \$337 per-mo. to start. Write Personnel Director, 732 East Main St., Stockton, California.

General Duty Nurses (California, between Sacramento & San Francisco) for 84-bed general short term JCAH hospital. Starting salary \$325, nurses' home, excellent working conditions. Write, Director of Nurses, Clinic Hospital, Woodland, California.

General Duty Nurses & Operating Room Nurses for 434-bed hospital; 40-hr. wk. Statutory holidays. Salary \$250-\$312. Credit for past experience & postgraduate training. Annual increments; cumulative sick leave; 28 days annual vacation; B.C. registration required. Apply Director of Nursing, Royal Columbian Hospital, New Westminster, B.C.

Attention! General Duty & Surgery Nurses for 400-bed County Hospital located 2-hr. drive from San Francisco, ocean beaches, & mountain resorts in modern & progressive city of 35,000. 40-hr. 5-day wk., 3-wk. paid vacation, 11 paid holidays, paid sick leave, retirement plan & social security. Accommodations in Nurses' Home, meals at reasonable rates, uniforms laundered without charge. General Duty, \$333 mo. start plus shift & service differentials. Surgery \$382-\$460 mo. comp. time if on call. Must be eligible for Calif. Registration. Write Director of Nursing, Stanislaus County Hospital, 830 Scenic Drive, Modesto, California.

General Duty Nurses & Certified Nursing Assistants for 86-bed hospital. Living accommodation available. Collingwood is situated on Georgian Bay & is noted as a vacation land in summer with 7-mi. of sand beach, along with great skiing on the Blue Mountains in winter. For further information apply Director of Nursing Services, General & Marine Hospital, Collingwood, Ontario.

General Duty Graduate Nurses for an active 76-bed hospital near Calgary & Banff. \$250 gross salary, \$260 for Alberta registered, good personnel policy. Apply to Matron, Brooks Municipal Hospital, Brooks, Alberta.

General Duty Graduate Nurses (2). Salary \$260 per mo. with annual increments of \$10 per mo. Room, board & laundry: \$40. 28-day vacation after 1-yr. service. All statutory holidays paid. Customary sick leave. Graduate complement, 5. Apply giving full details to Matron, Slocan Community Hospital, New Denver, B.C.

Graduate Nurses for 70-bed General Hospital. Salary \$260-\$280; 5-day wk., 28 days vacation plus 10 statutory holidays, after 1 yr. Apply: Matron, St. George's Hospital, Alert Bay. British Columbia.

Graduate Nurses for new 140-bed hospital. 1. Charge nurse for Central Supply, to open and organize dept. 2. Head nurse for Pediatric dept. 3. Head nurse for men's Medical and Surgical 24-bed dept. 4. Operating Room nurse (1) 5. General duty nurses. Positions 1 to 4 all to have postgraduate courses or equivalent in experience. Salaries and personnel policies in accordance with R.N.A.B.C. Positions open August to November 1. Apply, Director of Nursing, General Hospital, Chilliwack, British Columbia.

Graduate Nurses; for new 63-bed hospital, 30 miles from Vancouver in the Fraser Valley. For Salary rates & Personnel policies. Apply: Director of Nursing, Maple Ridge Hospital, Haney, British Columbia.

Graduate Nurses for 37-bed hospital, salary \$250 per mo. with annual increments — 28-dy. annual vacation, cumulative sick leave — \$50 monthly; board, lodging, laundry. New 50-bed hospital to be erected 1959. Apply: Administrator, Terrace & District Hospital, Box 1297, Terrace, British Columbia.

Graduate Nurses for Eastern Townships Hospital. 28 days annual holiday. Complete maintenance. Salary commensurate with experience. Apply, E. Decker, Brome-Missisquoi-Perkins Hospital, Sweetsburg, Quebec.

General Staff Nurses for 400-bed Medical & Surgical Sanatorium, fully approved student affiliation & postgraduate program. Full maintenance. Recreational facilities. Vacation with pay. Sick benefits after 1 yr. Blue Cross coverage. Attractive salary; 40-hr. wk. For further particulars apply Supt. of Nurses, Nova Scotia Sanatorium, Kentville, N.S.

General Staff Nurses for 300-bed approved hospital & school of nursing. Salary \$250 per mo. plus \$10 & \$5 for pm & night differential. Annual increment for 3-yr. 8-hr. day; 5-day wk; 3-wk. vacation; pension plan; sick time allowance; 8 statutory holidays; partial payment of health plan. Apply:Director of Nursing, St. Thomas-Elgin General Hospital, St. Thomas, Ontario.

General Staff Nurses for 370-bed approved General Hospital with intern & resident program. \$315 per mo. starting salary. \$15 per mo. merit increases at 12, 24 & 36 mo. 40-hr. wk. 2-wk. paid vacation, paid sick leave, 7 paid holidays. Pleasant coast city in outstanding recreational area. Apply Director of Personnel, Seaside Memorial Hospital, Long Beach 13, California.

General Staff Nurses for fully accredited private teaching hospital, located on Lake Michigan just north of Chicago. 5-day, 40-hr. wk. Salary range \$337.35 to \$363.30. Shift bonus: \$26 afternoons & \$17 nights. Progressive personnel policies. Please indicate type of service preferred. Apply: Director of Nursing, **Eva**nston Hospital, **2650** Ridge Avenue, Evanston, Illinois.

Staff Nurses (3 immediately) for 18-bed Community Hospital in scenic setting in the heart of the Canadian Rockies. Starting salary \$250 per mo. Full maintenance available in modern nurses' residence. For full particulars write: C. F. Collins, Secretary, General Hospital, Golden, British Columbia.

Staff Nurses for 250-bed General Hospital located on the Bay of Quinte; approved School of Nursing; planned In-Service education program; desirable personnel policies. For further information, Apply to: Director of Nursing, General Hospital, Belleville, Ontario.

Staff Nurses 600-bed general & tuberculosis teaching institution in central valley City. Accredited State & Junior Colleges in immediate vicinity, Liberal personnel policies. Salary \$320-\$360. Full maintenance available. Write — Director of Nursing Service, Fresno County General Hospital, Fresno 2, California.

Staff Nurses for 300-bed General Hospital. Attractive personnel policies plus differential for specialties, afternoon & night duty. Opportunities for advanced education. Apply to Director of Nursing Service, Kaiser Foundation Hospital, Oakland 11, California.

Staff Nurses: Relocate to Sacramento, Calif. Sutter Community Hospitals, 440-beds, offer \$340 per mo. starting salary, \$25 per mo. for p.m. & night differential. Tenure salary increase plan, 40-hr. wk., Social Security & liberal employee benefit program. Write to Personnel Office.

Pediatric Nurses for 100-bed Pediatric teaching hospital; air conditioned. Good personnel policies. Base salary-rotation \$290 per mo. Evenings or night \$304 per mo. Apply: Director of Nursing Service, University of Texas Medical Branch, Galveston, Texas.

Operating Room Nurse for 106-bed hospital. New hospital & nurses' residence to be completed this year. For information regarding duties & salary please write to the Director of Nursing, Prince George & District Hospital, Prince George British Columbia.

Operating Room Nurse (P.M.) for 147-bed General Hospital located in a beautiful residential surburb along the North Shore of Chicago. Modern ranch style nurses' homes with attractively furnished private bedrooms. 40 hr. wk. Salary: \$365 for days, \$395 for evenings. Other employee benefits. Contact the Personnel Director, Highland Park Hospital Foundation, Highland Park, Illinois.

Public Health Nurse (qualified) for completely generalized program. Salary range, pension plan & other personnel policy given on request. Applicant must have car. Apply to Dr. Bert Cross, Muskoka District Health Unit, Bracebridge, Ontario.

Public Health Nurse (Qualified) minimum salary \$3,200; allowance for experience. \$150 annual increments; 5-day week; 4wk. vacation; sick leave credits; Blue Cross, pension plan, car allowance. Financial assistance towards purchase of car. Apply to Mr. A. F. Stewart, Secretary-Treas., Wentworth County Health Unit, Court House, Hamilton, Ontario.

Public Health Nurses: required in a generalized program in rural & semi-urban area adjacent to metropolitan Toronto. Excellent working conditions including pension plan, group insurance & transportation arrangements. Write: Dr. R. M. King, York County Health Unit, Newmarket, Ontario.

Chief Dietitian for 140-bed hospital. Training school affiliated with Montreal hospitals. Fare paid. For particulars write Matron, King Edward VII Memorial Hospital, Bermuda.

Dietitian for 90-bed accredited Hospital. Help maintain patients contact; salary open, excellent benefits. Write or phone: Administrator, Sidney A. Sumby Hospital, River Rouge 18, Michigan.

Metabolic Ward Nurses Experience or interest in nursing techniques on special care unit involved in giving special diets, special medicines & insuring accurate collections. New state hospital devoted to investigation & treatment of patients with chronic illnesses requiring active hospital care. Affiliated with medical schools for teaching. Salary from \$67.25 to \$86.75 per wk., based on experience. Liberal sickness & retirement benefits, evening & night differential. Rooms available at \$9 per mo. & meals at 30 cents each Apply Director of Nursing, Lemuel Shattuck Hospital, Boston 30, Massachusetts.

Night Supervisor & General Duty Nurses for 65-bed JCAH Hospital. Co-Ed College of 1500 students. Apply Administrator, Berea College Hospital, Inc., Berea, Kentucky.

Registered Nurse (1) immediately for Margaret Cochenour Memorial Hospital (modern 15-bed) located on the lake in Red Lake mining district & tourist area. New nurses' residence beautifully furnished. Salary: \$275 basic with increment plan. Maintenance, including uniform laundry, \$30 per mo. 44-hr. wk. Holidays. 4-wk. vacation with pay yearly. Transportation expense will be paid after 6-mo. employment. Apply, stating age & references to, I. MacNaughton, Matron, Cochenour, Ontario.

Registered General Duty Nurses (Immediately) for 100-bed Public Hospital in eastern Ontario. 44-hr. wk., 2-wk. sick leave, 3-wk. annual vacation. Apply, Superintendent, Public Hospital, Smiths Falls, Ontario.

Registered & Graduate Nurses for General Duty. Apply, Superintendent of Nurses, Muskoka Hospital, Gravenhurst, Ontario.

Registered Nurse (1), Licensed Practical Nurse (1) as soon as possible for 30-bed hospital. Excellent working conditions. 40-hr. wk., overtime pay, living quarters. Salaries \$260 & \$195 per mo. respectively with \$5.00 increases every 6-mo. Apply stating age & qualifications to, Mrs. R. Maiers, Superintendent, District Hospital, Roblin, Manitoba, or phone 180 collect.

General Duty Nurse for new active 25-bed hospital in Rocky Mountain vacation land, 2-hr. drive from Banff. Many recreational facilities. Policies according to RNABC. Full maintenance in modern residence, \$40 per mo. Apply, Matron, Windermere District Hospital, Invermere, British Columbia.

Staff Nurses for 165-bed pediatric teaching hospital. Salary: \$315-\$348. 40-hr. wk., 6 holidays, 10-day sick leave, vacation. Night or eve. differential, \$2.00 per shift. 3-mo. psychiatric training required for Mo. registration. Apply to, St. Louis Children's Hospital, 500 So. Kingshighway, St. Louis 8, Missouri.

General Duty Nurses, O.R. Scrub Nurse (For Summer Relief) in modern well equipped 100-bed General Hospital in a friendly community. Gross Salary \$260 per mo. for nurses currently registered in Ontario. 8-hr. rotating shifts, 44-hr. wk. 1 day off 1-wk. & 2 the next; 21 days vacation after 1-yr; 7 legal holidays per yr. Apply: Miss Willamene R. Allan, Reg.N. General-Hospital, Port Colborne, Ontario.

PUBLIC HEALTH NURSES GRADE (1)

British Columbia Civil Service

Positions available for qualified Public Health Nurses in various centres in B.C.

Salary: \$290 rising to \$345 per mo., car provided. An opportunity for interesting & challenging professional service in this beautiful & fast developing province. Competition No.: 58:511.

For information & application forms, write

THE DIRECTOR,

PUBLIC HEALTH NURSING, DEPT. OF HEALTH, VICTORIA, B.C. or THE CHAIRMAN,

B.C. CIVIL SERVICE COMMISSION, 544 MICHIGAN STREET, VICTORIA, B.C.

Registered Nurse for Private Boy's Camp (July & August). Use of camp facilities, riding, swimming, canoeing etc. Maximum amount of leisure time. Opportunity to assist with camp activities. Salary: \$150 per mo. plus comfortable accommodation & meals. Apply Rocky Mountain Boy's Camp, Invermere P.O. British Columbia.

Night Supervisor (8:00 p.m.-8:00 a.m.) 4 nights weekly for small Tuberculosis Hospital. Write stating age, experience, when available to Director of Nursing, Grace Dart Hospital, 6085 Sherbrooke Street East, Montreal, Que.

Superintendent of Nurses (March 1/59) for modern 23-bed hospital, 40-hr. wk. salary range \$310-\$395 per mo., board & room \$34.50 per mo. Separate suite in new nurses' residence. Excellent train & bus connections with Prince Albert, Saskatoon & Regina. Apply giving qualifications to J. L. Fawcett, Sec.-Manager, Union Hospital, Rosthern, Saskatchewan.

REGISTERED NURSES — \$3,000-\$3,540 (According to Qualifications)

SUNNYBROOK HOSPITAL TORONTO

WESTMINSTER HOSPITAL LONDON

Employees in both hospitals work a 5-dy, wk.

Application forms available at your nearest Civil Service Commission Offices, or main Post Office, should be forwarded to the CIVIL SERVICE COMMISSION, 25 ST. CLAIR AVENUE EAST, TORONTO 7, as soon as possible.

KEY EXECUTIVE POSITION BEING ESTABLISHED

With the increased professional activities of the Registered Nurses' Association of Ontario a new executive position recently has been created.

ASSISTANT EXECUTIVE SECRETARY

Responsibilities will be in administration and RNAO committee work. Salary range, related to professional qualifications, is \$5,250 — \$6,560 per annum.

Requirements include organization staff experience or administration experience in nursing service or nursing education. Degree preparation preferred.

Applications should include fullest details of academic and work background, age, when available. ALL will be treated in strict confidence.

Write: EXECUTIVE SECRETARY,

REGISTERED NURSES' ASSOCIATION OF ONTARIO, 33 PRICE STREET, TORONTO, ONTARIO.

EDUCATIONAL DIRECTOR

FOR SCHOOL OF NURSING

50-students, 1-class a year. Good personnel policies. Salary according to qualifications. Present Director of Nursing was former Educational Director of School. Excellent relationships between hospital administrative staff & nursing school. Cornwall "The Hub of the Seaway" is an attractive, progressive city on international border easily accessible to Montreal & Ottawa.

APPLY:

DIRECTOR OF NURSING, GENERAL HOSPITAL, CORNWALL, ONTARIO

GRENFELL LABRADOR MEDICAL MISSION

The Grenfell Mission is now accepting applications for positions in its Hospitals, Nursing Stations and Children's Dormitories in northern Newfoundland and Labrador.

Excellent living conditions and splendid opportunities for varied and valuable experience.

For full information please write:

MISS DOROTHY A. PLANT, SECRETARY, GRENFELL LABRADOR MEDICAL MISSION
48 SPARKS STREET, OTTAWA 4, ONTARIO

APPLICATIONS ARE INVITED BY

THE BROCKVILLE GENERAL HOSPITAL, BROCKVILLE, ONTARIO

for the following positions:

- 1. Assistant Director, Nursing Education.
- 2. Operating Room Supervisor.
- Obstetrical Supervisor.
 Postgraduate training is essential and experience in teaching desirable.
- 4. General duty nurses for Operating Room also Medical and Surgical Departments.

Salaries Commensurate with preparation and experience.

For details apply to:
DIRECTOR OF NURSING

GENERAL DUTY NURSES AND CERTIFIED NURSING ASSISTANTS

for modern 50-bed hospital in south western Ontario. Starting salary, Registered Nurses \$240; Certifled Nursing Assistants \$150 with 3 increments. 5-day wk., 3-wk. annual vacation, 7 statutory holidays, accumulative sick time & \$15 shift differential. Hospital pays ½ of hospital medical plan.

APPLY: DIRRECTOR OF NURSES
ALEXANDRA HOSPITAL, INGERSOLL, ONTARIO

GENERAL DUTY NURSES

(Graduates) for U.S.A.

236-bed hospital. 30 miles from New York City. Apt. style residence. Good salary. Free benefits. Pension plan.

Apply:

DIRECTOR OF NURSING,
MEMORIAL HOSPITAL, MORRISTOWN,
NEW JERSEY, U.S.A.

SUBURBAN TORONTO

GRADUATE NURSES & CERTIFIED NURSING ASSISTANTS

Are invited to enquire re: employment opportunities in a well staffed new 125 bed hospital in suburban west Toronto. General duty salary range: \$255-\$305 per mo. Certified Nursing Assistants \$190-\$210 per mo. Residence accommodation optional. Personnel manual forwarded on request. Enquire to:

DIRECTOR OF NURSING, HUMBER MEMORIAL HOSPITAL, 200 CHURCH STREET, WESTON, TORONTO 15, ONTARIO — CH 4-5551

GRADUATE STAFF NURSES - YOU WILL LIKE IT HERE

Opportunities for men & women on the service of your choice. A 953-bed teaching hospital with a friendly atmosphere, well planned orientation program, active graduate nurse club, cultural advantages & excellent transportation facilities.

Starting salary: \$325 per mo. 6 holidays, sick leave, 3 wk. vacation.

For further details write:

Director — Nursing Service, University Hospitals of Cleveland, Ohio.

KINGSTON GENERAL HOSPITAL

KINGSTON, ONTARIO

requires

Director of Nursing Education (1) by July, 1959. Qualifications — Bachelor of Science in Nursing Degree plus 3-5 years experience.

IMMEDIATELY

- 1. Qualified Clinical Instructresses. Maternity (1) and Surgery (2).
- 2. General Duty Nurses (12)
- 3. Certified Nursing Assistants (12).

Salary commensurate with preparation & experience.

Apply: Director of Nursing

SARNIA, ONTARIO CANADA'S CHEMICAL VALLEY

AND

PORTAL TO OUR BEAUTIFUL BLUEWATER COUNTRY

You will enjoy being a part of this progressive, growing community as an employee of the Sarnia General Hospital.

Positions available in all services for

REGISTERED NURSES

Excellent Personnel Policies include 40-hour week, 3 weeks paid annual vacation, 9 statutory holidays.

Salary range \$2,938 to \$3,640

Please apply to:
PERSONNEL DIRECTOR
SARNIA GENERAL HOSPITAL,
SARNIA, ONTARIO

PSYCHIATRIC NURSING INSTRUCTRESSES

required by the SASK. DEPT. OF PUBLIC HEALTH

SALARY: \$375 per month for those with postgraduate training; \$359

for those without this training.

REQUIREMENTS: R.P.N. and/or Reg. N., preferably both registrations and

postgraduate training in nursing teaching and supervision. Consideration will be given to those who have registration in either field of nursing but who do not have the required postgraduate training but are interested in provisional appointments pending formal training for which financial

assistance may be provided.

DUTIES: Appointees will serve as instructresses in a three year, 600

hour training program for student psychiatric nurses. They will give lectures, lead seminars and give practical demonstrations designed to co-ordinate classroom theory and

work on the wards.

APPLICATIONS: Forms and further information available at Public Service

Commission, Legislative Bldg., Regina. Applicants should

refer to file number 5706.

THE WINNIPEG GENERAL HOSPITAL

IS RECRUITING

- CLINICAL SUPERVISORS
 IN MEDICINE & SURGERY
- 2. GENERAL DUTY NURSES

 FOR ALL SERVICES

Please send applications direct to:

THE DIRECTOR OF NURSING,
THE WINNIPEG GENERAL
HOSPITAL,
WINNIPEG 3, MANITOBA.

SUPERVISOR

MEDICAL AND SURGICAL
SUPPLIES

THE QUEEN ELIZABETH
HOSPITAL

TORONTO, ONTARIO

519-beds, good salary, 40-hr. work week, pension, 1-mo. vacation & 8 statutory holidays.

Excellent living accommodation if desired.

APPLY: ADMINISTRATOR



Residence, Cook County School of Nursing

Polk Street, Chicago 12, Illinois.

NURSES WHO LIVE HERE NEVER STOP LEARNING . . . GROWING

... THEY WORK AT

COOK COUNTY HOSPITAL

. . . in one of the Largest Most Stimulating Medical Centers in the World

Here's an opportunity to gain unique and valuable experience in a public hospital — world's largest for acute medical conditions. Cook County Hospital offers you the stimulation of working with more than 2,500 other doctors and nurses in one of the world's largest and most exciting medical centers. Housing is available at nominal cost, Salaries begin at \$340-\$372.50 for a 371/2 hour week. And you're only minutes from Chicago's fabulous Loop and local universities. Graduate Nurses! Write today to Director, Cook County School of Nursing, Dept. C., 1900 West

CANADA'S CHEMICAL VALLEY

SARNIA, ONTARIO

DIRECTOR OF NURSING SERVICES

Required for modern, fully approved (JCAH) 300-bed well equipped hospital. This progressive industrial city of 45,000 is growing; it is located on the shores of Lake Huron and the St. Clair River.

The hospital has approved schools for nurses, laboratory technologists, x-ray technicians, and is approved for intern training.

Qualifications for applicants include registration in Ontario, at least a Bachelor's degree in administration, and successful experience in the field of nursing education as well as in administration.

For more details and literature concerning the position and Sarnia, write to:

PERSONNEL DIRECTOR SARNIA GENERAL HOSPITAL, SARNIA, ONTARIO

VICTORIAN ORDER OF NURSES FOR CANADA

has Staff and Supervisory positions in various parts of Canada.

Personnel Practices Provide:

- Opportunity for promotion.
 - Transportation while on duty.
 - Vacation with pay.
 - Retirement annuity benefits.

For further information write to:

Director in Chief, Victorian Order of Nurses for Canada 5 Blackburn Ave., Ottawa 2, Ont.

UNIVERSITY HOSPITAL

SASKATOON, SASKATCHEWAN

Requires

General Staff Nurses for Medical, Surgical, Obstetrical and Pediatric Services. Forty hour week. Salary \$250 to \$290 gross per month. Differential for evening and night duty. Residence accommodation if desired.

Apply to:

DIRECTOR OF NURSING, UNIVERSITY HOSPITAL, SASKATOON, SASKATCHEWAN

REGISTERED NURSES

Required by several of the nineteen (19) hospitals in Saskatchewan's beautiful Northwest. This area has excellent recreational facilities. General Duty Nurses: 40-hr. 5-dy. wk. with generous paid holidays. Excellent residence facilities. Salary \$260 — \$320.

Superintendent of Nursing: Several required. Wonderful working conditions with first class residence facilities. Salary \$300 — \$385.

Further information can be obtained, & application submitted to Co-ordinator,
REGIONAL HOSPITAL COUNCIL, 1165 MAIN STREET, NORTH BATTLEFORD, SASKATCHEWAN.

WOODSTOCK GENERAL HOSPITAL WOODSTOCK, ONTARIO REQUIRES INSTRUCTORS FOR

1. SCIENCE. 2. MEDICAL CLINICAL. 3. SURGICAL CLINICAL.

4. TEACHING AND SUPERVISION OF CERTIFIED NURSING ASSISTANTS.
HEAD NURSES — SURGICAL AND MEDICAL 3-11 P.M.

GENERAL STAFF NURSES — EMERGENCY, OPERATING ROOM AND ALL DEPARTMENTS.

GOOD PERSONNEL POLICIES - 5-DAY WEEK.

For further information write:

DIRECTOR OF NURSING, GENERAL HOSPITAL, WOODSTOCK, ONTARIO.

GENERAL DUTY NURSES

Gross salary \$255 monthly (\$117.50 bi-weekly) if registered in Ontario, \$235 monthly (\$108.20 bi-weekly) until registered. Annual increment \$10 monthly (\$4.60 bi-weekly) for three (3) years. Rotating periods of duty, 40-hr. per wk., 8 statutory holidays. 14-days vacation & 12-days leave for illness with pay after 1-yr. Pension plan available. Ontario Hospital Insurance with Blue Cross supplemental & Physicians' Services Incorporated, partial payment by hospital.

APPLY

DIRECTOR OF NURSING, GENERAL HOSPITAL, OSHAWA, ONTARIO.

DIRECTOR -- SCHOOL OF NURSING

For a school of 90-students, organized independently of Nursing Services.

The school program follows the pattern of 2-years of nursing education plus 1-year of internship.

Requirements: Degree & experience in the administration of a nursing education program.

Apply to: R. Buckner, Administrator,

Metropolitan General Hospital, Windsor, Ontario.

THE PETERBOROUGH CIVIC HOSPITAL

REQUIRES

NURSES FOR GENERAL DUTY IN ALL SERVICES, INCLUDING OPERATING ROOMS & DELIVERY ROOMS.

For further information write:

THE DIRECTOR OF NURSING
PETERBOROUGH CIVIC HOSPITAL, PETERBOROUGH, ONTARIO

OPERATING ROOM NURSE

(EXPERIENCED)

For new 85-bed General Hospital. Situated in a city of 10,000 population with (2) R.C.A.F. Bases and has many recreational facilities.

APPLY: THE ADMINISTRATOR.

THE PORTAGE HOSPITAL, DISTRICT 18, PORTAGE LA PRAIRIE, MANITOBA

THE PROVINCE OF MANITOBA

requires

A Number of Public Health Nurses to work in rural Health Units

Applicants should be nurses registered in Manitoba preferably with post-graduate training in Public Health Nursing or willingness after one year's employment to take postgraduate training in Public Health.

Salary schedule with R. N. only \$3,120-\$4,020 per annum.

With R. N. plus certificate in Public Health Nursing \$3,480-\$4,380 per annum.

Full Civil Service benefits, including liberal sick leave with pay, three weeks vacation with pay and pension privileges.

Apply stating training, experience and age to:

THE DIRECTOR,
PUBLIC HEALTH NURSING SERVICES,
320 SHERBROOK STREET, WINNIPEG, MAN.

SARNIA, ONTARIO

CERTIFIED NURSING ASSISTANTS

As an employee of our modern well equipped hospital, you may enjoy the excellent opportunities offered as resident of this progressive industrial city.

Positions are available in all services.

\$ALARY RANGE IS FROM \$2,100 TO \$2,508.

Excellent employee benefits include 40-hour, 5-day week. Shift differential for evening and night shifts. 9 statutory holidays.

Please apply to:

PERSONNEL DIRECTOR
SARNIA GENERAL HOSPITAL,
SARNIA, ONTARIO

NURSES REQUIRED

Roseway Hosp., Shelburne, N.S.

Superintendent of Nurses — required
March 1st and immediately

Assistant Superintendent of Nurses General Hospital: General Duty Nurses Maternity Nurses Nursing Assistants

Tuberculosis Hospital: General Duty Nurses Nursing Assistants

Additional information may be obtained from Miss K. B. Harvey, R.N., Superintendent of Nurses

Apply to:
NOVA SCOTIA CIVIL SERVICE COMMISSION
P.O. BOX 943, HALIFAX, NOVA SCOTIA
2064

THE ONTARIO SOCIETY FOR CRIPPLED CHILDREN

92 College St., Toronto 2

requires

Experienced Public Health Nurses

Good salary range & personnel policies

Apply:

SUPERVISOR OF NURSING SERVICES

NURSING POSITIONS AVAILABLE

Starting salary \$300-\$340 per mo; 40-hr. wk., 4-wk. vacation; 2-wk. sick time allowance; health insurance; living accommodation in nurses' residence; evening & night bonus \$40-\$30 per mo.; tuition ald for advanced education in nearby universities.

Lenox Hill Hospital is a large General Hospital in the heart of Manhattan, easily accessible to the cultural advantages of the large metropolis.

Write:

DIRECTOR OF NURSING, LENOX HILL HOSPITAL 76th STREET & PARK AVENUE (MIDTOWN NEW YORK)

DIETITIAN

(Immediately)

for 250-bed hospital, with School of Nursing.

Salary commensurate with training and experience.

Apply to:

Miss Noreen Flanagan, Administrator, MUNICIPAL HOSPITAL, MEDICINE HAT, ALBERTA

NURSING WITH INDIAN AND NORTHERN HEALTH SERVICES



OPPORTUNITIES REGISTERED HOSPITAL NURSES, PUBLIC HEALTH NURSES, AND CERTIFIED AUXILIARY NURSES

for Hospital Positions and Public Health Positions in Outpost Nursing Stations, Health Centres and Field Positions in the Provinces, Eastern Arctic Northwest Territories and the Yukon Territory.

SALARIES

- Public Health Nursing Supervisors: up to \$5,220 depending upon qualifications and location.
- (2) Directors of Nursing in Hospitals: up to \$4,950 depending upon qualifications and location.
- (3) Public Health Staff Nurses: up to \$3,780 per year depending upon qualifications and location.
- (4) Hospital Staff Nurses: up to \$3,540 per year depending upon qualifications and location.
- (5) Certified Nursing Assistants or Licensed Practical Nurses: up to \$200 per month depending upon qualifications and location.
- Room, Board and Laundry in residence at reasonable rates.
 Statutory holidays. Three weeks' annual leave with pay. Generous sick leave credits. Hospital-Medical and superannuation plans available.
- Special pay and leave allowances for those posted to isolated areas.

For interesting, challenging, satisfying work apply to — Indian and Northern Health Services at one of the following addresses:

- (1) Regional Superintendent, 4824 Fraser Street, Vancouver, B.C.
- (2) Regional Superintendent, 11412-128th Street, Edmonton, Alberta.
- (3) Regional Superintendent, 735 Motherwell Building, Regina, Saskatchewan.
- (4) Regional Superintendent, 803-9 Confederation Life Building, 457 Main Street, Winnipeg, Manitaba.
- (5) Regional Superintendent, 4th Floor, Booth Building, 165 Sparks Street, Ottawa, Ontario.
- (6) Zone Supervisor of Nursing, Box 493, North Bay, Ontario.
- (7) Zone Superintendent of Indian Health Services, P.O. Box 430, Upper Town, 3 Buade Street, Quebec 4, P.Q.

101

Chief, Personnel Division, Department of National Health and Welfare, Ottawa, Ontario.





"Think we should tell our doctor?

"Certainly! He'll want to know about the two New Farmer's Wife Prepared Formulas with Vitamin C added?

Farmer's Wife Infant Formula Milks have been consistently first in every major infant feeding development. Now Farmer's Wife is first again, with a stable form of Vitamin C (5.0 mg. per fl. oz.) in its two new 'Instant' Prepared Formulas:

- 1. Farmer's Wife Red Band Prepared Formula, made from whole milk, with added carbohydrate, and Vitamins C and D. (6% Butterfat).
- 2. Farmer's Wife Blue Band Prepared Formula, made from partly skimmed milk, with added carbo-

hydrate, and Vitamins C and D. (4% Butterfat).

These two new Prepared Formulas eliminate the chance of contamination or error in formula preparation. They save mothers time, trouble and expense.

Farmer's Wife is also available in the original three strengths— Whole Milk, Partly Skimmed and Skimmed Milk.

Farmer's Wife

Prescribed by doctors— Approved by mothers



PHONE CALL MEMO

TIME: 9:15 a.m. TO: Dr. Leeds

CALLED BY: Mr. Neuman

MESSAGE: Called to say he's feeling

much better but the intense itching rash

has returned on his arms and legs.

I recommended Calmitol and arranged an

appointment for tomorrow morning.

the safest antiprure . know and should

*Calmitol is the non-sensitizing antipruritic supplied as Ointment in 1½-oz. tubes and 1-lb jars, and as Liquid, for more stubborn pruritus, in 2-oz. bottles by Thos. Leeming & Co., Inc., 286 St. Paul St., W., Montreal. Write for samples.

INDEX TO ADVERTISERS

MARCH, 1959

Abbott Laboratories Ltd 1		Lac-Mac Ltd.	
Air Mass, Inc 2		J. B. Lippincott Co Cover Thos. Leeming & Co., Inc	
Bland & Co 1	197		
Canadian Banana Co. Ltd 2	249	C. V. Mosby Co	263
Carnation Co. Ltd 2		Parke Davis & Co. Ltd	231
Charles E. Frosst & Co 1	198	J. T. Posey Co	264
Gerber Products of Canada Ltd 2	251	Reitman's Inc.	288
The Good-Lite Mfg. Co 2	265	The Ryerson Press	267
H. J. Heinz Co. of Canada Ltd 2	227	Savage Shoes Ltd Cover	III
Franklin C. Hollister Co 2	245	Smith Kline & French	25 9
Frank W. Horner Ltd 2	239	Swift Canadian Co. Ltd	257
Johnson & Johnson Ltd 2	243	VanZant & Co. Ltd	229
The Kendall Co. (Canada) Ltd 2	255	Westwood Pharmaceuticals	261
Knox Gelatine		White Sister Uniform	
(Canada) Ltd 236. 2	237	Inc Cover	- 11

Subscription Rates: Canada & Bermuda: 6 months \$1.75; one year, \$3.00; two years. \$5.00 Student nurses — one year, \$2.00; three years, \$5.00. U.S.A. & foreign: one year, \$3.50; two years, \$6.00. Single copies 35 cents.

In combination with the American Journal of Nursing or Nursing Outlook: one year, \$8.00 Make cheques and money orders payable to The Canadian Nurse.

Change of address: Four weeks' notice and the old address as well as the new are necessary.

Not responsible for Journals lost in mail due to errors in address.

Authorized as Second-Class Mail, Post Office Department, Ottawa.

Member of Canadian Circulation Audit Board.

Advertising Representatives: W. F. L. Edwards & Co., Ltd., 34 King St. E., Toronto 1, Ont. Walter Slack, 801 Public Ledger Building, Philadelphia 6, Pa.

1522 Sherbrooke Street West, Montreal 25, Quebec

THE CANADIAN NURSE

L'Infirmière Canadienne

VOLUME 55

188 RETWEEN OUDCELVES

NUMBER 3

MARCH 1959

190	New Products
	NURSING IN NEW BRUNSWICKLois O. Smith
201	REHABILITATION IN A TEACHING
205	PROGRAM
200	LEARN? Christine MacArthur
910	THE REHABILITATION TEAM
	THE STORY OF JOHNNYLorraine F. Miller
	THE REHABILITATION OF MRS. MORITZ Dorothy Butler
218	NURSING CARE OF THE THORACIC
	SURGICAL PATIENT
	C. A. Dafoe
222	SKIN ANTISEPSIS
224	THE NEED FOR RESEARCH IN
	Nursing
228	Une Fructueuse PratiqueSr. Mance Décary
230	ENGLISH OR FRENCH?
232	NURSING PROFILES
238	In Memoriam
242	NURSING ACROSS THE NATION
246	LE NURSING À TRAVERS LE PAYS
250	NURSING IN PSYCHIATRIC DIVISIONS OF
	GENERAL HOSPITALSJean McCrimmon
254	ALBERTA CERTIFIED NURSING AIDE ASSOCIATION
256	BOOK REVIEWS
262	News Notes
268	EMPLOYMENT OPPORTUNITIES
286	Official Directory

The views expressed in the various articles are the views of the authors and do not necessarily represent the policy or views of THE CANADIAN NURSE nor of the Canadian Nurses' Association.

Journal Board: Mrs. A. I. MacLeod, chairman, Sr. M. Felicitas, Misses H. Carpenter, R. Chittick, S. Giroux, E. Gordon, K. MacLaggan, A. Girard, president CNA; Misses M. P. Stiver, M. E. Kerr.

E. Gordon, K. MacLaggan, A. Girard, president C.v.A.; Misses M., F. Shver, M. E. Kerr, Editorial Advisers: Alberta, Miss Irene M. Robertson, 11831-87th Ave., Edmonton; British Columbia. Miss Marion E. Macdonnell, 1807 W. 36th Ave., Vancouver 13; Manitoba, Miss Sheila L. Nixon, Children's Hospital, Winnipeg: New Brunswick, Miss Shirley Y. Alcoe, 180 Charlotte St., Frederictori; Newfoundland, Miss Isabel Sutton, 66a Mullock St., St. John's; Nova Scotia, Mrs. Hope Mack. P.O. Box 76. Hantsport; Ontario, Miss Jean Watt, R.N.A.O., 33 Price St., Toronto; Prince Edward Island, Sr. M. David, Charlottetown Hospital; Quebec, Miss Geneviève Lamarre, Hôpital de l'Enfant Jesus. Quebec City (French), Sr. M. Assumpta, St. Mary's Hospital, Montreal (English); Saskatchewan, Miss Victoria Antonini, S.R.N.A., 401 Northern Crown Bldg.. Regina.

Executive Director: Margaret E. Kerr, M.A., R.N.
Assistant Editors: Jean E. MacGregor, B.N., R.N.; Gabrielle D. Côté, M.A., R.N.
Circulation Manager: Winnifred MacLean. Production Assistant: Elizabeth M. Hanlon.
Advertising Assistant: Ruth H. Baumel

1522 Sherbrooke Street West, Montreal 25, Quebec

Between Ourselves

Following the presentation by Dr. E. Kathleen Russell, of the thought-provoking report on the nursing needs of New Brunswick, things really began to happen. As guest editor this month, Lois O. Smith, president of the New Brunswick Association of Registered Nurses, tells us of the giant strides that are being taken by the ambitious nurses in this smaller province.

A native of New Brunswick, Miss Smith is supervisor of mental nursing with the provincial public health nursing service. From her headquarters at the Provincial Hospital, Lancaster, she is especially interested in smoothing the pathways of patients who are being restored to activity in community life. A graduate from the McLean Hospital School of Nursing, Waverley, Mass., Miss Smith enrolled in the University of Toronto School of Nursing. She secured her training in public health nursing, followed some years later by her preparation in administration and supervision in public health nursing, with special emphasis on mental health work.

As befits a specialist in mental health, Miss Smith has a wide variety of personal interests and activities. In addition to her considerable responsibilities with the Association, she holds membership in the I.O.D.E. and the Canadian Club. She plays golf, knits and sews, enjoys cooking and a good game of bridge and keenly appreciates music.

Last summer a very well organized conference on Rehabilitation was held in Saskatchewan. American and Canadian professional workers gathered in Saskatoon to make the International Northern Great Plains Conference an outstanding success. M. Laurie McColl was responsible for organizing the program for the nursing section. We are indebted to her persistence in rounding up the papers that were presented at this section's session. Several panelists contributed to the session that has been summarized under the title "The Rehabilitation Team." This group included: Miss Lorraine Wright, director of the Training School for Nursing Assistants, Saskatoon; Miss Lorraine Miller, Victorian Order of Nurses; Miss Louise Miner, nursing consultant, Department of Public Health, Regina; Sister Ann Antoinette, director of nursing education, Notre Dame Hospital, North Battleford.

Interest in the development of adequate programs of rehabilitation is world-wide. Many similar conferences were held in widely separated areas. For instance, at almost the same time as the Saskatoon conference, a Seminar on Rehabilitation of the Disabled was held in Indonesia. Forty delegates from 17 countries in Asia and the far east spent a week in discussion. They formulated 18 conclusions which, if implemented, should have a pronounced influence on rehabilitative measures in their various countries. It is of interest to note in the report of the Seminar that the delegates included surgeons, social workers, physiotherapists, occupational therapists and prosthetic technicians. We wonder why there were no nurses - or do the social workers fill a dual rule in those

People who are disabled as the results of illness or accidents are as much handicapped by the attitude of society as by their physical limitations. The tendency to set apart the person who is different because of some conspicuous physical problem, is being replaced by a realization that the disabled individual is first a person and only secondarily a handicapped one. The new emphasis in the teaching of student nurses should encourage a greater public understanding and appreciation of the problems created by disabling conditions.

Early last autumn, the School of Nursing of the University of Toronto celebrated the 25th anniversary of its foundation. As well as many social functions, some more formal program items were arranged. Among the latter was a panel discussion on the importance of research in nursing. We are very pleased that we are to be privileged to present the papers of the four panelists in consecutive issues, beginning with Miss Nettie D. Fidler's analysis of the "Need for Research in Nursing" in this issue.

A milestone in the progress of your Journal was reached in January when, for the first time, a conference of the newly appointed "Editorial Advisers" was held in Montreal. Each provincial association was represented, with both an English and a French language adviser from Quebec. You will find the name and address of your prov
(Continued on page 192)



® SELSUN Sulfide Suspension / Selenium Sulfide, Abbott

New Products

Edited by DEAN F. N. HUGHES

Published Through Courtesy of Canadian Pharmaceutical Journal

BRONKEPHRINE HYDROCHLORIDE

Indications—For the relief and management of bronchial asthma, especially in those cases which do not respond to other sympathomimetic compounds.

Administration—Subcutaneously or intramuscularly

Adults: Average dose is 1 cc., repeated every 4 hours as needed.

Children: Dosage varies according to age. Usually 0.5 cc. to 0.8 cc. is sufficient. In emergencies may be injected by slow intravenous administration given over a

period of seven to ten minutes in a dosage of 0.5 cc.

Description—Each cc. contains ethylnorepinephrine (racemic 1-(3,4 dihydroxyphenyl)-2-amino-1-butanol) hydrochloride 2 mg. in an isotonic saline solution with sodium acetone bisulfite 0.2% and chlorobutanol 0.25% as preservatives.

Manufacturer-Carter, Cummings & Co. Ltd., Windsor

CALCIUM DISODIUM VERSENATE

Indications—For reduction of blood and depot lead in (a) lead poisoning — acute or chronic; (b) lead encephalopathy; (c) prophylaxis against symptomatic exacerbations in chronic lead poisoning. It is worthy of trial in mercury and certain other heavy metal poisoning in which it may well be effective. It is of potential value for removal of radio-

active and nuclear fission products such as plutonium, yttrium.

Administration—For intravenous infusion only, dissolved in sterile 5% glucose, or in solution isotonic sodium chloride and given by intravenous drip. The concentration of the drug to be administered should not exceed 3%. The contents of one ampoule must be diluted with at least 33 cc. of diluent. The usual method of administration is as follows: Dilute the contents of one 5 cc. ampoule (1 gram) with 250 to 500 cc. of solution isotonic sodium chloride or sterile 5% dextrose solution suitable for intravenous injection. Administer this diluted solution by intravenous drip over a period of 1 hour. Such doses may be administered twice daily for periods up to 5 days. The therapy should then be interrupted for 2 days, and, if necessary, followed by an additional 5 days of treatment. For children, the dose should not exceed 0.5 gram per 30 pounds of body weight, given twice a day. Clinical experience to date does not suggest that larger doses per day will prove more effective. However, doses in excess of those presently recommended have been given with no untoward effects. Administration of larger dosages than recommended should be undertaken with caution.

Description—5 cc. ampoules, each containing 1 gram of calcium disodium salt of ethylenediamine tetra-acetic acid, for dilution and intravenous infusion.

Manufacturer-Riker Pharmaceutical Co. Ltd., Cooksville.

CAPSEBON

Indications—Seborrheic dermatitis.

Administration—Wet hair and wash with Capsebon or with a bland soap or detergent shampoo. Lather, rinse and squeeze out excess water. Work about 1 or 2 teaspoonfuls of Capsebon well into the hair and scalp, adding water if necessary to obtain a good lather. Allow lather to remain on scalp and hair for 5 to 10 minutes. Rinse thoroughly.

In severe cases of seborrhea, may be used every other day or twice a week until the condition has improved. After this, and with milder cases, a Capsebon shampoo

once every week or two should suffice.

Description—A cosmetic, therapeutic shampoo containing 1% cadmium sulfide in suspension.

Manufacturer—E. B. Shuttleworth Limited, Toronto

COLCHICINE

Indications—For the relief of pain in acute gout

Administration-Initial dose 1 to 2 tablets followed by 1 tablet every 2 hours The total amount required to relieve the acute attack is usually between 3 and 6 mg and the treatment should not be continued for more than 1 or at the most 2 days.

Description—Each compressed tablet contains colchicine 0.5 mg. Manufacturer—H. Powell Chemical Company Ltd., Bowmanville, Ont

HEMROYDINE

Manufacturer—E. B. Shuttleworth Ltd., Toronto

Description—Contains Aluminum acetate, ephedrine HCl benzocaine phenol, zinc

Indications—Reduces swelling and inflammation of hemorrhoids relieves pain promptly

Administration—Cleanse parts and apply ointment or insert suppository

The Journal presents pharmacouticals for information, Nurses understand that only a physician may prescribe

McMASTER UNIVERSITY School of Nursing

DEGREE COURSE IN BASIC NURSING (B.Sc.N.)

A Four-Year Course designed to prepare students for all branches of community and hospital nursing practice and leading to the degree, Bachelor of Science in Nursing (B.Sc.N.). It includes studies in the humanities, basic sciences and nursing. Bursaries, loans and scholarships are available.

DEGREE COURSE IN SCIENCE TEACHING FOR GRADUATE NURSES (B.Ed.N)

A Two-Year Course designed to prepare graduate nurses to teach basic sciences in schools of nursing and leading to the degree, Bachelor of Education in Nursing (B.Ed.N.) It includes studies in the humanities, the physical, social and biological sciences, teaching and nursing education. Bursaries of Six Hundred Dollars each are offered in both years of this Course.

For additional information, write to:

School of Nursing, McMaster University, Hamilton, Ontario.

HYPHEX CAPSULES

Indications—Microcytic hypochromic anemias, i.e. in preamancy, malnutrition, anemia due to blood loss or infectious disease, achlorhydria, "dumping syndrome," macrocytic hyperchromic anemias, i.e. megaloblastic anemia of infancy and pregnancy, nutritional anemia, and cases of pernicious anemia where neurological damage is not a problem pre-anemia states due to deficiencies.

Administration—One capsule twice daily, with or after meals, or as prescribed by

the physician.

Description—Each capsule contains: 5 gr ferrous sulfate, 225 mg vitamin C, 1 ora! unit vitamin B12 with intrinsic factor concentrate (non-inhibitory) 10 mcgm. vitamin B12, and 2 mg, folic acid.

Manufacturer-Ayerst, McKenna & Harrison Ltd., Montreal

KANTREX CAPSULES

Indications—(1) Preoperative bowel sterilization. (2) Treatment of intestinal intec-

tions due to kanamycin-susceptible organisms.

Administration—For oral use only — Preoperative bowel sterilization 2 capsules (1.0 Gm.) every hour for 4 hours; then 2 capsules (1.0 Gm.) every 6 hours for 3 days. Intestinal Infections: 2 capsules (1.0 Gm.) to 4 capsules (2.0 Gm.) every 4 to 6 hours. tor a minimum of 5 days. Supplementary therapy with Kantrex intramuscular may be necessary in systemic infections.

Description—Kanamycin sulfate, bactericidal antibiotic derived from Streptomyces kanamyceticus. Active against most bacteria present in the intestinal tract, including many organisms resistant to other antibiotics.

Spectrum includes: E. Coli and other coliforms A gerogenes many strains of B

proteus, Salmonella Klebsiella pneumoniae, and antibiotic resistant strains of Staphylococcus aureus and albus.

Active topically but poorly absorbed from the gastrointestinal tract Ne significant

toxicity.

Manufacturer-Bristol Laboratories of Canada Limited, Montreal



SCHOOL for GRADUATE NURSES McGILL UNIVERSITY

PROGRAM FOR GRADUATE NURSES LEADING TO THE DEGREE OF BACHELOR OF NURSING

Two-year program for nurses with McGill Senior Matriculation or its equivalent. Three-year program for nurses with McGill Junior Matriculation or its equivalent. In the first year students elect Public Health Nursing or Teaching and Supervision in one of the following clinical fields: Medical-Surgical Nursing, Psychiatric Nursing, Maternal and Child Health Nursing.

In the second year students elect to study in one of the following fields: Nursing Education, Administration in Hospitals and Schools of Nursing, Administration in Public Health Nursing.

PROGRAM FOR GRADUATE NURSES LEADING TO A DIPLOMA

Students are granted a diploma on the completion of the first year of the degree program. All first-year students elect to study in a particular field as stated above.

PROGRAM IN BASIC NURSING LEADING TO THE DEGREE OF BACHELOR OF SCIENCE IN NURSING

Five-year program for high-school graduates who have passed in the required papers of the McGill Junior School Examination or their equivalents. This program combines academic and professional courses with supervised nursing experience in the McGill teaching hospitals and selected health agencies. This broad background of education, followed by graduate professional experience, prepares the nurses for advanced levels of service in hospitals and community.

For further information write to:

DIRECTOR, McGILL SCHOOL FOR GRADUATE NURSES, 1266 PINE AVE. W., MONTREAL 25, QUEBEC.

(Continued from page 188)

ince's editorial adviser page 187.

As thoroughly as could be done in three days of intensive study, these nurses were oriented in *Journal* policies and practices. They will be of inestimable assistance to us at the *Journal* office. Moreover, they can be of help to you by interpreting your wishes for material in the *Journal* — if you pass on your requests to them.

The 100th anniversary of the birth of the Red Cross idea will be commemorated in 1959.

* * *

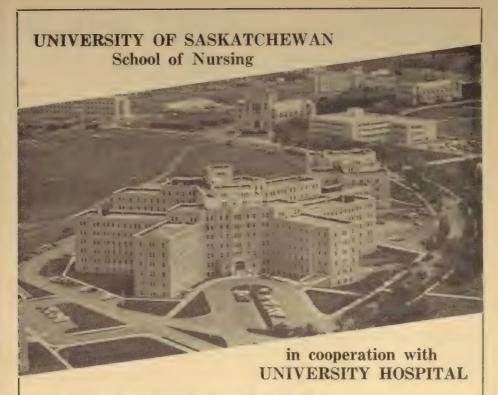
CHILDREN'S HOSPITAL OF WASHINGTON, D. C.

OFFERS

Registered Nurses a 16-wk. supplementary program in pediatric nursing. Admission dates, May 6, September 1, 1959, January 5, May 3, August 30, 1960.

For complete information write to:

DIRECTOR OF NURSING, 2125-13th STREET, N.W., WASHINGTON 9, D.C.



PROGRAMS FOR GRADUATE NURSES

Teaching and Supervision

To meet the needs of nurses wishing to prepare for positions of responsibility in either teaching or supervision in Schools of Nursing.

Public Health Nursing

To meet the needs of nurses wishing university preparation for staff work in public health nursing agencies.

Administration of Hospital Nursing Service

To meet the needs of nurses preparing for head nurse, supervisory or matron positions.

This program is supported by the W. K. Kellogg Foundation.

Diplomas are granted on successful completion of the above programs and credits earned may be applied toward the degree of Bachelor of Science in Nursing.

PROGRAMS FOR HIGH SCHOOL GRADUATES

Leading to the Degree in Nursing

Students with senior matriculation may pursue a combined academic and professional program leading to the degree of Bachelor of Science in Nursing. In the final year students will elect to study Teaching and Supervision or Public Health Nursing. This broad educational background followed by graduate professional experience enables nurses to progress rapidly into positions of responsibility.

Leading to the Diploma in Nursing

A three year hospital program is conducted for students meeting the entrance requirements of the University.

For further information or inquiries about scholarships, write to:

DIRECTOR, SCHOOL OF NURSING, UNIVERSITY OF SASKATCHEWAN, SASKATCHEWAN

UNIVERSITY OF WESTERN ONTARIO SCHOOL OF NURSING

OFFERS THE FOLLOWING PROGRAMS:

- (1) A five-year basic program leading to degree, Bachelor of Science in Nursing.
- (2) One academic year of study & experience leading to Diploma in Public Health Nursing.
- (3) One academic year of study & experience leading to Diploma in teaching & supervision in Schools of Nursing.
- (4) One academic year of study & experience leading to Diploma in Nursing Service Administration.
- (5) A program for graduate nurses, leading to degree completion.

For further information write to:

THE DEAN, SCHOOL OF NURSING, UNIVERSITY OF WESTERN ONTARIO, LONDON, ONTARIO

THE WINNIPEG GENERAL HOSPITAL

Offers to qualified Registered Graduate Nurses the following opportunities for advanced preparation:

- 1. A six month Clinical Course in Obstetrics.
- 2. A six month Clinical Course in Operating Room Principles and Advanced Practice.

These courses commence in January and September of each year. Maintenance is provided. A reasonable stipend is given after the first month. Enrolment is limited to a maximum of six students in each course.

For further information please write to:

DIRECTOR OF NURSING GENERAL HOSPITAL WINNIPEG, MANITOBA

THE MOUNTAIN SANATORIUM

HAMILTON, ONTARIO

TWO-MONTH
POSTGRADUATE COURSE
IN THE IMMUNOLOGY,
PREVENTION & TREATMENT
OF TUBERCULOSIS

This course is especially valuable to those contemplating Public Health, Industrial, or Tuberculosis Nursing.

For further information apply to:

Director of Nursing, Mountain Sanatorium Hamilton, Ontario.

DALHOUSIE UNIVERSITY

School of Nursing

COURSES OFFERED

1959 - 1960

1. Degree Course in Basic Professional Nursing

Candidates for the degree of Bachelor of Nursing are required to complete 2 years of university work before entering the clinical field, and one year of university work following the basic clinical period of 30 months. On completion of the course the student receives the Degree of Bachelor of Nursing and the Professional Diploma in either Teaching in Schools of Nursing or Public Health Nursing.

2. Degree Course for Graduate Nurses

Graduate nurses who wish to obtain the degree of Bachelor of Nursing are required to complete the three years of university work.

- 3. Diploma Courses for Graduate Nurses
 - (a) Public Health Nursing
 - (b) Teaching in Schools of Nursing

For further information apply to:

DIRECTOR, SCHOOL OF NURSING DALHOUSIE UNIVERSITY, HALIFAX, N.S.

NOVA SCOTIA SANATORIUM

KENTVILLE

N.S.

Offers to Graduate Nurses a Six-Month Course in *Tuberculosis Nursing*, including Immunology, Prevention, Medical & Surgical Treatment.

- 1. Full series of lectures by Medical and Surgical staff.
- 2. Demonstrations and Clinics.
- 3. Experience in Thoracic Operating Room and Postoperative Unit.
- 4. Full maintenance, salary & all staff privileges.
- 5. Classes start May 1st and November 1st.

For information apply to:

SUPT. OF NURSES, NOVA SCOTIA SANATORIUM, KENTVILLE, N.S.

PSYCHIATRIC COURSE

for

REGISTERED NURSES

THE NOVA SCOTIA HOSPITAL offers to qualified Registered Nurses a sixmonth certificate course in *Psychiatric Nursing*.

- · Classes in March and September.
- · Remuneration.
- Preference given to Nova Scotia applicants

For further information apply to

Superintendent of Nurses Nova Scotia Hospital Drawer 350 Dartmouth, Nova Scotia

THE NATIONAL HOSPITAL QUEEN SQUARE

London, W.C.1

and

MAIDA VALE HOSPITAL London W.9, England

(Institute of Neurology, University of London)

Postgraduate Nursing Education for Medical Neurology & Brain Surgery

One year courses are open to Nurses on the General Register with good educational background.

3-mo. full time instruction in the school under guidance of the Sister Tutor assisted by a teaching staff of senior neurologists & neuro-surgeons.

8-mo. clinical experience, 1-mo. vacation. Certificate & badge of the hospital awarded to successful students. Staff nurses' salary paid throughout the year. This work has a special appeal to nurses interested in research & the humanitarian aspect of nursing.

For further particulars apply to the Matron,
THE NATIONAL HOSPITAL

COURSES

GRADUATE NURSES

In various clinical fields, beginning March 9, June 1, August 24, and November 16, 1959.

Room, meals, laundering of uniforms, and honorarium provided.

Apply to:

DIRECTOR,
COOK COUNTY SCHOOL
OF NURSING,
DEPT. C., 1900 WEST POLK ST.,
CHICAGO 12, ILLINOIS

THE JOHNS HOPKINS HOSPITAL

SCHOOL of NURSING

Offers to qualified Registered Nurses a 16-week supplementary course in

OPERATIVE ASEPTIC TECHNIC

with instruction and practice in the general surgical, neurosurgical, plastic orthopedic, gynecologic, ophthalmologic, urologic and ear, nose and throat operating room services. Maintenance and stipend are provided.

For information write to:

Director, School of Nursing
The Johns Hopkins Hospital
Baltimore 5, Maryland, U.S.A.

WILLS EYE HOSPITAL Philadelphia, Penna.

The largest eye hospital in the United States, offers a six-month course in Nursing Care of the Eye to Graduates of Accredited Nursing Schools. Operating Room Training is scheduled in the course.

- \$205 per month for the first four months. \$215 per month for the last two months.
- REGISTRATION FEE is \$20
- Course starts March 15 & September 15. Ophthalmic Nurses in great demand for hospital eye departments, operating rooms & ophthalmologists' offices.

For information write to:

Director of Nurses, Wills Eye Hospital, 1601 Spring Garden Street, Philadelphia 30, Penna.

ROYAL VICTORIA HOSPITAL

SCHOOL OF NURSING MONTREAL, QUEBEC.

Postgraduate Courses

 (a) Six month clinical course in Obstetrical Nursing.

Classes - September and February.

(b) Two month clinical course in Gynecological Nursing.

Classes following the six month course in Obstetrical Nursing.

- (c) Eight week course in Care of the Premature Infant.
- Six month course in Operating Room Technique and Management.

Classes — September and March.

 Six month course in Theory and Practice in Psychiatric Nursing.

Classes — September and March.

Complete maintenance or living-out allow ance is provided for the full course.

Salary — a generous allowance for the last half of the course.

Graduate nurses must be registered and in good standing in their own Provinces.

For information and details of the courses, apply to:—

Miss H. M. Lamont, B.N. Director of Nursing, Royal Victoria Hospital, Montreal, P.Q. THEY ARE WITHOUT EQUAL,
IN THE BEAUTY OF THEIR STYLE
AND WEARING QUALITIES.



In our fine Cotton — \$9.50
Imported Irish Poplin — \$10.50
All sizes to 44

BUY WITH ASSURANCE FROM

BLAND & COMPANY

2048 Union Ave., Montreal, Canada

When a <u>headache</u> threatens your efficiency on-duty... or mars your enjoyment off-duty...

you'll get relief in half the time with

217"
TABLETS





THE WONDER COMBINATION OF MEDICALLY PROVEN INGREDIENTS

"Acetophen" (Brand of acetylsalicylic acid) ... 3½ gr.
Phenacetin ... 2½ gr.
Caffeine Citrate ... ½ gr.

Available in Handy Tubes of 12,
and economy sizes of 40 and 100

Charles E. Frosst & Co. MONTREAL, CANADA

THE CANADIAN NURSE

L'Infirmière Canadienne

A MONTHLY JOURNAL FOR THE NURSES OF CANADA PUBLISHED BY THE CANADIAN NURSES' ASSOCIATION

VOLUME 55

NUMBER 3

MONTREAL, MARCH 1959



Nursing in New Brunswick

THE NEW BRUNSWICK Association of Registered Nurses is responsible for nursing education by an Act of the Legislature and, therefore, sets standards and makes policies for the schools of nursing. For some time, the Association has been aware that something was wrong with nursing and ways have been sought to improve the schools of nursing and thereby to render better nursing service to the people of the province.

Before any action could be taken it was necessary to know just where we stood in nursing. In order to determine this, it was felt that a survey would give us a clear picture of what was good and what not so good. Having come to this decision, the next step was to find funds to carry out a survey. A brief was presented to the provincial Department of Health and Social Services requesting a sum of money, through the federal health grants, for the purpose of conducting a survey of nursing in New Brunswick. The request for funds was granted and the study undertaken under the auspices of the Dean of Service of the Univer-

sity of New Brunswick. The survey was carried on for one year and the



Lois Smith

report released in the fall of 1956, just in time for our annual meeting.

The report of the survey, now known as the Russell Report, has been read with interest by nurses and those interested in nursing in all parts of the world. To us in New Brunswick, it has pointed out our weaknesses and strengths and the recommendations have shown very clearly just what we must do.

Immediately after receiving the report, a special committee was set up to implement the recommendations and we are happy to say that we have made some progress. Institutes have been conducted for clinical instructors, head nurses and supervisors as well as workshops and institutes for directors of nursing. Besides these, an institute for instructors in schools of nursing has been held. To carry on these extra activities, it was necessary to increase our professional staff by two: one to conduct the institutes and the other as assistant to the executive secretary. Financial assistance for the institutes was obtained from the Department of Health and Social Services. It was also necessary to increase our membership

Another recommendation of the Russell Report was that a School of Nursing be established at the University of New Brunswick and this has become a reality. With a grant from the Kellogg Foundation, this school was opened in the fall of 1958 and the first students will enter with the opening of the Academic year in 1959.

Another matter which has been under consideration for many years is the place of the auxiliary nurse in organized nursing. The practical nurses of the province have requested repeatedly that we make provision for them under our Act. It was the feeling

of the Association that such a group should be provided for by a public act and although we have, on more than one occasion, requested that the government make this provision we were told that this group belonged to nursing and that we should plan accordingly. In the spring of 1958, our Act was amended giving us power to draw up by-laws and regulations for the nursing assistant. Since our last annual meeting, a special committee has been busy preparing such regulations and by-laws for presentation at our next annual meeting.

I cannot close these remarks without mention of our new headquarters. In May, 1957, we moved into our new home at 231 Saunders Street, Fredericton, a large, three-story building on one-quarter acre of land. Since this building is in a residential area, it is required that someone on the staff live in the house so, our secretary agreed to occupy a part of the building. We now have office accommodations, a separate apartment for our secretary and, just recently, the third floor has been made into a beautiful conference room. We are very happy to have a building of our very own, with ample accommodation for our staff and a place for all Council, Executive and committee meetings.

These past years have been busy and productive but we must go on. The survey has shown us what we should do and, although we have made some progress, we must forge ahead with the aim of improved nursing education which will result in better nursing service to the people of New Brunswick.

Lois O. Smith,

President,

New Brunswick Association of Registered Nurses.

In various parts of Canada, poison control centres have been set up to supply detailed information to doctors, hospitals, or other interested persons on the poison content of many of the commercial substances that are often swallowed by children. The anti-dote is also supplied by the centre. This emergency aid is proving a lifesaver.

- Dept. of National Health and Weliare

The Canadian Red Cross and the American Red Cross have a mutual agreement to supply free blood to tourists who may require blood transfusions while visiting in their neighboring nation.

The number of those who undergo the fatigue of judging for themselves is very small indeed.

— RICHARD B. SHERIDAN

Rehabilitation in a Teaching Program

MYRTLE E. CRAWFORD and ELEANOR L. HEIEREN

MREAT INTEREST has been shown in methods of teaching rehabilitation in the basic nursing program. In order to describe how rehabilitation is included in such a teaching program it is first necessary to establish what is understood by the term "rehabilitation." It can be interpreted in a number of different ways. If several nurses were asked to define the term one would likely be given quite different definitions, depending upon the experience and philosophy of the nurse who was responding.

This article accepts, in general, a definition given in the book, "Fundamentals of Nursing" by Fuerst &

Wolff₁.

Although rehabilitation has been concerned particularly with restoring a disabled person to his best possible health, a much broader concept is becoming accepted and known today — that rehabilitation is an important aspect of all health care. It is not limited to that period of time when, for example, a patient may be helped with muscle re-education in order that he may learn new skills to enable him to regain economic and social usefulness.

Rehabilitation is a continuous process and should begin with the earliest contact with the ill person. It encompasses physical, mental and social elements of care and continues throughout the period of illness and thereafter until once again the patient has become a useful member of the community.

In terms of a more restricted definition rehabilitation is a thrilling concept. In the broader outlook stated above it is an intensely challenging idea and must be one of the cornerstones of professional nursing care. The words "professional nursing care" bring up a question that is causing a great deal of distress in nursing circles and one that is giving rise to

Miss Crawford is a Nursing Arts Instructor, Miss Heieren a Surgical Clinical Instructor at the University of Saskatchewan School of Nursing.

some serious soul-searching. Can we truthfully refer to nursing care as "professional" and what do we mean by it? Another question that has caused some concern is "Does the nurse really have a role in a rehabilitation program that cannot be filled by anyone else?" It is not the purpose of this discussion to go into all the pros and cons of these two questions. We raise them to have a springboard from which we can give an opinion of what makes for excellence in nursing care and how rehabilitation fits into such a type of care. This is fundamental to a consideration of how rehabilitation may be included in a teaching program.

We believe that certain types of nursing can be referred to as professional. To warrant this honorable title the broad concept of rehabilitation must be included. In other words, beginning with her first contact with an ill person the nurse has a goal, or a series of goals, which are aimed to carry the patient through the various stages of his illness until he has once again become a useful member of the

community.

Rehabilitation begins with helping the patient to understand his illness and to make the necessary emotional and physical adjustments to it. It is extended to each phase of the personal care given to the patient. This care must be of such excellence that the patient is neither neglected — resulting in disability or deformity — nor overwhelmed, causing dependence and deterioration of normal capabilities. Important in this phase, also, is the ability to help the patient to a maximum degree of self-care through careful guidance and encouragement. A third aspect of care is to so plan the teaching that the patient will be able to sustain or maintain the level of health and independence that he eventually acquires as his maximum state of health. There is an important role for the nurse in each of these phases

^{1.} J. B. Lippincott & Co., 1956

of care, for no other member of the rehabilitation team can be so helpful to the patient in interpretation, in

personal care and in teaching.

In teaching nursing arts, major emphasis is given to personal care of the patient. This is truly a nursing function and the teaching hours are weighted so that about one-half the total time of the course is spent on this aspect. Teaching the student how to administer treatments is handled as simply as possible. Groups of treatments - e.g. irrigations - are taught as a unit with the emphasis being placed on underlying principles rather than laborious repetition of steps of procedure. This streamlining allows time for a few additions that will be mentioned later.

In teaching personal care, much attention is given to the prevention of disease, deformity and disability with consideration of poor nursing techniques that might cause these things as well as specific examples of satisfactory techniques that should prevent them. For instance, in our class on decubitus ulcers we emphasize the prevention of such ulcers with only a small fraction of time being allotted to methods of caring for them. We spend time considering good posture, translating it from the erect position to various bed positions, and then discuss and demonstrate how this may be maintained in bed. Using assistance from the Department of Anesthesia, protection of the unconscious patient is taught. We also discuss ways of maintaining good body physiology through basic factors such as nutrition, exercise and elimination. Throughout the course consideration is given to emotional and psychological needs of

It was mentioned earlier that there are a few additional topics that are included. Two of these are: We ask a physiotherapist to demonstrate the deep-breathing and leg exercises used for surgical patients. The students practise these exercises. We arrange for one of the physicians from the Department of Rehabilitation Medicine to give a few hours of specific instructions, dealing especially with the meaning of rehabilitation, where it fits into the total health picture and including also a demonstration of a

few special techniques used by the

department.

The question is frequently asked whether there is value in a specialized rehabilitation experience for the student nurse — that is, should a period of time be spent in a rehabilitation department? One may compare the value of such experience to that obtained from operating room experience. The average nurse is not going to be a specialist in operating room technique but she acquires an attitude towards surgical aseptic technique that is invaluable in such routine procedures as surgical dressing, catheterization and lumbar puncture. From an experience in a rehabilitation department the nurse may learn attitudes toward improvement in condition and recovery, encouragement and teamwork, consideration of the whole patient, as well as special techniques in movement and exercise.

This approach does not constitute any revolutionary change in the teaching of nursing arts, but it is a somewhat different approach from the strictly procedure-centered type of teaching that was popular ten to fifteen years ago. Concurrently with this change has developed a greater appreciation of what is considered "good" nursing care. Compare the typical private nursing given to the patient 15 years ago. The patient didn't lift a finger for days or weeks. The nurse did everything

for him.

Beginning with early ambulation in surgery and obstetrics we have arrived at the kind of care being given today in which the nurse must assess the patient's strength, understanding, desire and readiness to accept responsibility for certain aspects of his own care with the additional care that he needs still being provided. This is actually, a much more difficult type of care to give, requiring more knowledge, understanding and patience on the part of the nurse. The teacher in nursing arts has had to adjust her instruction to this new form of care. She must also be careful to help the student to understand that this does not merely mean that the patient must do everything for himself but rather that in every situation this process of assessing and judging the patient's particular needs for care, encouragement and

teaching is part of his rehabilitation.

At the preliminary student level the instructor cannot develop this ability to judge in its fullest sense. In fact she probably only sees very meagre results — but if the seed has been carefully planted she can hope that subsequent teachers will nurture and

develop it. What, in general, does rehabilitation mean to the clinical instructor who functions in general surgery and medicine? When patients are being taught and encouraged to do for themselves — no matter how small the tasks may be at the beginning — then rehabilitation is in progress. From the definition given earlier it should be stressed that this process must begin early and must be continuous and progressive in order to obtain optimum results. We are using a rehabilitation approach to nursing when we assist the student on the ward to carry out the concepts that she has learned in the classroom. We help her to develop the understanding that it is necessary to allow the patient to actively participate in such aspects of his care as washing himself with assistance, feeding himself with assistance, even when the nurse could do it more quickly and neatly herself and save herself the need for changing the patient's linen, etc. We emphasize the need to practise such care.

The patient must of course also be convinced that care of this sort is good for him and must never be made to feel neglected. It is important not to confuse this type of nursing with the overly busy, shortstaffed ward situation where the patient is left to his own resources and fends for himself or does without. Although this may not always be harmful it is certainly neither as desirable nor as beneficial to the patient as planned independence.

The rehabilitation approach has been used in certain areas for some time. We think of a patient in the tuberculosis hospital. He has been taught about his disease and the limitations it will impose on him. He actively participates in his therapy. Attention is paid to his general education and to preparation for future employment and independence.

When should rehabilitation start? When we set up our nursing care plans for the patient do we not assume that

every patient will recover? Is this not where rehabilitation starts? In the acute phase of the disease or injury the nurse lays the groundwork for future rehabilitation by giving adequate, intelligent care until the patient himself is able to participate actively. It is also the nurses' responsibility to recognize just when it will be advisable and beneficial to enlist the patient's active participation.

Any individual who becomes ill is a candidate for rehabilitation, regardless of the disease. It may be long-or short-term rehabilitation. Many patients return to their previous functional level but others are limited in their recovery because of permanent disability caused by the disease and not because of inadequate or improper care, for example, disability following polio-

myelitis.

We have long been aware of the need to teach the diabetic patient and his relatives. We start early to educate him about his disease using suitable books, pamphlets and explanations. Long before discharge we begin his education in self-care or if he is not able his relative must be taught how to look after him. He is taught how to test his own urine, to give himself insulin under supervision, to understand the importance of proper diet, to give attention to foot care, shoes, cautious treatment of abrasions, cuts, etc. and to carry a diabetic card as well as sugar in some form wherever he goes.

Patients with congestive heart failure are taught how to use digitalis and what symptoms to watch for — to check their pulse and their weight. Other examples might include teaching patients with such conditions as phlebitis, an amputation, a gastrectomy or a radical mastectomy the important factors of their condition so that they with the help of their relatives may actively participate in the return to self-care and to their place again as useful members of the community.

The student has heard much in the classroom about the various diseases that have been mentioned here. However, no matter what her classroom background has been, in her early contact with the ward she is usually too busy looking out for herself to give much thought to anything except the

procedure she is doing. It is amazing, though, to see how quickly she learns to associate what she has learned in the classroom with the patient situation and how soon she begins to apply the concepts brought from the classroom. Judgment develops slowly and gradually. She does need much support and guidance in the management of the patient's care. This is accomplished through direct supervision by the clinical instructor, head nurse or other nursing staff. Ward conferences, clinics, nursing care plans outlined on the Kardex, the example set by the nursing service personnel, all contribute to her learning.

Our concept of good nursing care has changed much in recent years. One explanation of this change is the increase in patients using prepaid hospital plans. There are now fewer private patients paying directly for their own care. The special duty nurse who accepts remuneration directly from the patient for the service given has more difficulty managing the patient's care than the general staff nurse who accepts her salary from the hospital. So, in a sense, are hospitals also freed by the use of prepaid hospitalization. The emphasis is more on what is best for the patient and not necessarily what the patient wants or can afford.

It is a truism that when we are well we don't always want that which is best for our state of health. Thus we must be understanding with the patient who finds it difficult to cooperate. We must be patient, use gentle firmness, have controlled sympathy for the patient's predicament, be ready to stand by and encourage him and rejoice over what to us may seem to be a very small accomplishment.

In the Good Old Days

(The Canadian Nurse - MARCH, 1919)

Speaking to the members of an alumnae association, a Toronto doctor strongly urged them to undertake the foundation of a society devoted to preventing blindness in children from venereal disease. He advocated compulsory treatment of the eyes of all newborn babies, fines for parents who tried to prevent it and permanent recording on the child's birth certificate of the measures taken to protect the eyesight at birth.

* * *

The Ontario legislature introduced a law requiring the physician to treat the eyes of the newborn with one per cent silver nitrate or 40 per cent argyrol. Cases of infected eyes in babies up to two weeks were to be reported to the local medical Office of Health.

* * *

About 53,000 pupils are found annually with dental defects (in Toronto). The registered attendance of the public schools is about 64,000 and that of the separate (parochial) schools about 8000.

* * *

There can be no argument against the eight-hour day if it can be arranged to give

as good service to the patient as with the longer day, and, at the same time, avoid a large expense to the hospital in a greatly increased staff of nurses.

* * *

The question of how much sleep is necessary for the health of human beings has for long been of interest to scientists... A number of scientific men some time ago agreed to be forcibly kept awake for ninety hours. Only three "victims" were able to endure to the end; but, curiously enough, it was discovered that all three maintained a steady increase in weight during their time of trial.

An article in the *British Medical Journal* denounced the practice of immobilizing injured limbs... Splints should not be used unless absolutely necessary, and then for as short a time as possible. Frequent passive and active movements should be carried out, steadily increasing the range.

A concentrated solution of Epsom salts was recommended for the treatment of burns and scalds.

We Teach — Do our Patients Learn?

CHRISTINE MACARTHUR, B.S.

THE TITLE of this article contains the most important philosophy of the principles of rehabilitation: the essence of rehabilitation is good teach-

ing.

Why do so many of us assume that teaching is synonymous with telling? Our goals in teaching patients are: to impart information; then to motivate the patient to a particular action as a result of that information. First, we must find out what the patient knows. This can only be done by effective questioning. Merely to tell a patient some facts that we have stored up is easy. To ask significant questions requires thinking and time. Learning is more a self-discovery than being told something.

One reason why we as nurses tend to avoid the question approach is that one question invites another and we are afraid we may find ourselves in deep water. If we merely tell what we know we feel safe. This is particularly true of inexperienced nurses as for instance, those who have just completed their public health nursing course. They are filled to the brim with the theory they have been acquiring all year and they can hardly wait to unload it on every patient with whom

they come in contact.

However, just asking questions isn't enough. We must ask significant questions. If the question leads the patient to tell what he knows or how he feels it will make him think and his interest is aroused. His answer will also give the nurse some idea of his attitudes. For example, the question, "How are you going to manage brushing your teeth?" makes the patient think through the process step by step. If the nurse merely tells him how or said "Do you know how" the patient is not required to think for himself.

How many times have we said "I've told him and told him!" The patient

Miss MacArthur is Educational Director with the National Office of the Victorian Order of Nurses for Canada, Ottawa.

can be told a hundred times but if he has not been motivated it is to no avail. In public health nursing we have stressed that nurses be good listeners but before anyone can be a good listener she must be a good questioner. Teaching is more than telling — it must be planned. It must be adapted to each individual's needs.

To be a good teacher in rehabilitation and to ask significant questions, we need to have a broad knowledge of the newer skills and techniques of rehabilitation. It may mean a stock-taking of the nurse's own attitudes. To do for a patient is almost a conditioned reflex with some nurses, who derive a great deal of satisfaction in being needed and in rendering a service which they know how to give well. To give up some of this satisfaction in favor of guiding a patient through slow, fumbling, half-hearted efforts to do something for himself is both trying and fatiguing. The nurse needs to be very secure in her skill in rehabilitation nursing to derive the same satisfaction and sense of accomplishment from her new role.

What does rehabilitation nursing mean? The word rehabilitation has become almost a by-word in present day society and there are many different interpretations depending on the interest of the individual defining it. Rehabilitation is really as old as civilization. The Bible merely said "Heal the sick." Victorian Order nurses for over 60 years have been helping sick and disabled people maintain and regain their health and usefulness.

In terms of V.O.N. care we think of rehabilitation as just good nursing care from the first day of illness until the patient completely recovers. Sometimes complete recovery is not possible and in these instances patients are assisted to live as happily and inde-

pendently as possible.

Over half the branches in the Victorian Order of Nurses are in small communities where the nurse for the most part is working alone with the doctor and family. The nurses have

always given their patients the best nursing care possible, or the best within their knowledge. However, in the past decade medical and nursing sciences have advanced tremendously and we have learned new ways to help patients back to health. This newer knowledge has been particularly applicable to patients with long-term or chronic illnesses, such as, arthritis, hemiplegia, heart conditions, fractures, diseases of the nervous system. Until recently many of these conditions resulted in crippling and a dependency on others which might have been prevented had this newer knowledge been available.

Since the Second World War there has been an increased emphasis on rehabilitation due in part to the large number of disabled veterans requiring care. Victorian Order nurses were concerned because of the increasing number of patients with long-term illnesses who were being referred for care. Many of them seemed hopeless invalids, confined to a life-time of helpless dependency. Not only the patients were discouraged, but the nurses were too, for it seemed as if their efforts to help were almost futile.

So our nurses asked for help in giving care to these people. The first request came from the Montreal staff. After several months of planning, a nursing authority was brought from New York to conduct a course on modern rehabilitation nursing. The results of this course were amazing! The principles of the course were simple and emphasized better posture and body mechanics and simple exercises. Patients responded beyond all expectations and the nurses themselves were less fatigued at the end of the day. Instead of the former feeling of inadequacy when a new patient suffering from a long-term illness was admitted, the nurses welcomed these patients as a challenging job.

But Montreal was not an isolated district and the nurses in other branches wanted and needed the same assistance in order to give their patients the advantages of these newer techniques. So again, plans were made and through the National Office a country-wide program was planned in 1953 for all Victorian Order nurses.

Not many years ago there was a

fatalistic acceptance of physical disability. Many of these patients were hidden away in back bedrooms and hospitals for the incurable. To have a helplessly handicapped person become a productive human being was thought to be extremely idealistic. But with a dynamic approach to this great problem we have seen results — sometimes miraculous results.

What is the nurse's role in the rehabilitation program? Let us think for a moment of her responsibilities and how we may recognize and evaluate patients' needs in rehabilitation. First let us review the philosophy of rehabilitation. We have heard it defined as the restoration of the individual to the fullest mental, social, vocational and economic usefulness of which he is capable. Henry D. Sayer said at the 35th Annual Meeting of the International Association of Industrial Accident Boards and Commissions at St. Louis in 1949:

Rehabilitation is not just medical treatment. It is training: it is the intelligent approach to each case as presenting its individual needs . . . It calls for leadership, the inspiration of the injured to help himself, the instilling in the injured person of confidence in himself, and a feeling that after all he has a useful place in the world. It cannot be forced on anyone . . . There are not many who do not want to improve their lot but they need guidance, encouragement and a type of leadership that has too frequently been lacking.

We know that total rehabilitation is accomplished through the combined efforts of many — doctors, nurses, physical and occupational therapists, social workers and others. We know that the needs of the whole person must be met to achieve maximum and total rehabilitation.

Nursing has a vital place in any rehabilitation program. Rehabilitation nursing must be made a part of, or integrated into all nursing care. This means that it should start as early as possible. It is not really a third phase of medical care as some people like to call it, but a continuous process carried on from the first day of illness until the patient has reached the maximum of his capabilities. It is the kind of nursing care that concentrates on

the needs of the whole person and aims to assist in restoring all sick and disabled people. It is wide in scope and comprehensive in nature; it considers the totality of patient care and it always has as its goal the restoration of the patient to a happy and meaningful life.

To practise rehabilitation, the nurse herself needs above everything else a philosophy that leads to whole-hearted belief in the rehabilitation process. It may require a complete change of attitude. Too often doctors and nurses consider chronic illness as hopeless and invalidism as inevitable. Their main interest seems to lie in the acute stage of illnesses.

All nurses need to be given a better understanding of this new approach, this change in emphasis toward illness. It is not so much on doing things for the patient as in teaching him to do

things for himself.

For instance, a well meaning nurse may make a patient even more dependent than the limitations imposed on him by his disabilty. Such care can even destroy his own will to live independently. The rehabilitation attitude is a vital, life-giving one that recognizes the importance of physical independence. There are very few completely helpless patients or entirely hopeless situations.

In one of our districts a nurse was called to give care to an 80-year-old woman with a right hemiplegia of a year's duration. Her family took it for granted she would always be helpless and they did everything for her. Even her left arm and leg became almost useless through disuse. The poor woman had lost interest in living and was just wishing for death. With the doctor's permission the nurse started doing passive exercises. The patient was not very cooperative at first. The members of the family were sure all this activity would bring on another stroke, but the nurse encouraged them and explained the value of it. One day the woman was able to grasp a washcloth and wash her other hand. Gradually she got her hand to her face. A new goal was set each week. Now that she had a new interest in living, she met each visit by the nurse with anticipation. Within a few months she was able to walk. Both the patient and her family could not get over the

evidences of her improvement. They regretted the fact that a whole year had been sacrificed unnecessarily.

To practise rehabilitation nursing one must understand thoroughly the contributions of other health groups in order to work effectively with them, because teamwork is the core of the rehabilitation process. As public health nurses we need to know the resources available in the community. We need to be familiar with all of the programs that are being provided to assist disabled persons. Indeed, we may even need to stimulate action in setting up programs. We need to have a close association with hospitals so that patients are referred for home care following their discharge.

In order to teach patients effectively, nurses need a body of knowledge and an aptness with nursing skills that is rehabilitative in character. What are some of these skills and how can we evaluate the total rehabilitation nursing needs of a hemiplegic patient, for ex-

ample?
There are a number of areas in which we must recognize rehabilitative needs and provide the nursing skills that are required. These are:

Good nursing care with consideration for hygiene, nutrition, elimination, rest, sleep, recreation, etc.

The prevention of deformity.
The correction of deformity.
Control of incontinence.
Attention to speech problems.

Retraining in ambulation and evaluation.

Retraining the affected hand and arm. Psychological and spiritual problems. Self-care activities. Family education.

We shall take it for granted that good nursing care will be provided.

The skills required to prevent deformity are those involving correct posturing by the use of positioning techniques and mechanical aids to keep the body in good alignment. Skill also is required in providing daily exercises, preventive in character and designed to keep all joints movable at their maximum range of motion.

Contracture deformities must be prevented at all costs and as early as possible. Skills in teaching self-care activities require much more knowledge and experience than many nurses have

in this area, although V.O. nurses have practised this phase of rehabilitation for years. In this respect, many patients and families have designed excellent self-care aids for use in the home. However, bed and wheel chair activities, eating, dressing, bathing, and toilet habits are definite techniques in rehabilitation that require much skill on the nurse's part if she is to incorporate them in her practise of nursing — and more important if she is going to expect her patient to benefit from her teaching.

The correction of deformities is essentially the field of the doctor and physical therapist but the nurse may work cooperatively with them and

assist wherever possible.

In elevation and ambulation training the nurse has similar responsibilities. She must be skilled in crutch walking, gait-training, balancing exercises and the emotional problems inherent in these activities of daily living. She must continually guide the patient, encourage, instruct and motivate him to practise these procedures, even when they may have been initiated by someone else.

Speech rehabilitation is often one of the most difficult tasks, particularly for an inexperienced person. An understanding nurse can give a great deal of help to the patient. In many of our branches there is no speech therapist available. In such cases we have suggested to our nurses that they might get some assistance from teachers who have remedial reading classes. To help the patient communicate in his own particular situation is the basis of all speech training. There are few things more frustrating to a person than to be unable to express himself sufficiently to be understood by others.

It was a shock to Mr. Perry, a retired accountant to awake suddenly, a paralytic invalid unable to make his simplest want known. Fear and doubt troubled his thoughts as this threatening cloud shadowed his future.

Reassurance flooded the caverns of depression as the physician explained his condition and the possibilities of rehabilitation. He told the patient the Victorian Order nurse would visit daily at home to assist him in his struggle for independence. Thus it is no longer enough that a nurse bathe a patient, see that he is clean, free from pressure sores and comfortable. She has an essential role to fill in assisting the patient to regain some measure of his former activity and to help him live with his handicap, not use it as a crutch.

On her initial visit the nurse showed that she was also a friend and adviser. Mr. Perry realized that here was a person who understood his difficulty and was eager to spur him on to victory. She explained that progress might be slow so that he would not become discouraged. She also enrolled the assistance of the family who adopted a positive attitude toward the patient's condition and showed they too were anticipating his return to a fuller life. Although he was unable to speak, the family included him in their conversation. On the advice of the nurse they refrained from speaking of his condition in his presence or referring to him in the third person. Such casual remarks could make the patient feel an "outcast," an invalid without hope.

While giving the daily care, the nurse repeated one syllable words to the patient in relation to his environment. She asked him to repeat these words when he could. Though Mr. Perry was unable to do this immediately, he observed no disappointment in his nurse and so was not discouraged. She in turn gave him easier goals, such as blowing a thin piece of paper across a mirror, so that he might feel the pleasure associated with achievement. By encouraging him to participate in his personal grooming, he slowly regained his selfconfidence. When awkward movements resulted in spilled food or sent tumblers crashing to the floor, a sincere smile and the response "accidents will happen" cheered Mr. Perry to try again.

Picture his joy and that of his family when he could repeat those nouns and action verbs the nurse had continued to say, such as food, hand, sit, walk. From the day his sigh only flickered the flame of a candle to the first time he said goodbye was a long, bumpy road for this patient, but the cloud had lifted and a rainbow appeared in the sky. The patience and repeated efforts of the nurse and the family were paying dividends. If his physical progress was slow, the change in his mental attitude was profound and he was developing under-

standable speech, so important in the process of his total rehabilitation.

Occupational therapy is particularly important in the retraining of the affected hand and arm of the hemiplegic patient. It is well to teach him to make use of the paralyzed arm in every possible way. For example, in writing a letter with the uninvolved hand the patient may stabilize the writing paper with his paralyzed arm. Or in trying to feed himself, he may hold the plate in position with the paralyzed hand. The abilities that have been lost should be minimized and those that are left. stressed.

An exceedingly important thing for the nurse to remember is that most patients who have suddenly become disabled need considerable reassurance in relation to their dependency during the period of emotional turmoil when they are just beginning to realize the nature and extent of their disability. The degree of dependency is balanced between the severity of the disability and the patient's resources for developing new skills and interests. Even those patients who adjust and progress favorably may have occasional brief lapses or regressions when they need special encouragement and support.

When patients do not accept their disability we should examine our own attitude. Have we met the patient's questions truthfully and objectively? The nurse should continually remind herself that she is treating not a body, a disabled organ, or an impaired function but a fellow human being whose disability is an integral part of his total personality. The disability is not so much what the nurse thinks it is as what the patient thinks it is.

When the needs of the handicapped, hemiplegic patient are met in all these areas of care which are largely physical and emotional in nature, there still remains much to be done in preparing the patient for his return to normal living in his own home and in the community. This social rehabilitation should run concurrently with his physical and emotional rehabilitation. The family is brought into the program early so that their education may be made an integral part of the total process. This part of the program develops naturally.

What are some of the physical fac-

tors in the home that may interfere with successful home and family living? Such simple things as carpets, rugs, type of bed, the arrangement of the bedroom, width of the door for a wheelchair, bathroom facilities and arrangement, light switches, need to be considered. If the patient is a woman, adjustments in the kitchen set-up may be necessary. How will the family help the disabled one to adapt to his limitations? Will they accept him as he is, reject him or over-protect him?

What is the patient's attitude? Motivation is the keyword for rehabilitation. Unhappily, it is not something one person can simply give to another. However, the nurse is in a good position to know what incentive the patient needs to become motivated. What does he really want? What does the goal which the nurse thinks so desirable mean to him? Sometimes rehabilitation means merely being able to walk across a room or being able to feed oneself. One patient we had was an ardent gardener and his hope was that by summer he could get out to see his flowers. Another patient was looking forward to celebrating her 50th wedding anniversary that was six months away.

The education of the family should be a part of the total rehabilitation program. Every contact between nurse, patient and family should be made a learning situation with use made of every opportunity. The family needs constant help in accepting the patient's disability and in understanding his limitations, but his capabilities should always be stressed. The dangers of over-protection should be explained. They should be given a clear understanding of the progress they can expect in the patient. They should be shown how to assist him in his selfcare activities. They should be helped to understand the patient's social, vocational and emotional goals so that they can work with him in attaining them. While it is the hope of rehabilitation workers that all patients will achieve total independence this is not always possible.

We believe rehabilitation is the ability to find ways and means to meet the various needs of the individual patient so that he may achieve some measure of happiness and inde-

pendence. Rehabilitation nursing requires tact, insight and an awareness of the vital role of nursing in the rehabilitation of the physically handicapped. It is a vast undertaking but if we as nurses meet the challenge we will have the immense satisfaction of seeing disabled patients learning to live again.

The Rehabilitation Team

M. LORENA McCOLL

Coming together is a beginning: Keeping together is progress; Working together is success.

- HENRY FORD

NEVENTEEN-YEAR-OLD Doris had fallen and fractured her back. This is a catastrophe at any age but, when you are so young, with the usual teenager enthusiasm for an action-packed life, finding yourself with two useless legs is a tragedy. What can life possibly

hold for you from now on!

Doris was introduced to hospital life from a Stryker Frame with Crutchfield tongs holding her injured spine in position — a frightening situation for anyone! Although she did not realize it at the time, her injury and its attendant complications were to involve several people representing a variety of professions and occupations — all with a single objective, her restoration to as normal a life as possible.

The people who formed the health team came from the hospital and the community. They had to be fully aware of their relationships with one another and of their common objectives:

- 1. To achieve maximum function for the patient's disabled body - in particular, the affected areas.
- 2. To maintain unaffected areas in optimum condition.
- 3. To assist the patient to adjust physically and emotionally to living a

Miss McColl who is now assistant secretary at CNA National Office, was general convener of the nursing section of the International Northern Great Plains Conference on Rehabilitation and Special Education held at the University of Saskatchewan, Saskatoon in 1958.

life within new limits but to the fullest extent of her capabilities.

Each member as it became his or her turn to participate in the program became the most important link in Doris' progress to rehabilitation.

THE PROFESSIONAL NURSE

One of Doris' earliest acquaintances was her nurse. To this member of the team fell the responsibility for creating the permissive atmosphere that would, it was hoped, secure the cooperation, respect and liking of the frightened and insecure youngster. Unless Doris could be made to feel at ease and secure in the knowledge that everyone was working towards her recovery, the efforts of the team would be in vain. You can not help the patient who does not want to be helped.

Eventual rehabilitation had to be the goal right from the time of admission. Doris had to be encouraged to help herself as much as possible as soon as her condition permitted. Her nurse initiated self-care at the earliest opportunity, gradually increasing the duties that Doris could learn to perform for herself. The nurse, in turn, had to learn to restrain her natural tendency to do things for Doris and stand aside until her assistance was essential. With each victory over a task, no matter how small, Doris' selfconfidence grew.

The nurse not only participated substantially in Doris' physical care but provided the instruction and supervision necessary for those who shared this responsibility with her. She helped to coordinate the efforts of the rest of the team. In various instances, it was the nurse's observations that provided

the foundation upon which the next step towards rehabilitation could be taken.

In addition to her other duties, the nurse had to realize the importance of being a good listener. Doris was frightened, insecure, hostile towards the fate that had crippled her. Having gained her confidence, the nurse became Doris' confidante. Into her ears poured the story of a small child bandied about from one relative to another when she most needed a stable home; of a young girl's dreams for the future and her fears that future happiness had been destroyed by her injury. The nurse tried to foster a more optimistic outlook, to thwart tendencies toward self-pity and to build up her patient's self-esteem and self-confidence. This was a task that needed the help of others especially prepared to deal with emotional upheaval attendant upon a disabling injury.

THE PSYCHIATRIST, PSYCHOLOGIST AND THERAPISTS

The person who must adjust to a life limited by physical disability naturally shows considerable emotional reaction. The psychiatrist helped the nurse to understand Doris, to see how the patient's feelings would affect her behavior. He helped the patient to face the difficulties created by her injury and to accept the fact that her activities must of necessity be limited. The psychologist through the various tests at his disposal was in a position to assess the patient's capabilities and to advise on the course that her future training might follow. The various therapists occupational, recreational, etc. — could begin while the patient was still in hospital to develop her capabilities. Her clergyman provided spiritual comfort and also assisted Doris in facing her problem and accepting it.

THE NURSING ASSISTANT

She shared with the nurse the responsibility for the patient's physical care. Doris was in need of conscientious skin care, frequent change of position, constant observation, protection against pulmonary complications and a variety of other attentions.

The nurse provided the instruction necessary to overcome any hesitancy

the nursing assistant might have about caring for the patient on the Stryker Frame and with the tongs in position. She emphasized the special factor about the patient's condition that made routine nursing measures of such supreme importance — the nerve damage with the accompanying paralysis and loss of muscle function.

The assistant nurse provided valuable help in ensuring routine nursing care measures with the frequency demanded.

MEDICAL AND SURGICAL CARE

On admission, immediate attention was focussed on Doris' injured back and the measures required to promote good bone healing. Even here, rehabilitation was the central if unspecified aim. The Stryker Frame removed obstacles to good nursing care—particularly skin care. The Crutchfield tongs helped to maintain the very necessary good body alignment.

One of the major physical and psychological problems that must be faced very early by the paraplegic patient is an incontinent bladder. Rehabilitative measures must be started as early as possible so that bladder tone can be maintained as close to normal limits as possible. A cystometrogram determined Doris' bladder capacity and an indwelling Foley catheter solved the bed-wetting problem temporarily, reducing as well the hazards to the skin. Prophylactic drug therapy was instituted to counteract possible bladder infection and forced fluids - water and nonalkalizing fruit juices - kept the urinary system functioning at maximum capacity.

Later, cystometric readings indicated that Doris might be able to develop an automatic bladder — one that will empty when a certain degree of filling has been reached. This was to be an important factor in Doris' progress since it would make a permanent indwelling catheter unnecessary. Tidal drainage was started as the first step towards this objective while she was still a bed patient.

About two and one half months after Doris' injury, spinal x-rays showed that healing was progressing most satisfactorily. She was moved to a Gatch bed with a sectional mattress

that allowed for the panning procedures required in establishing bowel and bladder control. From this, Doris soon progressed to a wheel chair.

Rehabilitative measures proceeded more rapidly now. Doris was encouraged to do everything possible for herself — bathing, feeding, turning, getting into and out of bed. The team bestowed generous amounts of praise and exercised considerable patience and self-restraint in order to give Doris the opportunity to attain her goals.

The next steps in the development of the automatic bladder were taken. The tidal drainage was discontinued. As soon as Doris reached the stage of sitting on a commode, the indwelling catheter was removed and attempts at normal voiding began. Catheterization for residual urine was done at intervals to determine how well the bladder was emptying. When the amount retained was over 60 cc., Doris was advised to apply light suprapubic pressure. Restricting fluids before bedtime helped to control the bedwetting problem. At first, the interval between each voiding was very short but as bladder capacity increased and muscle tone improved, the time intervals became longer. Doris used an alarm clock to waken herself and finally reached the stage where she was wakened once each night and could handle the problem easily during the daytime.

PARAMEDICAL SERVICES

The occupational therapist came to the fore when Doris was able to sit up in bed and then in a chair. Shell jewellery, embroidery and similar crafts kept her busy and happy. Soon she progressed to recreational activity at wheel-chair level.

Shortly afterwards, her doctor decided that Doris should begin crutch-walking. This was to improve her general circulation and prevent calcium deposits in the kidneys and bladder. So, with instruction, assistance and encouragement from the physiotherapist, Doris began the business of learning to walk again with long leg braces and crutches.

THE HOSPITAL AUXILIARY WORKER

The day that Doris went on her

first excursion away from the hospital was a red letter one. A member of the Ladies' Auxiliary acted as chauffeur. Both driver and passenger received full and careful instructions concerning all foreseeable situations in which they might find themselves. The venture proved so pleasant and was carried out so successfully that it was repeated several times. Doris loved being the centre of attention and her self-confidence expanded noticeably when she realized that her disability did not prohibit her from normal social activities.

THE PUBLIC HEALTH NURSE

Eventually the time came when Doris was judged fit for transfer to a vocational centre and special training. At this stage the various resource personnel in the community enter the picture, one of the first being the public health nurse.

Her contribution towards the rehabilitation of the injured person returning to the community may be summed up as follows:

1. She promotes a sane, constructive attitude within the community towards physically handicapping conditions.

- 2. She works jointly with all community agencies in bringing about such psychological, social and economic adjustments as may be indicated in the best interest of the physically handicapped.
- 3. She assists, when needed, in arranging for educational and vocational training, and in interpreting the patient's needs to parents, teachers and community.
- 4. She works with teachers to interpret the patient's disability and helps to plan the school program.
- 5. She helps the family adjust to the fact that the patient has a handicap and assists in planning as normal a life as possible.
- 6. She supplements medical instruction by providing the follow-up care necessary for the various aspects of patient care to be carried out in the home after discharge.
- 7. She encourages the patient and the family to continue medical supervision.
- 8. She continues to motivate the patient towards rehabilitation, realizing that it is impossible to instruct or guide

an unwilling patient, family or community.

9. She teaches the patient how to maintain good health, encourages self-care, and helps the family to exercise restraint in offering assistance.

10. She helps the patient to continue with medical instructions and avoid the complications that might otherwise develop.

We do not really know what the scope and limitations of the nurse in rehabilitation are or should be. Nursing education has traditionally been directed towards the acutely ill and further emphasis on restoring the patient as a useful, productive citizen is required.

OTHER COMMUNITY PERSONNEL

Once she has completed her vocational training Doris should be placed in a job where she can become self-supporting or partially so. This is the ultimate aim of the whole rehabilitation program — to make her a useful member of society.

Instruction in first aid may now be given under very realistic conditions through use of the synthetic casualties developed by the Alderson Research Laboratories, Inc., New York. Moulages depicting a variety of injuries and which can be applied to the body of a living demonstrator can be obtained. These masks have been constructed so that bleeding from arteries and veins can occur which can be controlled only by proper medical methods. For classroom use or field use, a lifelike plastic model can be obtained. Hard plastic bones have been arranged to simulate fractures that can be set; wounds of every nature bleed in a natural manner. First aid personnel can now become adjusted to the shock of severe injury and emergency conditions under realistic circumstances.

Colostomy training moulages to help the patient become adjusted to his colostomy and its care in advance; a hemostasia trainer to give practice in tying off severed blood vessels and a giant oral thermometer for demonstration purposes are also available.

Experience is the name everyone gives to his mistakes.

— OSCAR WILDE

The help of a Placement Agency may be required in obtaining employment. Society in general still requires considerable education concerning the worth of the physically disabled in business and industry. Many employers are reluctant to employ the disabled person. Education of the public is a job for all members of the health team either in the institution or in the community.

This has been the story of the restoration of one disabled person to a useful role in society. The responsibility rests not upon any one or two professions but is shared by the community resources and the institution alike. The patient too, must be made to feel that she has some responsibility for her recovery.

Rehabilitation must be the aim from the very beginning. Treating the injury alone is not sufficient. The mental, emotional and spiritual aspects must receive adequate consideration and the individual must be stimulated to live life to his fullest capabilities.

Very little is known about hospital equipment during the first centuries after the birth of Christ . . . Some information relative to beds is available from medieval times (A.D. 700-1500). It is interesting to note how hospitals obtained many of their beds. In France, the wealthy and the canonites (religious people) donated or willed their beds and bedclothes to hospitals. In the 16th century . . . the beds among the nobility became very rich and expansive. Elaborate bedclothes were fashioned of gold, silver and silk. In fact, bedclothes and beds became so expensive that many people who had intended to donate or will their beds to hospitals decided to give only the bedclothes and not the beds. One hospital in France, however, took the case to Parliament and in 1597 the canonites were forced to donate the entire bed with all the bedclothes, or contribute three to five hundred pounds. What had been a donation became a tax.

Overnight accommodation for wives and relatives of hospitalized patients at DVA hospitals is provided at the eight Red Cross Lodges.

The Story of Johnny

LORRAINE F. MILLER

W HAT OF THE PATIENTS who no longer need hospital care, but who still require treatment that may be given in the home? How can the visiting nurse fulfill her role on the rehabilitation team?

I am going to tell you about Johnny who had received the benefits of combined care from hospital personnel, and then was discharged to his home for continuation of treatment and rehabilitation. Johnny's physician felt that he had been in the hospital too long. His required care was such that it could be given by his mother and the visiting nurse service.

Johnny is one of a family of three boys. He is fourteen, with a mental age of nine, and had reached grade three in school before the accident that took the life of his elder brother and resulted in severe burns for Johnny. After lengthy hospitalization and extensive plastic surgery, he was ready for discharge. There was marked scarring of his upper chest, back, legs and part of his neck. Contractures of the muscles of his legs and groins had resulted in a shuffling gait.

Living conditions were only fair. The family occupied a four-room house with a bathroom in the basement. The income was low. Family relationships were a problem. The parents had rejected Johnny because he was dull. His care in the home had been and would be adequate, but love and attention were lacking. In spite of this, Johnny was glad to be going home.

Johnny's story illustrates how the health team personnel cooperated in planning for the best possible care, and how hospital services were continued in the community.

A referral was arranged by the physician, and his orders were forwarded to the visiting nurse organization. The hospital medical social worker wrote a lengthy report on Johnny, his reactions, family attitudes

Miss Miller is district director with the Victorian Order of Nurses in Saskatoon. while he was in hospital and the immediate outlook. A home visit was made to assess the situation and see how Johnny's needs could be met. Because Johnny's exercises were so important, it was arranged for the nurse in the district to have a demonstration conference with the physiotherapist at the hospital. These two members of the team planned together for Johnny's program of physical therapy. This nurse, in turn, demonstrated to the remainder of the visiting nursing staff at a group conference. Every member was made aware of the correct method of doing the exercises.

Advice and help were given to the mother in preparing and sterilizing the small dressings still required. When sleeping arrangements were adjusted so that Johnny could have a single bed with a plywood fracture board to ensure good positioning, he came home.

The frequent tub baths posed a problem. For a short time the visiting nurse assisted but gradually Johnny's mother took over this task. The family were urged to assist Johnny only when necessary, and to make him self-sufficient. Johnny frequently attempted to use his younger brother as "picker-upper" or "toy-carrier" and this had to be discouraged.

Reports were given to the medical social worker and the physician from time to time. Attendance at clinic was stressed as necessary to Johnny's continued improvement.

Our part of Johnny's program of rehabilitation continued over a period of almost a year. During this time Johnny's mother became pregnant, and we gave prenatal advice. When his baby sister was born Johnny poured affection on her.

We endeavored to arrange for Johnny to attend Crippled Children's Camp, but although both parents consented, Johnny refused to leave home. The Salvation Army assisted in securing a bicycle for him, and the Christmas Cheer Fund provided toys at Christmas for all three children.

What of Johnny's future? Physically his rehabilitation has been successful. The efforts of the hospital and community services can be said to have achieved their objective. It is not likely that Johnny will return to school. He has demonstrated a capacity for carpentry and could probably benefit from vocational classes. Under supervision and with training in those areas for which he has shown an aptitude he can ultimately become a more valuable member of the community.

Regardless of individual results and of whether we achieve complete success or have to recognize some failures — and no one can succeed all the time — this is an example of how hospital and community personnel can work together. In the hospital, in the community, the various members functioned as a rehabilitation team to take the patient to the limit of his capabilities and return him to family and to society, emotionally and physically able to enjoy life and the years ahead.

The Rehabilitation of Mrs. Moritz

DOROTHY BUTLER

THIS IS THE FOLLOW-UP account of the care given Mrs. Moritz, whose problem was discussed in the May, 1958, issue of The Canadian Nurse. The original article, by Miss Brenda Bauman of the Allan Memorial Institute of Psychiatry, told how the 23year-old blond woman was admitted to the Allan for observation. There was a "lack of physical findings and a provisional diagnosis of hysterical personality." One month later, she was found to be suffering from Wilson's Disease, known as Copper Intoxication. Copper, instead of being excreted, was deposited in the basal ganglia of the brain, with resultant progressive Parkinsonism. She was treated with Penacillamine, a drug therapy for this disease only recently discovered.

This report deals with the posthospital care of Mrs. Moritz which was provided by the Victorian Order of Nurses, Greater Montreal Branch.

The Victorian Order of Nurses, at the request of the Allan Memorial Institute, a unit of the Royal Victoria Hospital, has been providing follow-up nursing care for patients in the community on discharge from the unit or attending the day clinic. These visits provide supportive care for the patients and their families and also provide the

Miss Butler is a staff nurse with the Greater Montreal Branch of the Victorian Order of Nurses.

link between the hospital and the patient in his own home. This, then, is how the Victorian Order was called into the case of Mrs. Moritz.

When she was ready to go home, the hospital arranged a predischarge conference to discuss plans for her rehabilitation. This meeting was attended by hospital personnel and the Victorian Order of Nurses. The psychiatrist reviewed Mrs. Moritz' history, her background, diagnosis on admission and diagnosis of Wilson's Disease after investigation. He outlined the symptoms and treatment of the disease which are covered in the previous article.

Mrs. Moritz was brought in and introduced to me as the nurse who would visit her at home. Her tremors gradually subsided as she grew more secure in this familiar setting. She conversed freely with hospital personnel whom she knew and talked with me about my forthcoming visits to her at home. After the patient left, I was able to ask for information and advice. The predischarge conference had proven valuable because it:

- 1. Enabled the patient to meet the nurse who would visit her at home.
- 2. Provided me with valuable background information regarding her hospitalization
- 3. Brought me into contact with hospital personnel.

4. Presented an opportunity to discuss common problems of patient care.

5. Helped us discuss short- and long-term planning.

Planning is essential for all patient care but in this case, the predischarge conference was helpful in preparing Mrs. Moritz for the strict regime she must now follow for the rest of her life — any deviation from this regime would result in her becoming a helpless invalid with little hope for survival. The plan was:

1. To help Mrs. Moritz adjust from the secure hospital setting to her home, it was necessary to meet her great dependency needs, while encouraging her to become increasingly independent.

To supervise her medication, her fluid intake — which had to be great — and her diet.

3. To encourage Mrs. Moritz to care for herself, her family and her home. This meant helping her adjust to such a daily routine as dressing herself, eating, care of an 18-month-old child and responsibility for her household.

4. To prevent readmission to hospital by encouraging her to follow her regimen and promote independence.

5. To teach the family to encourage and support Mrs. Moritz to do everything for herself and to impress on the family that if everything was done for her, it would be detrimental to her recovery.

It is ten months since Mrs. Moritz returned to her home and I can now describe her rehabilitation. By having a well-defined plan, each visit provided additional encouragement for the patient and me. It was decided, in order for her to gain confidence, that she would be visited daily at approximately the same time and by the same nurse. The doctor had warned that although this was necessary and desirable at first, Mrs. Moritz had great dependency needs which, if fully met, would render her permanently an invalid. If we were not successful in reducing the frequency of our visits and changing the nurse, Mrs. Moritz would only be transferring her dependency needs from the hospital to us and this would not be real progress. The doctor had emphasized also that we would have to be positive in our statements to Mrs. Moritz, regarding the necessity of her becoming independent.

When I visited Mrs. Moritz, I found that the family consisted of herself, her husband, an 18-month-old adopted child and Mrs. Moritz' mother, who had come from Nova Scotia. This presented a problem because the mother had assumed complete responsibility, making it difficult for us to carry through our plan to make the patient fully independent. Added to this difficulty were the problems of poor marital relations and a strained relationship between the husband and mother-in-law. In the predischarge conference, the doctor had stressed the importance of having the mother return to Nova Scotia because of family tension. Moreover, since the husband frequently out of town, mother's presence encouraged Mrs. Moritz to be dependent.

I visited daily, around lunchtime, and found that Mrs. Moritz was discouraged and despondent. Her tremors were pronounced, her coordination poor. She wore pyjamas and was constantly untidy because she felt unable to dress herself. It was extremely difficult for her to manage zippers so buttoned dresses were suggested. I encouraged her and gradually she was able to dress herself prior to my

arrival.

She was unable to drink as much as she needed because she could not turn on the tap. She spilled fluids and dropped glasses. I suggested that one or two large plastic pitchers of water be left by her husband and that she use straws. This enabled her to get the required fluid intake.

Her lunch was also a problem because she felt unable to light the gas stove. I suggested that sandwiches and hot soup be prepared and left in a thermos for her by her husband. These measures, I made clear, were to be considered temporary and would be discontinued as soon as her shaking was more controlled.

All the suggestions were followed and it was not too long before she was preparing her own meals. Only one project at a time was undertaken since there were so many things that Mrs. Moritz felt unable to do. She could not plug the vacuum cleaner into the wall socket so her husband did this before he left. The bedroom was small and bedmaking presented a

problem. Rearrangement of the furniture allowed her more room to move around the bed. It was necessary to help Mrs. Moritz plan a schedule of her daily activities so that she would not attempt more things than she could manage.

Wanda, the adopted child, became quite unruly on Mrs. Moritz' return from hospital. The patient often expressed feelings of physical inability to care for the youngster. But in time, and with help, she was well able to manage. Wanda contracted measles and this gave me an opportunity to teach the care of a preschool child—diet, toilet training and discipline.

Mrs. Moritz' mother accepted temporary employment in the city. Eventually, she returned to Nova Scotia with the strong desire that her daughter would come and live with her there.

Although the disease was now under control, the tremors less pronounced and the patient able to do more and more for herself she expressed a desire to return to hospital or join her mother in Nova Scotia. During the regular weekly visits to the doctor, he made it clear that it was impossible for her to go to Nova Scotia to live but that she could visit there for the summer

months if she continued to improve.

This proved an incentive since the family was a closely-knit group. When she left for the summer vacation, her tremors had almost disappeared. She went to a city where there was a branch of the Victorian Order of Nurses and we referred her to them, sending a detailed summary of our service and information received from the Allan.

After Mrs. Moritz had been in Nova Scotia for two months, we received a letter from the Branch there, notifying us that she was returning to Montreal. Visits were resumed. Today, after ten months of continuous service, Mrs. Moritz has not required readmission to hospital and has been dismissed from psychiatric service. Mrs. Moritz' progress has been most encouraging; she has assumed responsibility for taking her own medication, is able to care for herself and family and, more important; is able to exercise control over her emotions. The progress made by this patient demonstrates the value of a close collaboration between the hospital and a community health agency. The Victorian Order of Nurses appreciates having had the opportunity of participating in the rehabilitation of this patient.

Remarkable progress has been made in reducing the number of new cases of blindness among children. Not only has blindness due to infectious diseases decreased sharply among school-age children, but loss of sight due to administering oxygen in high concentration to premature infants has become rare.

The most frequent causes of blindness often have their onset in middle and later life. They include specific eye conditions of unknown etiology, in particular glaucoma, cataract, and such general disorders as arteriosclerosis, high blood pressure, nephritis, and diabetes. Males have a higher blindness rate than females partly as the result of the higher incidence among males of blindness due to accidents and partly due to the earlier development of arteriosclerotic and other degenerative changes.

A study showed that half the cases of blindness could have been prevented. Early diagnosis and treatment of pathological eye conditions are the best available means to conserve sight. Periodic health checks, particularly in people past middle age, should include examination of the eyes for glaucoma and cataract, as well as for changes due to degenerative vascular diseases.

- Meropolitan Information Service.

A compliment is something like a kiss through a veil. — VICTOR HUGO



Nursing Care of the Thoracic Surgical Patient

J. A. HINSON, E. E. OLEKSYN, B. Sc. and C. A. DAFOE, M.D., F.R.C.S.

S THE NUMBER of patients undergo-A ing thoracic surgery increases, it becomes imperative that nurses acquaint themselves with the specific nursing care involved. Recognizing this fact, the University of Alberta Hospital has organized a Thoracic and Cardiovascular Unit. Here the patients receive specialized care provided by experienced graduate nurses, and student nurses acquire knowledge and practice under close supervision. In the following article, an attempt will be made to mention various diseases encountered and to describe the pre- and postoperative nursing care as it is given and taught here.

On our unit, the most common diseases of the lungs requiring surgery are: bronchogenic carcinomas, bronchiectasis, benign tumors of the lung, lung abscesses and tuberculomas. Other operable conditions of the chest are: diaphragmatic hernias, esophageal carcinomas and diverticuli, and tumors of the mediastinum such as neurofibromas, thymomas, dermoids, etc. Surgery of the aorta and heart includes repair of aortic aneurisms, coarctation of the aorta, patent ductus and mitral stenosis.

The Cardiac Recovery Room is also located on this unit. Patients undergoing intra-cardiac surgery for congenital and acquired heart diseases with the aid of the pump oxygenator receive their care as provided by the cardiac team.*

All admissions for chest investigations to our unit receive the following tests:

Complete blood count, sedimentation rate, hemoglobin, hematocrit, Wassermann, complete urinalysis and three consecutive sputum specimens for culture and sensitivity. Chest x-rays are taken as ordered and chest physiotherapy is commenced by the therapist. Additional routine for cardiac investigations in-

Dr. Dafoe and the nurse authors are cooperative members of the team working on the Thoracic and Cardiovascular Unit of the University of Alberta Hospital, Edmonton.

cludes urea nitrogen, serum cholesterol, C reactive protein and anti-streptolysin "O" titre. An electrocardiogram, cardiac fluoroscopy and ear oximetry are usually done. Weights and blood pressures are recorded daily and specific attention is focused on digitalization, diuretics and diet for cardiac patients.

The diagnostic procedures classed as minor operations are as follows: bronchoscopies, bronchograms, esophagoscopies, left atrial pressures, cardiac catheterizations, angiocardiograms and aortograms. Breakfast is omitted for these procedures but no skin preparation is required except for an aortogram, in which case the left side of the posterior chest is shaved, if necessary. Postoperatively, the blood pressure is taken once when the patient returns to the ward, and then as often as is indicated by his condition. The patient receives nothing by mouth for one hour, then all medications and diet are resumed. Postural drainage is instituted following a bronchogram to facilitate more rapid drainage of the radio opaque dye which had been instilled into the bronchi.

When it is decided that a patient will be submitted to major surgery, he is given a high protein, high caloric diet supplemented by vitamin therapy with emphasis on ascorbic acid. In this way, the general condition is improved and postoperative healing is promoted. Two days prior to surgery a urinalysis is done and the hemoglobin, hematocrit and urea nitrogen are again checked. Blood for transfusion is ordered and is available for use in the operating theatre. Additional blood is on hand for postoperative use. Chest physiotherapy is intensified, with emphasis on teaching deep breathing and effective coughing measures to be used postoperatively. The aims of this physiotherapy are: to increase the respiratory function to its full capacity, to cleanse and main-

^{*}Refer to "Open Heart Surgery using Total Cardio Pulmonary Bypass," *The* Canadian Nurse, August, 1958

tain a clear bronchial tree and to instruct the patient in his postoperative responsibility. Arm and leg exercises are also taught and their importance stressed.

A skin preparation is done the day prior to surgery. This includes a shave from the chin to the iliac crests, the anterior and posterior thorax, the axillae and down the arms to the elbows. The thorax is cleansed with Phisohex three times during the preoperative day. A cleansing enema is given after supper; the patient is settled comfortably for the night and an h.s. sedation given to ensure a restful night's sleep.

On the morning of operation, the preoperative sedation is given as ordered by the anesthetist. If the patient has been on digitalis, the daily dose is given preoperatively. If the surgery is being performed to correct an aortic aneurism, before the preoperative sedation is given, a Levine tube and a Foley catheter are inserted. Gentle enemas are given until the return flow is clear. These measures are taken to ensure that no undue pressure will be exerted on the graft postoperatively.

The thoracotomy unit is set up with meticulous care. The anesthetic bed is made and the following equipment is assembled and placed on the locker:

Cellu-wipes, kidney basin, an armboard padded with soft gauze, gauze bandage, ½" and 2" adhesive tape, autoclave tape and safety pins. Also ready for use is the intravenous standard, the blood pressure apparatus and a steam kettle. The oxygen gauge and humidifier bottle are connected to the wall jet and a nasal oxygen catheter of appropriate size is attached. The wall suction apparatus is prepared for use. A nasal suction tray and a mouth care tray are also placed at the bedside.

The unit is now ready for the patient's return.

When the chest is opened at operation the state of negative intrapleural pressure is disrupted and the lung collapses. In this state it has very little, if any, function. If there are no postoperative leaks in the lung, such as may result from resection of part of it, then it is a simple matter to evacuate the air from the pleural space at the conclusion of the operation and the lung should re-expand. A constant leak

of air into the pleural space will not allow re-expansion of the lung unless the air can be removed as rapidly as it accumulates. The underwater seal drainage system is used for this purpose. The positive pressure of coughing and deep respiration is probably the most effective means of removing the air from the pleural space rapidly. However this may be aided by negative pressure of minus ten to minus forty centimeters of water, produced by some form of vacuum pump, such as a Stedman pump or a thoracic thermotic suction.

When the patient returns from the anesthetic recovery room via stretcher, certain precautions must be taken in moving him to the bed. The chest drainage tube or tubes must be carefully checked to make certain that they are not taped to the stretcher and that there is no pull or tension exerted on them while the patient is being moved. The tubes must never be raised above the level of their insertion into the chest wall.

After the patient has been placed flat in bed, the dressing is inspected to see that it is intact and if any signs of hemorrhage or abnormal drainage are present. The drainage bottle is taped securely to the floor with 2" tape and calibrated autoclave tape is placed on the side of the bottle. This tape enables a fairly accurate estimation of drainage to be kept. More than 500 cc. of drainage in the first 12 hours may be considered excessive and any rapid increase in the amount of drainage demands explanation. All connections of the tubing between the patient and the underwater seal drainage bottles are taped with half inch tape to prevent air leakage and to keep the connections secure. In pinning the tube to the bed, care must be taken to ensure a continuous "downhill" run from the patient to the bottle. These drainage tubes must be "stripped" every few minutes to prevent formation of blood clots. "Stripping" is continued until the drainage is serous.

On our unit the blood pressure, pulse and respirations are checked every 15 minutes until stable, every one-half hour for two hours, then every two hours for 24 hours. Also included in our check of vital signs are: the color of the lips, ear lobes, nail beds

and peripheral "blanching" signs of the hands and feet. The patient is placed in low Fowler's position when the blood pressure is stable because this position facilitates drainage and expansion of the lungs and enables the patient to breathe more deeply and easily. If cyanosis is present, oxygen may be given nasally and continued until a good color can be maintained without its use. Anything that seriously interferes with respiratory function will cause symptoms of dyspnea and possibly cyanosis. It is important to remember that these are symptoms only and that the thing to do is discover the cause and correct it rather than to blindly administer oxygen to alleviate the symptoms.

The maintenance of a clear tracheobronchial tree by an energetic cough routine, aided when necessary by intercostal nerve block when pain is an inhibitory factor, is an important step in maintaining aeration of the lung. When the airway is not cleared by these methods, tracheal aspirations should be used. Postoperative bronchoscopy should not be delayed if these measures have failed. When the tracheobronchial tree is being flooded with secretions and tracheal aspirations have to be repeated frequently, the patient can be managed far better by a prompt tracheotomy. This is a postoperative aid that should not be held in abeyance as a last resort, but should be used more promptly. Sedation is kept at a minimum to ensure prompt cooperation in the cough routine.

A nurse is present almost continuously at the patient's bedside for 24 hours to give him constant nursing care and to be immediately aware of any change in his condition, should it occur. To encourage coughing, deep breathing and adequate drainage of air and fluid from the involved thorax, the patient is stimulated to turn from side to side hourly when awake. There is no contraindication to turning onto the operative side provided the drainage tubes are not compressed. In pulmonary surgery, early active movement, adequate and proper physiotherapy and early ambulation are potent factors in ensuring minimal complications and a speedy recovery from the disturbed pulmonary physiology and trauma.

A complete bed bath is given and the linen changed during the afternoon of the operative day. Antibiotics are given as ordered. Analgesics are administered in doses adequate to relieve pain and apprehension, but care must be taken to maintain a level of consciousness which allows for cooperation in coughing and deep breathing. Arm and leg exercises are started the evening of the operative day and the physiotherapist assists with the breathing and coughing as taught preoperatively as soon as the patient's consciousness and condition warrant it. One of the greatest measures of help a nurse can give to a patient after a thoracotomy is to regularly support his wound with her hand and encourage him to produce an effective expulsive cough. The support diminishes the pain the patient experiences with this mechanism. At a later stage, the introduction of a large folded bath towel around the chest so that the patient may grasp both ends anteriorly and exert counter pressure over the wound is a useful adjunct to produce an effective cough.

Fluids are given as tolerated if there is no nausea and diet is increased as rapidly as the patient desires. In the immediate postoperative period, one should watch for gastric distention. It is important to realize that distention, especially when marked, greatly interferes with cardiac action and decreases pulmonary ventilation. most common finding is a rapidly rising pulse rate and eventual hyperpnea. Prompt decompression is necessary. The use of a Levine tube relieves a doubly embarrassed system. A record of the fluid intake and output is kept for at least three days. Vitamin therapy is resumed as soon as the patient is on

The blood pressure, temperature, pulse and respirations are taken every four hours for the first two days. Then the blood pressure is checked daily, as required. The temperature, pulse and respirations are taken three times a day until discharge. A portable chest x-ray, with the patient sitting upright, is taken on the first morning post-operatively and again on the second or third days postoperatively. When the lung has re-expanded and become adherent to the chest wall, providing fistulae are not present, the drainage

tubes are removed. This state is indicated by the chest x-ray and by the failure of the column of fluid in the underwater drainage tubes to fluctuate with respiration and coughing. The tubes are removed usually on the second or third postoperative day with precautions taken to avoid letting any air into the chest by tightening a previously placed suture. The stab wounds are sealed off with an air-tight dressing for at least 48 hours. A chest aspiration may be done later to withdraw any excess fluid or air which may have accumulated after removal of drains. A hemoglobin and hematocrit check is done on the first, second and fifth days postoperatively to determine the blood balance.

To loosen bronchial secretions, steam inhalations are given for 20 minutes three times daily in addition to the continuous steam provided by the kettle at the bedside. Sputum liquifiers, such as Alevaire may be given by using an aerosal nebulizer and potassium iodide may be given orally. The use of "coughalators" and positive pressure breathing apparatus may also be employed to assist those patients who are not coughing and breathing effectively.

The patient receives a complete bed bath for the first few days postoperatively and special back and mouth care is given every two hours when the patient is awake. As his condition improves, the patient is encouraged to be up increasingly with assistance and to assume more responsibility for his own body cleanliness and oral hygiene. He is usually ambulatory within a few days after operation. The sutures are removed about seven to ten days fol-

lowing surgery.

Additional care required for patients who have undergone cardiac or great vessel surgery includes a restriction of fluid intake to 1000-1200 cc., for an adult, for at least two days. A record is kept of fluid intake and output for five days postoperatively. Daily weights are recorded after the patient is ambulatory, until his discharge from the hospital. The blood pressure, heart rate and regularity are recorded frequently. Again, the salt intake, digitalization and use of diuretics receive special attention. Usually ambulation is delayed in these cases as compared to patients having had pulmonary surgery.

In considering postoperative complications of thoracic surgery, it may be said that shock is somewhat more prevalent than in most operative procedures. The most effective therapy to combat shock is the replacement of the deficiency in the blood volume. For this purpose the use of whole blood is ideal and is used whenever possible. The concentrated efforts of the patient, with the assistance of the nurses and physiotherapist, in keeping the bronchial tree clear of secretions helps prevent atelectasis, which is one of the most common complications associated

with thoracic surgery.

A serious complication which may arise following a pneumonectomy is a bronchopleural fistula, which is a direct communication between the bronchus and the pleural cavity. It occurs when the suture line of the bronchial stump breaks down. Should this happen while the chest drainage tube is present, it is indicated by a rapid bubbling in the underwater seal drainage bottle. If, however, it occurs after removal of the drain, it is important to establish underwater seal drainage as soon as possible, to prevent accumulation of air in the pleural cavity causing mediastinal shift, deficient heart filling and therefore lowered cardiac output and acute respiratory difficulty. The symptoms which may be present are: dyspnea, cyanosis, tachycardia, increased respiratory rate, shift of the trachea to the non-operated side and subcutaneous emphysema. The empyema which then follows may require thoracoplasty, in a pneumonectomy. The convalescence is prolonged and may be precarious.

With good care before and after operation, the course of the person who has had major thoracic surgery should be no more turbulent than that of one undergoing any other major surgical procedure. It must be remembered that a patient having thoracic, and more particularly, cardiac surgery is in a disturbed state of mind. It has been shown that the incidence of the development of temporary minor or major psychoses after cardiac surgery is much higher than after general surgery. Therefore all measures should be taken to reassure the patient, to maintain an air of confidence and to explain, in simple lay terms, the object of the surgical procedure; what it will accomplish and what he can expect postoperatively, always maintaining a positive and optimistic outlook. Advances in surgical technique and anesthesia have played a major part in the success of thoracic surgery, but the

results are as much dependent upon intelligent and enlightened nursing care as on any other factor. If the few simple principles stated here are kept in mind, the thoracic surgical nurse will find that "All things are clear in the light of reason."

Skin Antisepsis

PHILIP B. PRICE, M.D.

A HIDDEN RESERVOIR of bacteria exists somewhere deep in the human skin. The precise location and quantity of these "deep bacteria" are as yet unknown but appreciable numbers of them begin to appear in washings of the skin after 10 to 15 minutes of scrubbing. This strengthens the theory that it is impossible to kill or remove all germs in the skin without destroy-

ing the skin itself.

Both "transient" and "resident" germs are found on the surface of our bodies. "Transients" vary tremendously in number and in kind. Fortunately for the health of man, most of the extraneous microorganisms that get on his skin soon disappear. Some die; others fall off, are rubbed off on clothes or are washed off. In general, transient bacteria are more abundant on exposed skin, but enormous numbers of them collect under the nails, between the toes or whereever there is protection. It takes from one to eight minutes of washing with soap and water to remove all transients from the hands and arms. They can be killed with relative ease by chemical disinfectants.

"Residents" form the stable bacterial population of the skin. They live, multiply and die there. Inasmuch as resident bacteria are firmly attached

Dr. Price, who is Dean of the University of Utah College of Medicine, delivered an address on this subject as part of a series of lectures sponsored by Becton, Dickinson and Company and Seton Hall College of Medicine and Dentistry, Jersey City, N.J.

to the cutaneous surface, washing removes them slowly. They are less susceptible than transients to the action of disinfectants. Residents are composed largely of staphylococci of low pathogenicity, but a few Staphylococcus aureus and other pathogenic bacteria are almost always present.

The primary purpose of a skin disinfectant is to reduce effectively these bacterial populations. Other things are important — nontoxicity, stability, ease of application, inexpensiveness — but the prime requisite is disinfection of

the skin.

Various tests are used to evaluate disinfectants. The serial basin handwashing test is the only test of skin disinfectant action that reproduces faithfully the conditions of actual use, that is capable of controlling all the variables, that eliminates with certainty the troublesome factor of bacteriostasis and measures the effect of disinfectants on the skin flora, quantitatively and qualitatively, with a fair degree of accuracy. The status of some common skin disinfectants follows:

Ethyl Alcohol — For routine surgical use, 70% alcohol by weight is recommended for several reasons. It is somewhat less expensive than the more concentrated preparations. It wets the skin well, spreads smoothly, and evaporates slowly. It does not injure the keratin or extract the lipids of the epidermis, and in consequence is almost perfectly

innocuous on the skin.

Isopropyl Alcohol — It might well be substituted for ethyl alcohol in prepaparations used to disinfect the field of operation, but it is not recommended for routine preoperative preparation of the hands.

Mercurials — The best of these solutions has been found to reduce the flora by less than half in three minutes but in general they are not easy to evaluate accurately or with assurance.

Iodine — One or two per cent iodine dissolved in 70% alcohol is an excellent skin disinfectant. It spreads evenly, dries slowly, and evaporation does not leave a rim of concentrated iodine to burn the skin. Aqueous solutions of iodine should not be used on the skin, since they may cause severe burn and even iodism from absorption.

Zephiran (Benzalkonium Chloride) -In vitro, zephiran is a powerful, rapidly acting germicide against test bacteria, but on the skin, under conditions of ordinary use, its disinfectant action is not as great as has been generally supposed. Hands and arms that have been scrubbed in the usual manner need to be very thoroughly rinsed with water (for one minute or more) in order to remove the soap which clings so tenaciously to skin and tends to neutralize the bactericidal action of zephiran. Since solutions of alcohol are better soap solvents than water, it is recommended that the site of operation be washed alternately, several times, with 70% alcohol and tincture of zephiran.

G-11 (Hexachlorophene) - It has been asserted that persons who operate regularly no longer need to scrub in the old-fashioned manner, nor soak their hands in disinfectant solution. Instead it is necessary only to lather their hands and arms for two or three minutes with G-11 detergent. As far as I can determine, single periods of washing or scrubbing for from one to ten minutes with preparations of G-11 in bar soap, liquid soap, or Phisoderm, do not immediately reduce the cutaneous flora any more rapidly than if the washing had been done with Ivory soap. Used rationally and faithfully, G-11 soap of G-11 Phisoderm is probably capable of contributing materially to the perfection of aseptic surgical technique. In my judgment it should not be employed to the exclusion of the conventional preoperative scrub or the customary chemical disinfection of hands and the field of operation. It seems to me that danger lies in the creation of an unwarranted sense of security in the minds of those who choose to believe that a single, short, timesaving wash with a G-11 detergent can be depended upon to disinfect the skin.

Red Cross Fellowship

OR THE PROFESSIONAL NURSE who is prepared to undertake special graduate study in a specific field such as research, general education, social work or hospital architecture, assistance is now available.

The qualifications of candidates should include professional maturity, registration in Canada, a baccalaureate degree and professional experience covering a period of not less than five years. Preferably, the preparation sought should be for a specific position available and accepted by the candidate.

The amount of the bursary will be related to the needs of the candidate. It is hoped that an annual grant can be added to the fund and that the total amount accruing will be the limiting factor in relation to the degree of support, the length of study and the frequency of the award.

Enquiries should be directed at an early date to the National Director of Nursing Services, Canadian Red Cross Society, 95 Wellesley St. E., Toronto.

* * *

The little fisherman on our cover picture is Philip Little, the 1959 National Easter Seal Child for the United States. The annual campaign here began on February 27 and will continue until March 29. The funds from the sale of seals will ensure continuing care for children crippled by cerebral palsy, poliomyelitis, accidental injury and other conditions. Programs of research and study will give each child a better opportunity for successful rehabilitation.

RESEARCH

The Need for Research in Nursing

NETTIE D. FIDLER, B.A.

A Profession and its Hallmarks

Professions have as their primary objective service to man and society. For this purpose they are measured by certain criteria which are applicable to them all. There is, of course, the application of their knowledge in services which are vital to human and social welfare. They attract individuals who place service above personal gain and who regard their occupation as a life work. In these ethical and social fields it appears that nursing is acknowledged to be professional. In fact it has been said that no other professional group has a higher concern for the welfare of its clients.

There are, however, certain other criteria. A profession bases its practice on a well-defined and extensive body of knowledge on the level of higher learning. Closely related to this, it constantly enlarges this body of knowledge by the use of the scientific method. In other words it grows in competence by research.

Nursing has very good friends in other professions. All seem to regard nursing as essential; all try to make constructive suggestions; all point out the need for research, but all question

Miss Fidler, who is the director of the School of Nursing, University of Toronto, prepared this article as the first in a series to be devoted to the subject of research in nursing. the body of knowledge, especially in science. We have all read recently the work of Esther Lucile Brown, of Margaret Bridgman, of the Ginsberg Committee. I would like to go back a little and quote from another person interested in nursing, writing exactly 20 years ago. Dr. H. B. Atlee of Dalhousie University says:

It seems to me that if your profession is to inherit the place in the medical sun which it deserves it must somehow enhance its prestige . . . Faced by the alternatives of either struggling for improvement within your present limitations or setting yourself a new goal, I believe you must choose the latter . . . (By this I mean) that you should become more professionalized . . . As I see it, a profession is a group of trained workers which has within itself the capacity for making a more and more specialized contribution to human welfare . . . The professional worker creates his own world. The worker in a shoe factory is given a shoe to make, of which the pattern is very clearly laid down. But the doctor is given a sick body to deal with and in the handling of the problem he creates a whole new world of anatomy, physiology, physical and mental therapy, and prevention. On the basis of that definition I do not think it can be truly said that nursing is yet a real profession. Too much of the pattern you follow has been imposed on you from without from my own profession, for instance -

and not enough is created within yours. So the goal I would like to see you set yourselves is one towards which you will move more and more through your own initiative and resource.

... I see no reason why the nurses of the future should not carry out nursing research. If my profession is given facilities for the purpose why should yours be denied them? The only rational basis of denial would be that there is no longer room for improvement in nursing — which is ridiculous.

He goes on to say that nurses will have difficulties in gaining these facilities — difficulties created within their own ranks and from the medical profession. ". . . I and my confreres will maintain stoutly our right to the sole overlordship of the medical world."

THE PROBLEMS OF NURSING

We have seen that friendly critics urge research as necessary to a profession and to professional prestige. The real purpose of this is to improve nursing — to find answers to the unsolved problems which have been multiplying ever more rapidly in recent years. Examples of these problems are: the form or forms that nursing education should take; the best use of the nurse's time and skill in the hospital and public health fields; the use of the nursing team; relationships with other health professions; the formulation of a nursing science; and above all the direct nursing of patients.

These are examples taken at random. Some of them are so large that they would need to be divided for study. The profession is aware of these problems, and in Canada (as in Britain and the United States) there have been the beginnings of research on them. In this country we may cite the study which led to the reorganization of the Canadian Nurses' Association; the Canadian Nurses' Association's demonstration school of nursing at Windsor, Ontario; the study of nursing education in New Brunswick; the study of the functions and activities of head nurses made by the Research Division of the Department of National Health and Welfare in cooperation with the Canadian Nurses' Association; and the cost study of basic nursing education programs in Saskatchewan.

PARTICIPATION IN RESEARCH

Although all nurses cannot and will not carry on major research projects, we all need to have a clear idea of the research process, of the "research approach," and of the basic concepts of statistics because:

- 1. We are all consumers of research and of statistics. We should be able to understand and evaluate the research of others.
- 2. Many nurses, not primarily interested in research, have immediate concrete problems of nursing, of administration or of education which have to be solved today. The regular steps used in research are applicable to any such problem and will provide the best solution.
- 3. This understanding is also useful in the assistance in medical research projects for which nurses are sometimes asked.

THE ROLE OF THE UNIVERSITY IN RESEARCH

The functions of the university are often described briefly as teaching and research. All teachers must do research in connection with their teaching if it is not to become static. Some give a large part of their time to research. The undergraduate student does not do research in the full sense of the word. Nevertheless, it is in the undergraduate program that the foundations are laid for the research he may undertake later as a graduate.

It has always been accepted that one of the results - perhaps the chief result - of a university education should be a "trained mind." It is assumed that thinking ability is actually improved and increased. This "training" is not simply a matter of furnishing the mind with existing knowledge, important though this is. It is above all not a rigid conditioning to the past and to conservatism. The result desired is a disciplined and free mind. The subjects are liberalizing in themselves, but liberal teaching is necessary for their full effect. Thus the spirit of curiosity and inquiry should be given free rein from the beginning, while gradually the student's thinking becomes more responsible and more subjected to the test of evidence and to logical ordering — in short, a research

attitude is developed.

This type of teaching and learning is not confined to universities. It can be, and indeed it is, used by good teachers in every type of pro-fessional or academic school. This is desirable from every point of view. In relation to the promotion of research in nursing it is essential, for our greatest obstacle is lack of trained personnel. This obstacle will not be removed until schools offering the basic nursing program liberalize their teaching so as to inspire and enable many students to proceed at least to their bachelor's degree, which is now generally recognized as the basic qualification for a research worker.

The training of the research worker is, of course, the direct problem of the university schools of nursing and will require great effort on their part. The universities cannot lower the standards of their graduate degrees to accommodate nursing, nor would this be desirable. If nursing is to progress as a profession its degrees must be comparable academically with the best degrees in any field. Our greatest difficulty is to find staff members with broad liberal backgrounds and with graduate degrees who are capable of building up the teaching and research programs of our schools to true graduate level.

Our second problem is to begin research programs here and now with such staff and facilities as we have at present in order to create a field into which students may be introduced. The solution of both these problems is

dependent, to a large extent, upon our ability to interpret our needs to the administrators of our universities.

If this task of interpretation is to be accomplished, the profession must be united with us in its desire for graduate programs that would make research in nursing possible. The Canadian Conference on Nursing, convened by the Canadian Nurses' Association in 1957, went on record as urging the need for graduate work. Do nurses as a whole agree with them? Can we assert confidently that the great majority of practising nurses think this matter urgent because they find that they need the kind of research which the university should provide?

We know that the idea of nursing research is young, but certainly there seems to be much interest and discussion of it now. In our own small efforts at the University of Toronto we have not found the attitudes which Dr. Atlee feared. We have had unstinted cooperation and collaboration from the nurses whose fields are involved. This did not really surprise us, though we knew they were very busy. What has surprised us, I think, is the interest shown by the doctors in these fields. We saw no sign of a desire to retain "the sole overlordship of the medical world."

And so, though there are many obstacles and difficulties in the way, I cannot but feel that if we truly want research in nursing we will have it. For, to return to Dr. Atlee: "It is an historical fact that in preparing himself for a better future, mankind has

invariably created that future."

Alumni of Teachers College, Columbia University, will attend a celebration late this spring commemorating the 100th anniversary of the birth of M. Adelaide Nutting, nursing education pioneer, and the 60th anniversary of the founding of the college's Division of Nursing Education. The celebration will be held May 15 and 16, 1959.

There will be a dinner on the night of May 15. On May 16, an all-day meeting will be held at Teachers College. The meeting will focus on Miss Nutting's leadership in setting the foundation for nursing education in the United States and abroad, and on the future of nursing education.

Over 800 registered nurses serve as volunteer instructors of the Canadian Red Cross Home Nursing Courses in communities throughout the nation.

The aim of reading . . . is gradually to create an ideal life, a sort of secret, precious life, a refuge, a solace, an eternal source of inspiration in the soul of the - ARNOLD BENNETT reader.



Seven Baby Cereals for Specific Prescription

Heinz now makes available the most complete, most useful range of baby cereals. You will note below that each of the 7 Heinz Baby Cereals serves a specific need. As never before, you can now prescribe the right cereal for individual requirements.



RICE— The hypo-allergenic cereal . . . and the most binding of all the cereals. Used widely in the diet of coeliac babies.



INFANTSOY-29.0% Protein $(N \times 6.25)$ by typical analysis . . . one of the better and most palatable dietary sources of highquality protein.



BARLEY-Used with infantile diarrhoea . . . well-tolerated. High in 2 of the essential amino acids-Threonine and Tryptophan, agents for the prevention of pellagra and liver fat accumulation.



MIXED CEREAL-Wheat, oats, corn, combined in a cereal of excellent, all-round nutritional value. Exceptionally agreeable in taste.



OATMEAL-Mild, natural laxative properties . . . a highly recommendable cereal where a baby suffers from constipation.



CORN-A single grain cereal . . . used by many doctors in an elimination diet for the treatment of eczema cases. Valuable where protein allergies are a factor.



WHEAT-Highest in iron content of all the cereals . . a particularly useful dietary source of iron for the anemic baby.



HEINZ INVITES SAMPLING! For further information—and for samples of any or all of the 7 Heinz Baby Cereals, for tasting or testing, simply send your request to

HEINZ BABY CEREALS, LEAMINGTON, ONTARIO

a cereal for every need _____ HEINZ BABY **CEREALS**

Une Fructueuse Pratique

SOEUR MANCE DÉCARY

PASSEMBLÉE ANNUELLE du nursing est la réunion de tout le personnel professionnel du nursing et ses invités qui sont les autorités de l'Hôpital, les médecins, les internes, les chefs de service des départements auxiliaires et de représentantes de l'Association des Infirmières de la Province de Québec.

Le but de cette réunion annuelle est d'informer chacune du travail accompli dans les différentes sections du département du nursing au point de vue du service des malades et de l'éducation, de faire des recommandations et de procéder à l'élection des membres des différents comités du nursing.

L'idée de convoguer une assemblée annuelle du nursing à l'Hôpital Notre-Dame est venue à la suite de l'organisation scientifique du service du nursing qui date de 1951. Le service du nursing suit un plan d'organisation bien défini qui est expliqué par un diagramme précis. L'évaluation du personnel nécessaire, tant professionnel qu'auxiliaire, pour assurer des bons soins aux malades est basée sur les heures de nursing requises par jour. Ce calcul est possible grâce à la feuille de répartition du travail que les responsables des départements complètent pour une période de 24 heures, une fois la semaine, et qu'elles versent ensuite au secrétariat du nursing où la compilation est faite. Afin de faciliter le travail et de le standardiser tout en améliorant constamment le soin des malades, nous avons préparé:

1. Le manuel du service du nursing, instrument de travail qui présente les notions essentielles de l'organisation de ce service dans le but d'instruire le personnel de ses obligations et de lui faciliter l'observance des règlements de l'hôpital. Ce manuel traite des attributions du personnel, des conditions de travail et des directives au personnel, directives

concernant les malades.

2. Le cahier de relations inter-départementales qui explique toutes les for-

Soeur Décary est la directrice du nursing à l'Hôpital Notre-Dame, Montréal.

mules employées dans l'hôpital et la façon de procéder pour obtenir un service des autres départements.

- 3. Le manuel de techniques en nursing revisé chaque année.
- 4. Un système de dossier permanent pour chacune des infirmières à l'emploi de l'hôpital.
- 5. Un inventaire perpétuel du matériel, préparé et revisé tous les mois d'une façon plus ou moins élaborée.
- 6. Un budget quant aux item "salaires" et "matériel" alloué pour le nursing.
- 7. Les comités suivants ont été formés et fonctionnent effectivement:

Le Comité Exécutif du Nursing, le Comité de Régie de l'Ecole, le Comité Conjoint du Nursing, le Comité du Nursing et de la Pharmacie, le Comité d'Admission des Elèves à l'Ecole, le Comité d'Admission aux Cours Post-Scolaires, le Comité du Curriculum, le Comité de la Recherche en Nursing, le Comité d'Organisation du Travail d'Equipe, le Comité du Service Privé, le Comité d'Etudes des Techniques Théoriques et Pratiques.

8. Des assemblées fréquentes avec les hospitalières servent de moyen de communication entre tous les membres professionnels et auxiliaires de notre service.

9. Un programme éducationnel a été élaboré. Il se divise en trois parties: orientation, enseignement sur place, enseignement continu.

Après avoir établi toutes ces bases, nous avons pensé que l'évolution du nursing devait être soulignée car malheureusement, beaucoup trop souvent, on ignore ce qui se déroule dans une institution de l'ampleur de la nôtre. Nous avons cru que les autorités de l'hôpital et les infirmières seraient intéressées à prendre connaissance de tout le travail qui se fait dans les différents départements du nursing, de même que des statistiques assez complètes que nous étions en mesure de présenter.

C'est alors que nous avons tenté d'inaugurer en 1953, notre première assemblée annuelle du nursing sous la présidence d'honneur conjointe de

for your own and your patients' skin care

Vanza Creme

prevents...relieves rough, dry skin



COMPANION PRODUCT:

VANZA SUPERFATTED SOAP

> for sensitive or dry skin; fine, also, for nursery use.

Soothing, emollient Vanza Creme forms a thin, protective, non-greasy film which protects against dehydration... "lubricates" with a cholesterinized water-in-oil emulsion.

MAIL COUPON FOR FULL-SIZE TUBE

VanZant & Co., Limited, Dept. CN-2 357 College Street, Toronto, Ontario

Please mail me free of charge a complimentary tube of Vanza Creme and guest size Vanza Superfatted Soap.

NAME....

CITY..... PROV.

Soeur Denise Lefebvre, directrice de l'Institut Marguerite d'Youville, et de Mlle Suzanne Giroux, visiteuse officielle des écoles d'infirmières.

Les rapports présentés à cette assemblée par les Religieuses et infirmières responsables des départements sont les suivants:

Section de l'Education, Section des Activités Scolaires, Service des Malades: éducation, personnel, organisation, rapports du service de nuit, salles d'opérations et de réveil, oxygénothérapie, cliniques externes, deux ou trois rapports des différents services des départements des malades.

Afin de souligner l'importance du travail en comités et le résultat obtenu, la lecture est faite des rapports des comités:

Comité du curriculum, des techniques théoriques et pratiques, du service privé et du comité Conjoint du Nursing, etc. A l'issue de cette première assemblée annuelle, les infirmières ont manifesté un tel enthousiasme à la révélation du travail effectué dans le service du nursing depuis son organisation, qu'elles ont manifesté le désir qu'une réunion semblable soit tenue annuellement.

Cette recommandation a été suivie et depuis, chaque année, nous avons eu des assemblées similaires sous la présidence d'honneur de différentes personnalités. Après chacune de ces assemblées, tous les rapports sont imprimés et adressés aux administrateurs de l'hôpital, aux chefs des services, aux médecins qui sont membres du Comité Conjoint du Nursing, et aux infirmières à titre d'information et de références, particulièrement pour les personnes qui n'ont pu assister à l'assemblée à cause de leurs heures de service.

ENGLISH OR FRENCH?

Everyone is aware by now of the fact that two separate issues of our *Journal* will be published each month commencing with the June, 1959 number. This important milestone in the history of the nursing profession in Canada will be marked by several changes. A smart new cover design for both issues has been approved. We are departing from the dark blue color on the cover that has identified our *Journal* for the past 20 years.

Arrangements have been made respecting publication dates. The Canadian Nurse, as the senior issue, takes precedence. It will come from the press at the beginning of the month. L'Infirmière Canadienne will follow in approximately ten days.

Currently, the separate mailing list for those who desire to receive the French issue is being built up. The A.N.P.Q. is helping us very materially by indicating with an asterisk those of its members who are English and who will, therefore, be put on the mailing list for *The Canadian Nurse*. All other subscribers in the province of Quebec will automatically be placed on the list of those who will receive the French issue. Any among the latter group who wish to receive the English issue instead are requested to

notify the Journal office in writing before April 15, 1959. Please give us your registration number as well as your full name and address to avoid the possibility of errors.

Similarly, L'Infirmière Canadienne will be available to any subscriber who wishes to receive the Journal in French. All that will be necessary is to notify us in writing, again giving the essential information for identification purposes: Your name, address, province of registration and registration number.

Of course, changes can be made later at any time. But every nurse who wishes to make a change in the above-mentioned listing must notify us by **April 15**, 1959 if she wishes to receive the June issue.

Such changes will only be made when they are requested in writing. The address to which all of these letters should be sent is: The Canadian Nurse Journal, 1522 Sherbrooke Street West, Montreal 25, Quebec.

I enjoy convalescence. It is the part that makes the illness worth while.

— G. B. Shaw

HIGHLY EFFECTIVE AGAINST STAPHYLOCOCCI

...YEAR AFTER YEAR

CHLOROM

IN VITRO SENSITIVITY OF STAPHYLOGOGGI FROM THREE FOCI OF INFECTION TO CHLOROMYCETIN FROM 1953 TO 1957° JANUARY-JUNE, 1957 (75 strains) 98.7% Skin Upper 86.9% respiratory (39 strains) Ear 97.5% OCTOBER, 1955-MARCH, 1956 (113 strálos) Skin 99.2% Upper (137 strains) 97.8% respiratory (45 strains) 97.8% Ear JUNE-DECEMBER, 1953 (150 strains) Skin 92.0% Upper (50 strains) 86.0% respiratory (70 strains) 90.0% Ear 20 40 60 80 100

*Adapted from Royer, A., in Welch, H., & Marti-Ibañez, E: Antibiotics Annual 1957-1958, New York, Medical Encyclopedia, Inc., 1958, p. 783.

CHLOROMYCETIN (chloramphenicol, Parke-Davis) is available in a variety of forms, including Kapseals® of 250 mg., bottles of 16 and 100. CHLOROMYCETIN is a potent therapeutic agent and, because certain blood dyscrasias have been associated with its administration, it should not be used indiscriminately or for minor infections. Furthermore, as with certain other drugs, adequate blood studies should be made when the patient requires prolonged or intermittent therapy.

PARKE, DAVIS & CO., LTD. . TORONTO 14, ONTARIO

46858

Nursing Profiles

As the federal government plan for hospitalization is accepted and set up in the various provinces, a pattern is evolving whereby a nurse consultant is appointed by the individual Hospital Services Commission. In New Brunswick **Doris M. Grieve** has been selected to fill this position.



DORIS GRIEVE

Born in New Brunswick, Miss Grieve received her early education there and later attended the Normal School (now Teachers' College) in Fredericton. After teaching school for a number of years her interest turned to nursing. She is a graduate of Ottawa Civic Hospital and has had postgraduate preparation in teaching and supervision at McGill School for Graduate Nurses. Miss Grieve has had considerable experience in administration in the fields of nursing service and nursing education. Until accepting her present appointment she was in charge of the nursing education program of Saint John General Hospital.

Dorothy A. Potts was appointed the second nursing adviser to the WHO Regional Director of the Eastern Mediterranean Region late last year and has taken up her new duties in Alexandria, Egypt.

A graduate of Moose Jaw General Hospital, Miss Potts secured her baccalaureate degree in nursing before joining the staff of

Toronto General Hospital where she held the position of surgical supervisor 1947-1949. She resigned to become the director of nursing at Belleville General Hospital where she remained until joining WHO in 1952. Her first assignment was to Dacca, East Pakistan as leader of a team of three nurses concerned with the development of a basic school of nursing. In 1957 Miss Potts was granted leave of absence to take advantage of a Kellogg Fellowship award and further study. She obtained her Master's degree in consultation in public health during this time.

Immediately prior to her present assignment Miss Potts was in Singapore where WHO has been assisting with the improvement of nursing services - nursing education, midwifery and public health. She was responsible for planning and conducting programs in ward administration and clinical teaching. As opportunities arose she also participated in programs for hospital matrons or directors of nursing service. In her present capacity she will undertake the responsibility of giving technical advice for the planning and coordination of the regional nursing program of WHO. She will advise and assist national health administrations with the development of their nursing and midwifery services and selection and training of personnel. She will also participate in nursing studies as a basis for long-range planning.

The announcement of the appointment of



SISTER CATHERINE GERARD

Sister Catherine Gerard as a member of the Royal Society of Health, London, England was received recently. This honor was bestowed upon her by reason of her contribution to nursing education and hospital administration and her colleagues and friends in nursing will agree that it is well deserved recognition.

A graduate of Hamilton Memorial Hospital, now St. Elizabeth Hospital, North Sydney, N.S. she studied at Saint Louis University, Missouri to obtain her certificate in hospital administration. Beginning her association with Halifax Infirmary as a general staff nurse, her administrative ability was soon recognized and Sister Gerard assumed positions of progressive responsibility. She is now the administrator of Halifax Infirmary.

This fall the university of New Brunswick will open the doors of its new school of nursing. **Ryllys Mae Cutler** has been appointed assistant professor and consultant in psychiatric nursing.

A graduate of Royal Victoria Hospital, Montreal, Miss Cutler also holds her degree in nursing from McGill University and has had extensive preparation and experience in



(Rice, Montreal)
RYLLYS M. CUTLER

psychiatric nursing at the Provincial Mental Hospital, Essondale, B.C. For the past year she has been a member of the NBARN provincial office staff and has had the responsibility of conducting various nursing institutes and follow-up programs.

Late last fall **Gertrude Dallaire** was appointed chief nurse with the City Health Department, Montreal. A native of Quebec, she



(Garcia Studio-Montreal)
GERTRUDE DALLAIRE

is a graduate of St. Justine's Hospital, class of 1933.

After spending several months in the medico-social department of her home hospital, she joined the staff of the Montreal Children's Hospital in 1935 and during the next seven years served successively as a general duty nurse, head nurse and assistant superintendent. In 1942 her association with the City Health Department began.

Study in public health nursing at the University of Montreal was followed, in 1953, by further postgraduate preparation at Teachers College, Columbia University where she obtained her Bachelor of Science degree and in 1954, her Master's degree, majoring in administration in public health nursing.

In 1951 Miss Dallaire was made a supervisor in the City Health Department and in 1954 she became an assistant chief nurse. In 1949 her services to the City were interrupted briefly when she went to Haiti to work on a pilot project in education under the auspices of UNESCO and WHO. She enjoys travel and this particular assignment combined work and pleasure. Completely bilingual, she enjoys reading, attends the theater as often as possible, and indulges in more travel when the opportunity presents itself.

This is a tribute to one general duty nurse but also, albeit indirectly, to the many others of her sisters in the nursing profession engaged in similar activity who may sometimes feel that their role is accorded little recognition.

Presently on duty in Montreal's Notre Dame Hospital is a Scottish Canadian graduate of that institution, class of 1912, Rosalie Dunn. Miss Dunn returned to general duty 10 years ago after 20 years of experience as nurse-inspector with the Metropolitan Life Insurance Company of Montreal, six years as director of nurses at Hôpital Bourgeois, Three Rivers, P.Q. and a similar length of time specializing in surgery in her home hospital. Her particular concern now is the patients admitted for neurosurgical treatment. She does not confine her interest to the hospital situation alone but in true application of "total patient care," she extends her services to the patient's family through understanding counsel and practical help in adjusting to the problems encountered in conditions involving the nervous system.

The wisdom of years of experience in her profession — both in the community and in the hospital — have given her the insight to recognize that your job, in many ways, is as interesting and as satisfying as you make it. It can be a daily routine of tasks performed efficiently but flavored with monotony and without recognition of the inherent implications or it can be a daily adventure spiced with the warmth of human relationships as the total picture is appreciated. Miss Dunn has demonstrated the latter course in an exemplary way.

Isabel Lane, the school of nursing adviser for the province of New Brunswick since 1951, has had to terminate her duties for personal reasons. Her resignation is a cause for sincere regret by the NBARN and the schools of nursing in the province.

Her personal concern for and interest in the student nurses and the very excellent rapport that she established with those responsible for the administration of the schools assured the success of the project. Miss Lane



ISABEL LANE

became the province's first school of nursing adviser in May, 1951 when the position came into being with the support of a Federal-Provincial grant. When the grant terminated last year the schools of nursing were so emphatic in their desire to have the service continued that the provincial association undertook financial responsibility for it.

A graduate of Montreal General Hospital with postgraduate preparation in tuberculosis nursing and in teaching and supervision in schools of nursing, Miss Lane has had experience both in the institutional and public health fields prior to her advisory capacity. She will be greatly missed by those who worked with her and sought her counsel.

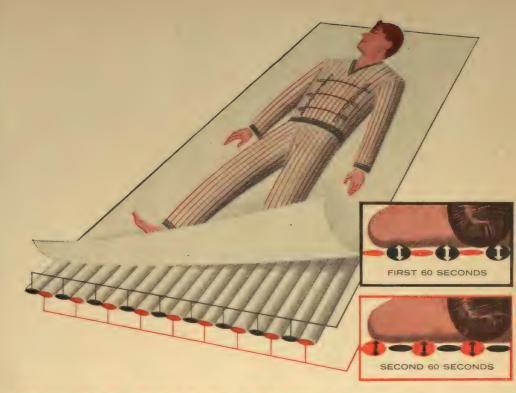
Laura Vrooman who has been in the service of the Ontario government since 1920 retired in December of last year. She was one of the first public health nurses appointed by the Bureau of Maternal and Child Hygiene under the provincial Board of Health.

In 1944 Miss Vrooman became a member of the Public Health Education Section of the Ontario Department of Health and for a number of years was in charge of the publications put out by the department.

A Memorial

At the suggestion of many of her friends, a memorial at Blue Mountain Camp, Collingwood, Ontario, is being planned for **Gretta Mackay Ross**, the first director of nursing and camps for the Ontario Society for Crippled Children. Blue Mountain Camp was

the first of three camps opened and operated under Miss Ross' supervision. Those who may wish to add to the memorial fund can do so by sending their contribution to the Ontario Society for Crippled Children, 92 College Street, Toronto.



Stop Back-Breaking Bedsore Battles!

APP Units Reduce Extra Nursing Care Up To 50%

The Alternating Pressure Pad relieves the nurse of one of her most time-consuming responsibilities . . . constant turning of patients who either have, or are candidates for, bedsores. By automatically shifting pressure points on the supporting areas of the body, as illustrated, the APP Unit in effect "turns" the patient every two minutes, preventing tissue breakdown and maintaining the adequate circulation necessary to prevent and heal bedsores. The combination of an APP Unit and normal nursing care starts granulation usually within a few days.

Thousands of APP Units are now in use. Many more are needed for private patients, in hospitals and nursing homes. Units are available from leading surgical supply houses for standard beds, respirators and wheel chairs.

Requested by-

APP Units are manufactured solely by Air Mass, Inc., Cleveland, Ohio, U.S.A.



MAIL THIS COUPON FOR ACTION

HYDRA-CLENE CORP. OF CANADA, LTD.

5135 de Gaspé 51.

Montreal, Quebec.

Please send complete details on APP Units.

Please send APP Unit Clinical Reports.

Please have your representative call me to arrange a demonstration.

Institution

Street.

Zone
State

KNOX GELATINE...

a positive way to strengthen DITTE

Nobody ever died of brittle fingernails. That's not to say that this all too common feminine problem has not caused much patient distress and even some professional perplexity.

Happily a new prognosis is possible for better than seven out of ten women with brittle fingernails. One to three envelopes of Knox Gelatine a day for three months restore strength in approximately 80% of patients.^{1,2,3,4} Improvement is usually apparent in 30 days.

Adequate intake of Knox Gelatine (min. 1 envelope—7 Gm. or 120 grains per day) is absolutely essential to produce the Specific Dynamic Action necessary to correct the brittle nail defect. If you would like to examine at first hand the clinical research establishing this use of Knox Gelatine, just use the coupon below.

KNOX GELATINE (CANADA) Ltd.

Professional Service Department 140 St. Paul St. West, Montreal, Quebec

please send reprints of the following articles:

- 1. Rosenberg, S., Oster, K.A., Kallos, A. and Burroughs, W.: A.M.A. Arch. Dermat. 76:330, September 1957.
- 2. Schwimmer, M. and Mulinos, M.G.: Antibiot. Med. & Clin. Therapy 4:403, July 1957.
- 3. Rosenberg, S. and Oster, K.A.: Conn. State Med. J. 19:171, March 1955.
- 4. Tyson, T.L.: J. Invest. Dermat. 14:323, May 1950.
 YOUR NAME AND ADDRESS



before Knox



In Memoriam

Dorothy (Armstrong, Shapter) Arnold, who graduated from the Hamilton General Hospital in 1934, died in January, 1959. She did public health nursing in Guelph, Chatham and the Elgin-St. Thomas Health Unit from which she resigned in 1948.

Bertha (Samson) Beck a graduate of Winnipeg General Hospital in 1917 died in October, 1958. Mrs. Beck served overseas with the Canadian Army Medical Corps in World War I.

Alice E. Bingeman, a graduate of Roosevelt Hospital, New York, died on June 6, 1958. Following a short period spent in private nursing, Miss Bingeman joined the staff of Beck Memorial Sanatorium, London, Ont. Later she became superintendent of the Freeport Sanatorium, Kitchener, where she remained for 20 years until her retirement in 1948.

Frances May (Duncan) Burridge, who graduated from Winnipeg General Hospital in 1902, died November 3, 1958.

Jessie Gorden Campbell, a graduate of Toronto Western Hospital in 1917, died recently. At the time of her death she was engaged in private nursing.

Mary Palma Campbell, a graduate of the Infirmary and Fever Hospital and St. Mary's Obstetrical Hospital, Greenock, Scotland, died in December, 1958. Miss Campbell joined the Vancouver School Board as a school nurse in 1918. In 1936 the Metropolitan Health Committee of Greater Vancouver was formed and she was appointed a nursing supervisor of one of the new health units. She retired in 1940. An active member of the RNABC, Miss Campbell was its president 1929-33.

Doris (Dafoe) Cooper, a graduate of a Winnipeg hospital, died in September, 1958.

Diane Duff who graduated from Toronto Western Hospital in 1958, died on January 4, 1959 as the result of injuries received in a car accident. At the time of her death she was engaged in postgraduate study at the University of Western Ontario.

Mrs. Olga Duncan, a graduate of Van-

couver General Hospital, died in Ventura, California in November, 1958.

Mona Elizabeth Easton who graduated from General Hospital, Brockville in 1949 died on November 13, 1958 from injuries received in a car accident. She was on the operating room staff of the Ontario Hospital, Brockville at the time of her death.

Anne Agnes Garies who had spent 20 years in nursing in Canada and the United States died in September, 1958 at Swift Current, Sask.

Florence Gibbons, a graduate nurse from England died on October 29, 1958 in Winnipeg where she had nursed since coming to Canada.

Jean (Taylor) Hallock who graduated from the Public General Hospital, Chatham, Ont. in 1920 died in October, 1958.

Frances Athil Harman who graduated from the Montreal General Hospital in 1909, died on September 15, 1958. She had served overseas with the Canadian Army Medical Corps in World War I.

Kathleen (Storozinski) Hopfner, a graduate of St. Boniface Hospital, Manitoba in 1956, died in October, 1958. She was on the staff of Johnson Memorial Hospital, Gimli, Man. at the time of her death.

Mary Constance (Partridge) Lee who graduated from Royal Victoria Hospital, Montreal in 1900 died in August, 1958.

Evelyn Lucie McElligott, a graduate of the Toronto General Hospital in 1936 died in October, 1958.

Jean Mary (Denovan) Norris a graduate of Royal Jubilee Hospital, Victoria, died in August, 1958. She served overseas during World War I in England and France.

Etta Alice (Timleck) Putnam, a graduate of Vancouver General Hospital in 1918, died in October, 1958.

Katherine Elizabeth (Underwood) Middleton, a graduate of an English hospital who devoted her professional life to work among the Blood Indians, Cardston, Alta.



for complete protection during childhood

Each daily dose from spoon or dropper supplies optimum amounts of A, D, C and the four principal B vitamins in a smooth palatable vehicle. Both forms mix readily with milk or cereal and are quickly absorbed. Easy to give, delightful to take, inexpensive, water-soluble Infantol Drops or Liquid means complete vitamin protection during the formative years.

now dated and certified for added assurance of potency

infantol DROPS/LIQUID

FRANK W. HORNER LIMITED . MONTREAL, CANADA

died in August, 1958. She was matron of the Indian hospital for 21 years.

Norena Sara Mackenzie who graduated from Montreal General Hospital in 1926 died on January 13, 1959. At the time of her



NORENA MACKENZIE

death she was the director of nursing and principal of the school of nursing of the Jewish General Hospital, Montreal. In 1945 she was one of the Canadian nurses who went abroad to assist in the work of the United Nations Relief and Rehabilitation Administration. Miss Mackenzie served in Italy and in Germany where she developed an educational program for nursing assistants.

Gertrude May (Bellam) Reid who graduated from Souris Hospital, Man. in 1924 died recently.

Ada (Newton) Renton who graduated from Winnipeg General Hospital in 1899, died in November, 1958. Under her guidance the alumnae association of the hospital was developed.

Mary M. Roberts, one of the outstanding nursing leaders of the twentieth century, died on January 11, 1959. To Canadian as well as to American nurses she will be best remembered as the distinguished editor and later, editor emeritus of the American Journal of Nursing. She was associated with this publication for a total of 38 years.

Born in Cheboygan, Michigan, in 1877. Miss Roberts graduated from the Jewish Hospital Training School for Nurses, Cincinnati, Ohio in 1899. She secured her Bachelor of Science degree and her certificate in administration of nursing schools from Teachers College, Columbia University. Hospital work in various capacities was succeeded by an appointment as director of the Bureau of Nursing, Lake Division of the Red Cross and then one in 1918 as director of a unit of the Army School of Nursing. Eventually she became chief nurse of the Army Nurse Corps, a position she held until her discharge from military life in 1919. In 1921 Miss Roberts succeeded Miss Sophia Palmer, the first editor of the American Journal of Nursing. Under her skilful leadership the Journal experienced a tremendous growth in scope of interest and circulation.

In 1949 Miss Roberts retired as editor and became editor emeritus — a change that gave her the opportunity to maintain her contact with her beloved *Journal* while permitting her greater freedom for original writing. She was a prolific spokesman for the profession of nursing and her work as a historian has won particular acclaim.

The recipient of many honors, Miss Roberts numbered among them two of her



MARY M. ROBERTS

profession's highest tributes to outstanding leadership — the Florence Nightingale Medal and the Mary Adelaide Nutting Award. Writer, editor and historian, she has become a symbol of nursing through her professional stature.

Rachel (Monteith) Scarth who graduated from Winnipeg General Hospital in 1893 died in October, 1958.

Isabel (MacNicol) Sills, a graduate of Grace Hospital, Detroit died in October, 1958. She was the first collegiate nurse in the province of Ontario and served on the Windsor Board of Education for 28 years.

Mrs. **Jane Stewart**, a graduate of a hospital in Toronto, died in November, 1958. She had nursed in the sanitarium at Ninette, Man. at one time.

Gladys F. (Cramond) Vanderburgh who graduated from Hamilton General Hospital died in August, 1958.

Alice (Hilton) Wadge, a graduate of

Winnipeg General Hospital in 1903 died in November, 1958 after a lengthy illness.

Anita Welburn who graduated from Royal Victoria Hospital, Montreal in 1955 died from injuries received in a car accident on December 20, 1958.

Jean E. (Whitton) Wilson, a graduate of Victoria Hospital, London, Ont. in 1903, died on January 5, 1959. She had worked as a public health and school nurse for 25 years before her retirement.

Color in Your Home

Experts agree, dramatizing your house is easy — if you concentrate on color. The secret for successful completion of the formula is to aim for a coordinated color scheme — a plan where all the colors in a room harmonize or blend together. There are a few simple things to remember and then you, too, may be an expert. Avoid extremes. Avoid drab, matching colors like browns and grays which tend to be gloomy and boring. Avoid too many colors or distracting or meaningless contrasts.

Start with one basic color. To help you make the best choice — and there are no set rules for this — think first of the colors that you like and that would provide the most effective and attractive setting for your own coloring. Then, analyze the room: the use, the size, and the kind of light it will receive. Living rooms should emphasize bright, cheerful colors if a cozy, cheerful feeling for long stretches of time is desired. To carry out the restful theme for bedrooms, cool colors are best in quiet, harmonizing blends.

Red, yellow and orange tones are the warm colors best used in rooms facing north where there is little direct sunlight. Blue, violet and green tones are cool colors used to better advantage in sunny rooms.

Once you select your basic color, interest and beauty may be heightened by the way in which tones and shades of this basic color are duplicated throughout the room. The entire color picture can be enriched by the addition of complementary color shades. One easy method is to find the color desired in the pattern of an upholstery fabric or wallpaper. All the other shades are there, too — and you have the assurance of color combinations and patterns designed by professional artists. Just repeat the basic color of the pattern for the wall coloring; the deeper shades for the rugs; and the brighter colors for the accent notes of the sofa pillows or other accessories.

Although your redecoration has been started with color added to your walls the room still needs a finishing touch. None is more elegantly, tastefully supplied, than with wall-, window-draperies or curtains. They complete the room's dressed-up appearance much the same as gloves, purse and jewelery complete a fashionable outfit.

Inasmuch as draperies and curtains are usually grouped around window areas, they create a focal point. Usually they represent the largest vertical areas in a room and therefore have a major effect on the room's appearance. To make a room seem higher, use straight curtains which hang from the top of the window to the floor. Horizontal patterns will have the opposite effect.

- J. P. Stevens & Co., Inc.





PREPARED IN YOUR NATIONAL OFFICE, CANADIAN NURSES' ASSOCIATION, OTTAWA

Ad Hoc Committee on Research Meets in Ottawa

Of all the recommendations presented to the Executive Committee of the Canadian Nurses' Association, more have to do with research than with anything else. Some which have come before the Executive in recent years would require a separate department within the CNA framework and would require more funds than the sum total of CNA revenues.

In times like these, when health programs are developing and expanding so rapidly, the need for research in nursing is ever-present and imperative. Where the CNA fits in, and how, is the important question. To answer these and other questions, the Ad Hoc Committee on Research met for three days in December, 1958, under the chairmanship of Miss Lola Wilson, director, Study of the Aged and Longterm Illness, of the province of Saskatchewan.

The first thing the committee did was to accept a definition of "Research" — "Basic" and "Applied." The recommendations regarding research which had been referred to the Executive Committee during past years, were then studied and classified under such headings as "Nursing Needs of Society," "The Function of Nursing," "Philosophy, Aims and Objectives of Nursing Education," "Cost Studies," "Staff Utilization," etc.

The committee then went on to outline what it believes to be the areas of research in which the CNA should be involved and the sequence in which these activities should be undertaken. The committee also outlined recommendations which it believed were out-

side the CNA scope. Some of the suggestions classified under this heading, it was felt, might better fall within the range of provincial nurses' associations, universities, or at local level.

The committee established a priority for research projects and placed first on the list the establishment of a Nursing Research Index in National Office.

A full report of the committee's activities and recommendations will be brought to the Executive Committee of the Canadian Nurses' Association by the chairman at its meeting in February, 1959 in Quebec.

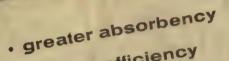
Projects for Committee on Nursing Service

At the December meeting of the Committee on Nursing Service, the following topics were considered of prime importance for this biennium.

- Completion of a head nurse guide.
 Study of the impact of hospital
- 2. Study of the impact of hospital insurance on nursing.

A previous sub-committee had prepared material for a Guide for Head Nurses. It is planned to continue this work and to complete the Guide during this biennium. Based on the findings of "A Study of Functions and Activities of the Head Nurse in a General Hospital," conducted by the Research Division of the Department of National Health & Welfare, the guide will define the term "head nurse," outline her qualifications and preparation and define her functions and activities. It will also state general principles of administration, supervision and teaching and will clarify terminology.

Involved in the discussion of the impact of hospital insurance on nursing were the following topics:



- · greater efficiency
- substantial savings

POST-OPERATIVE SPONGES

NOW 3 SIZES:

4" x 3"

4" x 4"

8" x 4"

MADE IN CANADA BY Johnson Johnson

- The expected increase in patient census, longer stay and the increased demand for intensive nursing care resulting from newer medical and surgical treatments.
- The responsibilities the nurses should have in the planning of new hospital construction.
- 3. The changing patterns of nursing needs in tuberculosis, mental hygiene, geriatrics, home care plans and the newer surgical procedures.

4. The changing role of the professional nurse and the need for adequate professional preparation for these new responsibilities.

Recommendations proposed by the Committee on Nursing Service for presentation to the Executive Committee will be discussed at the February meeting.

Calling all CNA Alumnae

Five years ago National Office circulated a questionnaire to 87 members of the "CNA Alumnae," graduates of the Metropolitan Demonstration School of Nursing, Windsor, Ontario. Through it we learned that 53 graduates were actively engaged in nursing. Of these, 18 had taken postgraduate university courses, 12 had entered the public health field, four had chosen nursing education and two hospital administration. Marriage of course, had claimed a goodly proportion but many of these were combining the two careers.

In January, because of continued interest in the activities of "CNA Alumnae" members, a second questionnaire was circulated. Through the kind assistance of one of the graduates, National Office has a list of current addresses. Among the missing are 16 graduates. Are you one of the 16 who did not receive a questionnaire? Perhaps you know of someone who should have received a questionnaire. If so, please send National Office a current address. Our sincere gratitude will be forthcoming.

The Canadian Nurses' Association is most anxious to keep in touch with members of its Alumnae.

Pilot Project Study Folio

The Study Folio on Accreditation has been revised in order to give you

current information regarding the progress of the Pilot Project. Newer articles on accreditation are included in the folio. The bibliography has been revised to include recent articles on the subject of accreditation. French and English copies of this folio may be obtained on request from National Office.

CNA Building Fund

Appreciation

We wish to express sincere appreciation for the donations which have been made to the CNA building fund —

To Miss Florence H. M. Emory for the generous donation which started the fund.

To Dr. W. Stuart Stanbury for asking that the honorarium provided for the speaker giving the Mary Agnes Snively Memorial Lecture be added to the fund.

To Miss Ella Howard for visiting National Office during the meeting of the Committee on Nursing Service and adding to the fund.

Ideas for fund raising

The ever-active National Office Auxiliary has now arranged to serve refreshments following chapter meetings with proceeds going to the building fund. The February meeting of the Ottawa Area Chapter, R.N.A.O. District #8, was the first meeting at which this project was launched. We shall keep you posted on future activities.

Canadian Nurses' Association Retirement Plan

Have you enrolled in the CNA Retirement Plan?

The aim of the C.N.A.R.P. is to enable you to save for the future in a manner that will achieve the following objectives:

- The money that you put into the plan will be deductible from your income for tax purposes.
- By participating in a group arrangement with other nurses throughout Canada, you will obtain a better pension than you could on your own.
- 3. This plan has been especially designed



A simple, efficient reminder system that meets every need

Makeshift reminders written on scraps of paper don't provide the degree of safety and efficiency today's hospital practice requires. Scribbled notes are hard to read, they may be brushed off and they are unsightly. The Hollister reminder system overcomes these problems in a way that enhances the appearance of the room and provides the greatest possible convenience.

Hollister reminder cards are colorful and easy to read . . .

Hollister Bed Signs show reminders and instructions at a glance. Boldly printed, colored reminder cards - easily read from across a large room - slide smoothly into clear Plexiglas.* They stay in place, shielded from accidentally being brushed off or blown away.

*Plexiglas is a trademark of Rohm & Haas Co., Philadelphia

Send for your copy of the colorful new 16-page book, Beautiful Bed Signs, that pictures and describes this modern reminder system, write -



Franklin C. Hollister Company 833 N. Orleans St., Chicago 10, III.

to provide an answer to the rising cost of living.

Booklets and application cards are available at

Canadian Nurses' Association 270 Laurier Avenue West, Ottawa, Ontario. Write Today

Le Nursing à travers le pays

Le Comité de Pension se réunit à Ottawa

De toutes les recommandations présentées au Comité Exécutif de l'Association des Infirmières canadiennes, la plupart se rapportent à la recherche. Parmi celles qui furent présentées au cours des dernières années, il y en a qui nécessiteraient l'établissement d'un département spécial, au sein de l'A.I.C. et qui demanderaient des sommes dépassant le revenu total de l'Association.

A une époque où de nouveaux programmes de santé se créent et se développent si rapidement, la recherche en nursing est d'actualité et s'impose. Quel est le rôle de l'A.I.C. dans ce domaine et par quels moyens peutelle remplir ce rôle? Voilà la question importante. Afin de répondre à ces questions et à d'autres du même ordre, un comité spécial de recherche a tenu une réunion de trois jours à Ottawa, en décembre 1958, sous la présidence de Mlle Lola Wilson qui a fait, en Saskatchewan, une étude sur "Les personnes âgées et les malades chroniques."

Le comité commença son travail par l'adoption d'une définition des termes: "recherche," " de base," et "appliqué." Les recommandations portant sur la recherche, présentées au cours de ces dernières années au Comité Exécutif, furent alors examinées et classées sous les rubriques suivantes: "Les besoins de la collectivité en matière de nursing," "La fonction du nursing," "Philosophie, buts et objectifs de l'éducation en nursing," "Etudes du coût du nursing," "Utilisation du personnel," etc.

Le comité détermina alors les domaines dans lesquels, selon son point de vue, la recherche doit se pratiquer et l'ordre dans lequel l'A.I.C. doit procéder. Le comité fit aussi des recommandations concernant certaines questions qui ne relèvent pas de la compétence de l'Association, et dont certaines seraient plutôt du domaine des associations provinciales d'infirmières, des universités ou d'organisations locales.

Le comité a établi une priorité dans l'ordre

des projets de recherche, et en tête de la liste a placé l'établissement, au Secrétariat national, d'un "Catalogue de recherches en nursing."

Un rapport complet du comité et des recommandations sera présenté au Comité Exécutif de l'A.I.C. par la convocatrice, lors de la prochaine réunion de l'Exécutif qui aura lieu à Québec en février 1959.

Projets du Comité du Service d'Infirmières

Lors de la réunion du Comité du Service d'Infirmières tenue en décembre, les points suivants furent jugés de première importance et feront l'objet des activités de ce comité au cours de la présente période biennale.

- 1. Le parachèvement d'un guide à l'usage de l'infirmière-chef.
- 2. Etude de la répercussion de l'assurancehospitalisation sur le nursing.

Antérieurement, un sous-comité avait préparé la matière pour la rédaction d'un guide pour l'infirmière-chef. Le comité se propose de continuer et de terminer le travail commencé et de publier les résultats de cet ouvrage d'ici deux ans. Basé sur l' "Etude des Fonctions et des Tâches de l'Infirmière-chef dans un Hôpital Général," le guide définira le terme "infirmière-chef," les qualités et la préparation requises pour cette fonction. On y trouvera également les principes généraux de l'administration, de la surveillance et de l'enseignement. La terminologie employée dans ce manuel deviendra plus uniforme et, par suite, plus claire.

Au sujet de la répercussion de l'assurancehospitalisation sur le nursing, les points suivants furent discutés:

- L'augmentation éventuelle du nombre de malades, de la durée de l'hospitalisation, du volume de soins résultant de nouveaux traitements médicaux et chirurgicaux.
- 2. La responsabilité que les infirmières

Make Nursing

an adventure

with practical advantages

As a Nursing Sister with the Royal Canadian Army Medical Corps, you get the excitement of adventure and travel . . . serving with Canada's Army at home and overseas.

Opportunities exist to work in the various fields of nursing such as teaching and supervision, nursing administration, public health, and operating room techniques and management.

You receive officer's pay, allowances for uniforms, food and accommodation, plus 30 days annual holidays with pay.

You may apply for a Regular Army appointment for a lifetime career, or a Short Service Commission whereby you engage for a period of three, four or five years.



devraient assumer dans la préparation des plans de constructions d'hôpitaux.

- La modification des besoins du public concernant les soins en tuberculose, en hygiène mentale, en gérontologie, soins à domicile et traitements chirurgicaux.
- 4. Les changements dans le rôle de l'infirmière et la nécessité de donner à l'étudiante la préparation nécessaire pour lui permettre d'assumer ces responsabilités nouvelles.

Les recommandations faites par le Comité du Service d'Infirmières au Comité Exécutif seront étudiées lors de la réunion de février.

Appel à tous les membres de l'Amicale de l'A.I.C.

Il y a cinq ans, le Secrétariat national adressait un questionnaire à chacun des 87 membres de l'Amicale de l'A.I.C., diplomées du cours de démonstration donné à l'Ecole Métropolitaine d'Infirmières, Windsor, Ontario. Nous avons appris alors que 53 de ces diplômées exerçaient leur profession, dont 18 avaient fait des études post-scolaires à l'Université, 12 étaient engagées dans l'hygiène publique, quatre dans l'enseignement et deux dans l'administration. Le mariage avait réclamé sa large part mais plusieurs faisaient marcher de front les deux carrières.

Vu l'intérêt particulier que porte l'A.I.C. aux activités de ce groupe, un second questionnaire fut adressé à ces membres, grâce à l'obligeance d'une diplômée demeurée en relation avec ses compagnes. Seize diplômées n'ont pu être atteintes. Seriez-vous l'une des seize qui n'ont pas reçu le questionnaire? Connaissez-vous une infirmière qui aurait du recevoir un questionnaire et qui n'en a pas eu? S'il en est ainsi, veuillez donc faire parvenir l'adresse actuelle de cette personne ou la vôtre, s'il y a lieu, au Secrétariat national et soyez assurée de notre gratitude pour ce service. L'A.I.C. tient beaucoup à demeurer en relation avec les membres de son amicale.

Portefeuille - Projet d'accréditation

Le portefeuille ou garde-notes contenant les renseignements sur le projet d'accréditation des écoles d'infirmière a été revisé de façon à vous tenir au courant des progrès de cette entreprise. Des articles nouveaux sur l'accréditation y ont été ajoutés; la bibliographie a été revisée, et les plus récents articles sur l'accréditation y ont été ajoutés. Pour obtenir ce portefeuille en français ou en anglais, veuillez vous ad-

dresser au Secrétariat national.

Fonds de construction de l'A.I.C.

Nous voulons exprimer notre reconnaissance pour les dons reçus en faveur du fonds de construction de l'A.I.C.

A Mîle Florence H. M. Emory, pour son généreux don: le premier reçu.

Au Dr. W. Stuart Stanbury qui a demandé que le cachet offert au conférencier donnant le discours en mémoire de Mary Agnes Snively au Congrès Biennal, soit versé à ce fonds.

A Mlle Ella Howard, qui a visité le Secrétariat national à l'occasion de la réunion du Comité du Service d'Infirmières, et qui a fait un don.

Quelques idées pour alimenter ce fonds

Les dames auxiliaires du Secrétariat national ont décidé d'offrir des rafraîchissements lors des réunions des divers chapitres et d'en verser les profits au fonds de construction. Ceci fut inauguré lors de la réunion du chapitre de la région d'Ottawa, District No 8. de l'Association des Infirmières de l'Ontario. Nous vous tiendrons au courant des initiatives prises à ce sujet.

Plan de Retraite de L'Association des Infirmières Canadiennes

Vous êtes-vous inscrite au Plan de retraite de l'A.I.C.?

Le but de ce plan est de vous permettre d'épargner en prévision de votre retraite de façon à atteindre les objectifs suivants:

- 1. L'argent que vous verserez au plan sera déduit de votre revenu imposable.
- En participant à un plan collectif avec les autres infirmières dans tout le Canada, vous obtiendrez une meilleure pension que vous ne le pourriez individuellement.
- Ce plan a été spécialement conçu en vue de compenser la hausse du coût de la vie.

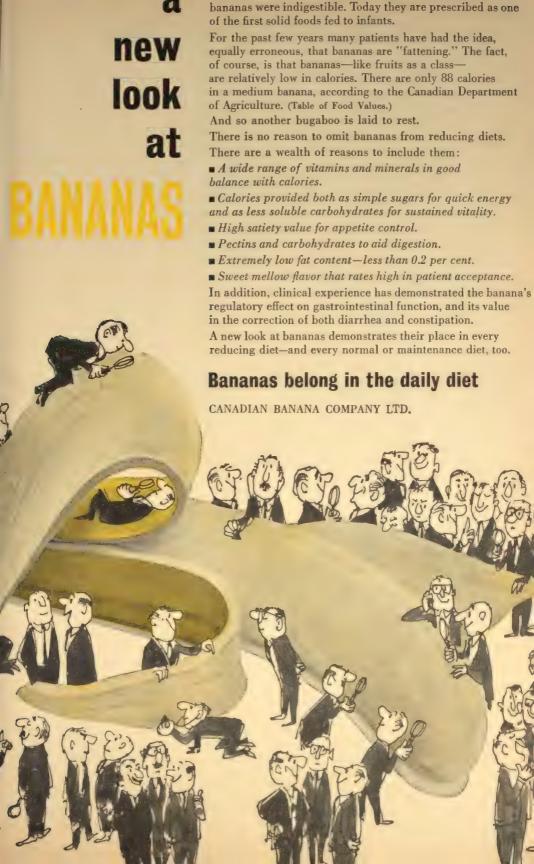
Livrets d'instructions et cartes d'inscriptions peuvent être obtenus de:

L'Association des Infirmières Canadiennes,

270 ouest, avenue Laurier,

Ottawa, Ontario. Ecrivez dès aujourd'hui.

The Canadian Red Cross Society has been serving Canada and the world since 1909.



Nursing in Psychiatric Divisions of General Hospitals

Report of a conference held on October 30 and 31, 1958 in the Allan Memorial Institute of Psychiatry, under the auspices of the Royal Victoria Hospital and McGill University.

The conference, the first such large gathering of its kind, was planned as a forum for the exchange of experience and thinking in the comparatively new area of psychiatric nursing in a general hospital. Hospitals and psychiatric clinics, serving both English and French-speaking patients from Ontario through to the Maritimes and from the North-Eastern Atlantic seaboard of United States, sent representatives from their general and psychiatric nursing staffs. There were over 150 registered delegates from as far afield as British Columbia and the midwestern United States. A capacity audience of some 350 attended the final evening meeting which was open to all nurses. Miss Cynthia Lidstone, supervisor of nurses, The Allan Memorial Institute, chaired the Planning Committee for the conference.

From the beginning the conference was welcomed with enthusiasm by both general and psychiatric nurses. And further, the sessions proved to be so stimulating that requests were made by delegates that a similar conference be held annually.

Session Highlights

Speaking on the relationship between general and psychiatric nursing in a general hospital, Mrs. Isobel MacLeod, director of nurses, The Montreal General Hospital, stated that in her experience the presence of a department of psychiatry has greatly enriched the nursing care of patients in all sections of the hospital. She noted that within two or three years after the inauguration of the training program for student nurses conducted by the Department of Psychiatry, the impact began to be felt throughout the whole hospital, more so as these students joined the general staff upon graduation. A short time later a number of them were head nurses; then followed joint conferences arranged by the leaders in general nursing as well as by those in psychiatry which led to still further exchange. As a result the speaker felt all hospital patients today receive more 'comprehensive' nursing care.

Another 'educational' experience which more and more frequently involves groups of general staff nurses is the referral to psychiatry of patients first admitted to hospital with physical illnesses. When these patients are transferred to psychiatry, the nurses who care for them are genuinely concerned and want to know how their former patients are getting along. Nursing leaders promote this natural interest by planning exchanges of information between former and present nurses.

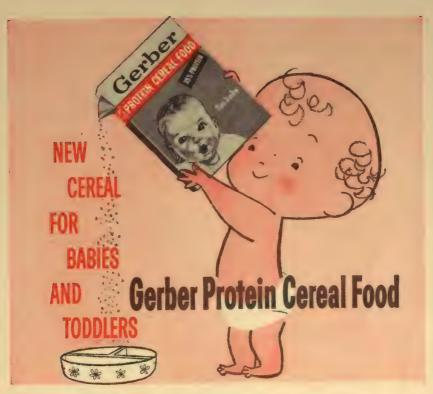
And finally, an exceedingly important conclusion was being reached by both general and psychiatric nurses: there are more similarities than differences in the nursing of patients in general medicine and those in psychiatry. The psychiatric nurse is beginning to look on her work as not so specialized after all; the general nurse is beginning to realize that every 'physical' illness has its psychiatric aspects too.

Miss Harriet M. Kandler of the Lafayette Clinic, Detroit, told the conference that the role of a head nurse in the general hospital ward and a head nurse in the psychiatric division of a general hospital is essentially the same. Miss Kandler, who recently conducted a notable four-year research project on the nurses' role in the socializing of mental patients, felt that a head nurse in the psychiatric ward has the added opportunity of carrying greater responsibilities in administration, in leadership and in educational programs for ward personnel.

The guest speaker of the evening dinner meeting, Dr. D. Ewen Cameron, director of The Allan Memorial Institute, called for a system of training of nurses which does not stamp out the individuality and creative ability of the individual nurse. He realized that those training nurses were responsible for turning a teen-aged girl into a woman on whom major responsibilities must rest.

"But," he stated, "I have never been content that it should be done at such a cost in freedom of thought, such a loss of creative thinking, of speculation and conjecture."

He continued: "I do not think it is beyond the capacities of able nurse educators and nurse administrators to work out a system of training nurses whereby the graduates will have sufficient flexibility to work as an



COMPOSITE ANALYSIS

	Percent
Protein-N X 6.25	35.00
Fat—Ether Extract	1.65
Available Carbohydrate—	
By Difference	48.74
Crude Fiber	1.48
Ash-Minerals	7.26
Ash Includes	
Calcium	0.859
Phosphorus	0.930
Iron	0.050
Moisture	5.87
Calories Per Ounce	99
One ounce approximately 12 tablespoons.	

VITAMINS

Expressed as milligrams per 100 grams.
Thiamine 2.8
Riboflavin 2.1
Niacin 14.0

Gerber Protein Cereal Food contributes significantly to the nutritional needs of infants and young children.

Exceptional nutritive value. Gerber Protein Cereal Food is a new baby cereal, designed to increase the protein intake of babies and young children. The high total protein content (35%) combines proteins from oats, wheat, soy beans and yeast. In combination, these vegetable proteins are utilized most efficiently—and offer the mother an economical way to provide protein in easy-to-digest form. For further nutritive value, Gerber Protein Cereal is fortified with iron, calcium and B-vitamins.

Gerber Protein Cereal has a toasted, nut-like flavor that is well accepted by babies and remains interesting to toddlers and young children. It also provides appetizing variety when rotated with Gerber Rice Cereal, Barley, Oatmeal, Wheat and Mixed Cereal. Like all Gerber Baby Cereals, the new Protein Cereal is pre-cooked and ready to serve with milk, formula or other liquids.

Gerber BABY FOODS

NIAGARA FALLS, CANADA

6 Cereals • Over 78 Strained & Junior Foods, Including Meats

integral unit of the medical-nursing team under the direction of the doctor in the face of an emergency or in areas where unitary control is essential, yet at the same time be able to operate quite differently in terms of the freedom of thought, of speculation, inquiry and actual research activity when emergency demands are not present."

Speaking on "The Education of the Undergraduate and Postgraduate Nurse in the Psychiatric Division of the General Hospital," Miss Elizabeth Bregg, assistant professor of psychiatric nursing, Frances Payne Bolton School of Nursing, Cleveland, Ohio, described the education of nursing students as directly related to the kind of psychiatric care the particular hospital offered.

"If the psychiatric division is seen as a small mental hospital where, for the most part, decent custodial care is the aim, then the education offered students will be geared to this concept. Some psychiatric divisions are over-night stopping places or small alcoholic sanitaria. If such is the case, then the teaching of students will have to fit into this frame of reference. Whether such divisions are giving good or bad care is not the qrestion to be decided here. The point is that there has to be clarification of philosophy and standards before any student can be expected to learn and function in the setting."

Miss P. C. Pike, head of the Teaching Department, The Allan Memorial Institute, noted that some of the fears the general nurse brings with her are the 'folklore of psychiatry' and are, in fact, attitudes prevalent in the community but not based on fact. These false notions include the popular idea that all psychiatric staff members are a little 'mad' and that mental illness is contagious.

"Many people, too, expect to find the psychiatric patient is mentally defective, although many of them personally know highly intelligent people who have had to be admitted to psychiatric hospitals. But offsetting these handicaps, the nurse brings many positive nursing qualities. She brings warmth and mothers a ward full of patients as she would the children she hopes to have."

Finally, the nurse has a fundamental desire to help others, a healthy curiosity about people and a sympathy for their problems. Her intelligence and above all her intuition, make her a valuable member of the treatment team.

Dr. T. J. Boag of the attending staff of The Allan Memorial Institute in speaking on "The Role of the Psychiatric Nurse Working in the Day Hospital" described the psychiatric nurse as a key figure in the Allan's Day Hospital. "She occupies a central position in its social structure, and exerts greater influence on it than does any other single person."

"But," Dr. Boag, continued, "this central position carries important implications for the functioning of the nurse. One necessity which should be self-evident, but which is often ignored, is that the composition of the ward staff must be reasonably stable. Frequent rotations create endless difficulties. The nurse must have guidance in the management of her relations with individual patients and this is best given by discussion sessions with the clinical team."

The speaker said that in order to plan programs and handle group activities for patients, the nurse needs help from a psychiatrist in a position to view the situation as a whole. She also needs his support and advice in the management of problems as they arise. If she does not get the necessary help, she is very likely to retreat into the security of the office and administration.

"Even with appropriate help," Dr. Boag concluded, "the nurse in a psychiatric division will find it difficult to move into programs which are foreign to her previous training and experience. It is essential, therefore, that attention be given to individual and group psychodynamics in the training of the psychiatric nurse. Continued inservice training in the form of seminars and discussion groups must run parallel to her work on the ward if she is to understand the problems she must handle every day and if she is to make the valuable contributions which only she, in her key position, can make."

Dr. Esther Lucile Brown of the Russell Sage Foundation, New York, addressed the final evening session which was open to all nurses. A consultant to World Health Organization, she has advocated a greater use of the social sciences in the field of nursing and has initiated a number of research studies dealing with the psychological and sociological aspects of patient care.

"One way to improve patient care is to bring into the hospital more of the positive values of family living and community life. In to-day's general hospital . . . too often patients are only regarded as so many horizontal figures under white sheets." Dr. Brown cited the exclusion from hospitals of children under 12 and animals when these may be of the greatest importance to the patient.

Developed to meet your standards—

Morning Milk

...the partly-skimmed milk guaranteed by Carnation

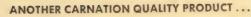


Your recommendation of partly-skimmed Morning Milk is protected by the time-proven quality controls that have made Carnation Milk the accepted milk for full-fat infant feeding:

NOURISHING AND DIGESTIBLE: Standardized to exact levels of fat content and Vitamin D.

UNIFORM: Rigid laboratory controls provide the same high quality in every can.

SAFE: Only finest inspected milk is accepted, production is continually supervised, and Morning Milk is protected by Carnation's special evaporated milk can.





Hospitals should promote the individual's ability to help each other. Dr. Brown cited as proof of this the case of polio patients being treated in hot water swimming pools rather than in Hubbard tanks. In the Hubbard tank treatment, one patient and the therapist work together. In the swimming pool, the therapist can instruct a number of patients at once and they advance more rapidly by working together and by helping each other.

Another way to improve patient care is by giving psychological support to all the staff, "particularly those most immediately and directly in contact with patients. This support is needed to improve the motivation and efficiency of the staff."

While there is shortage of staff everywhere, Dr. Brown feels much of this shortage is due to the fact that what staff there is, is not fully utilized. To make people work to their full capacity and enjoy it, "they must be given on-the-spot recognition and praise, and they must be allowed to develop a group spirit without disruption through rotation."

People who work in hospitals are in what Dr. Brown describes as "an anxiety-inducing situation." Because of this, they must be allowed an outlet for their frustrations and anxieties without fear of being penalized.

Dr. Brown has great faith in the treatment of patients in small groups. By this she meant living and working together over a period of time. Through this method the patients are able to give a lot to each other and thus hasten their return to health.

Mental hospitals are much more experimental in their approach to patient treatment than general hospitals. "The general hospital talks about a total person but seldom is much known about the patient other than his disease and how to cure it."

JEAN McCRIMMON
Mental Hygiene Institute
Pine Ave. West, Montreal

Alberta Certified Nursing Aide Association

MADELINE QUIRK

THE FIRST ANNUAL provincial convention of this organization was held in September at the Royal Alexandra Hospital, Edmonton. Sixty-seven delegates, representing many districts of the province attended. Alberta led the way in organizing the first association of this kind in Canada.

"A pre-registration coffee party was held in the School for Nursing Aides. The hostesses were the members of the Edmonton Chapter and the trainees from the school. This was followed by a tour of the school.

The opening invocation was delivered by Rev. Wilson of the Norwood United Church. Messages of welcome were brought by Dr. Somerville, Deputy Minister of Health, Mrs. June Taylor, vice-president of the A.A.R.N., and Dr. Easton, administrator of the Royal Alexandra Hospital.

A highlight of the meeting was a panel discussion on "The Importance of Representation through an Organized Group." The chairman was Mrs. Dorothy Cameron, Parent Education Chairman of the Federation of Home and School Association, and the first vice-president of the Southern Group of the Alberta Region of the Canadian

Mental Health Association. Panel members were: Mrs. Van Dusen, executive director of the A.A.R.N. and Mr. Miller of the Canadian Mental Health Association.

Dr. J. D. Griffin, National Director of the Canadian Mental Health Association was the guest speaker on the second day. He gave a most interesting talk on what mental health is and is not. This was followed by a buzz session and then a panel discussion.

Mr. Jim Rennie, public relations official of the Imperial Oil Co. spoke on the subject of public relations. One of the objectives of the A.C.N.A.A. for this year is to set up a Public Relations Committee and to establish a public relations program throughout the province.

A poster contest had been held during the convention and Miss Jean Gold of Ponoka was the winner. A new style of apron made of better material was modelled, and a resolution passed that the present style should be changed.

A feeling of good will and satisfaction that the first annual convention had been a success, was prevalent as the convention closed.

new Kotex*

...softest ever...prevents suture irritation

NOW A COMPLETE PRE-PACKED LINE FOR MATERNITY CARE!



HERE'S WHY HOSPITALS ACROSS CANADA BUY AND USE

Kotex* Maternity Pads

- leak-proof sides
- "WONDERSOFT"* covering
- CELLUCOTTON * absorbency...
- less nursing time -
- fewer pads per confinement
 - *T. M. of Kimberly-Clark Corp.

All add up to greater patient satisfaction, and greater hospital economy!

Order KOTEX Maternity Pads...the complete and modern post-partum protection.

PRODUCTS OF KIMBERLY-CLARK CORP.

Distributed by

6068A

BAUER & BLACK

DIVISION OF THE KENDALL COMPANY (CANADA) LIMITED

Book Reviews

Research in Nursing by Amy Frances Brown, R.N., B.Ed., M.S. in N., Ph.D. 352 pages. W. B. Saunders Company, Philadelphia, Pa. 1958. Price \$5.75.

Reviewed by Miss Edith M. McDowell, Dean, School of Nursing, University of Western Ontario, London.

Dr. Brown, in her preface, states a basic assumption from which we derive an important criterion, "One of the characteristics of a profession is that it has a body of knowledge, the extension of which is directed by the members of that profession." That assumption should set in motion many kinds of activity, directed to the extension and refinement of the knowledge from which we derive principles and concepts for the practice of nursing.

The author presents her book as ". . . a compact source of information on research methodology."

Unit I discusses the meaning of research and briefly reviews the short history of the past decade which saw the beginnings of research activities in nursing — research by nurses for nursing.

Units II and III outline the process, step by step, of methods and procedures in the light of sound and acceptable research practice. Nurses will find Dr. Brown's definitions and methods of particular usefulness.

Unit IV turns the keen edge of research upon the clinical field as it is used in the education of students through practice in the care of patients. Two of the conclusions reached on the basis of completed studies should be especially provocative:

. . . curriculum building has not been based upon any rationale of curriculum theory. . . . of the several methods (curriculum planning) which have been used, none has provided a satisfactory method of meeting the learning needs of students or the nursing needs of patients.

Chapter 13 cites briefly further studies that are needed in nursing.

Teachers in schools of nursing might well begin with Chapter 12 — "Methods of Case Analysis for Inferring Learning Needs."

We have long since recognized the intimate relationship that exists between quality nursing for the patient and the needs of the learner. The problems that arise because of our failure to admit this relationship have been our daily meat for many years. The "truth" which have usually presented in our defence is frequently derived from convenience, fear of dislocation of established routines and fear of change.

Administrators, teachers and practitioners of nursing will and should welcome Dr. Brown's book. It is not only a rich and significant contribution to the literature of our profession; it is a guide to the discovery of truth needed in facing contemporary responsibilities in education and practice.

Modern Pharmacology and Therapeutics

by Ruth D. Musser, A.B., M.S. and Joseph G. Bird, M.D., Ph.D. 794 pages. Brett-Macmillan Ltd., 132 Water St. S., Galt, Ont. 1958. Price \$6.75.

Reviewed by Margaret M. Egan, science instructor, General Hospital, Pembroke, Ont.

This is a comprehensive, detailed, modern pharmacology text that is adaptable to the capabilities of the student nurse. It covers all phases of the subject. For the beginner it provides the fundamental principles upon which the student can build knowledge acquired in the pursuit of her profession. Older concepts that have been supplanted by newer ideas and methods have been deleted. The student is not burdened with information that is no longer applicable. For the more advanced student drugs are presented under the various functional units with clinical and pathological illustrations showing the relationship of the disease to the drug and its action. This approach should enable the nurse to organize and retain knowledge with greater ease.

Other noteworthy points are the thoughtprovoking questions and references listed at the end of each chapter and the diagrams and tables used throughout the book. The subject of drug addiction is well discussed and provides much information.

The content of the text provides for more than the needs of student nurses. For this reason it should be valuable for students in related fields, for instructors or as a library reference book.

Evaluation in Basic Nursing Education

by Mary Tschudin, Helen C. Belcher and Leo Nedelsky. 304 pages. G. P. Putnam's Sons, 121 Sixth Ave., New York 13, N.Y.

NOW... the finest Meat Dinners in sparkling glass

FROM SWIFT-WHO BROUGHT YOU THE FINEST IN 100% MEATS FOR BABIESI



Swift—meat specialists and pioneers in working with doctors to make meats available in baby foods—now bring you 5 new Meat Dinners ... in sparkling glass. Swift's Meats for Babies—always the most complete line—is now more complete than ever! These 5 new Meat Dinners have the same smooth texture, are prepared from the same fine, lean meats used in Swift's 100% Meats for Babies. Just the right amount of fresh vegetables and cereal have been included to

make them balanced dinners.

With the 5 new varieties of Meat Dinners, the 13 varieties of 100% Meats (including 3 fruit-flavoured ones), plus Egg Yolks, and Egg Yolks & Bacon, you can recommend whatever meat best suits each baby's nutritional requirements with the knowledge that every meat is available in Swift's complete line of Meats for Babies.

(If Swift's new Meat Dinners are not in your area yet, they will be very soon.)

FOR YOUR CONVENIENCE, HERE IS A LIST OF ALL SWIFT'S MEATS FOR BABIES. (Most are also available in chopped form for older babies.)

Beef • Lamb • Pork • Veal • Chicken • Chicken & Veal • Ham • Liver • Liver & Bacon • Beef Heart • Pork with Applesauce • Ham with Raisin Sauce • Lamb with Mint flavour • Egg Yolks • Egg Yolks & Bacon

Beef Dinners • Chicken Dinners • Veal Dinners • Lamb Dinners • Ham Dinners



To Sorve Your Family Better

Reviewed by Miss Alma E. Reid, Hamilton College, McMaster University, Hamilton, Ont.

Are you interested to know how one school of nursing is carrying out a comparative study of two basic programs, one experimental and the other established; has sorted out and agreed upon a general theory of educational measurement whereby the two curricula may be evaluated; has arrived at objectives of content and behavior that students in basic nursing education should attain; has evolved methods of evaluation in all fields of clinical nursing including public health nursing; has devised means whereby principles from the natural and social sciences may be elicited and tested in nursing practice; has described a variety of techniques that may be used in evaluating nursing practice? If so, go to this book, for in it all these and many other interesting questions are discussed.

This is the second volume of the report of the five-year curriculum research project in basic nursing education, begun in 1952 at the School of Nursing, University of Washington, Seattle. The project has to do with the improvement of instruction in basic nursing education so that a "competent" professional nurse may be prepared in a shorter period of time. In the first volume of the

series reporting on the project, Curriculum Study in Basic Nursing Education by Ole Sand, the basis of the project was outlined and discussed. It seemed logical and essential that evaluation should take a central and important place in the study and that the next volume should be devoted to this topic. Here, in the words of the authors, this is stated, "We found that evaluation is an integral part of curriculum study; that evaluation is essential to determine whether students have attained curricular objectives and to what degree." Hence the second volume, with evaluation quite rightly enjoying the limelight of the project.

Those of us who have struggled with this difficult and important question of evaluation in nursing will read this account with intense interest and will assuredly welcome some new ideas on the subject. While it is acknowledged by the authors that all their problems of evaluation in basic nursing education are by no means solved or even tackled in this treatise, nevertheless considerable light is shed on interesting and new possibilities — possibilities that are stimulating and well deserved exploration in our own situations. This worthwhile project in curriculum research gives us relevant findings which undoubtedly can be helpful to us in our own programs in nursing education.

TEST POOL EXAMINATIONS FOR REGISTRATION OF NURSES NOVA SCOTIA

To take place on May 20, 21 and 22, 1959 at Halifax, Yarmouth, Amherst, Sydney and Antigonish. Requests for application forms should be made at once and forms must be returned to the Registrar not later than April 13, 1959, together with

- 1. Diploma of School of Nursing.
- 2. Fee of Fifteen Dollars (\$15.00)

No undergraduate may write unless he or she has passed successfully all final school of nursing examinations and is within six (6) weeks of completion of the course in nursing.

NANCY H. WATSON, R.N., REGISTRAR, THE REGISTERED NURSES' ASSOCIATION OF NOVA SCOTIA, 73 COLLEGE STREET, HALIFAX, N.S. Nurses are invited to be the guests of the American College of Surgeons at a four-day meeting of the College in Montreal, P.Q. April 6-9, 1959. Housing and meeting head quarters for the nurses will be at the Sheraton Mount Royal Hotel. This invitation includes attendance at extensive programs arranged for nurses, hospital visits, various demonstrations and attendance at all sessions prepared for surgeons and surgical specialists.

The meeting is planned for the interest of all personnel concerned with treatment of surgical patients — from preoperative work-up through anesthesia, operating room. recovery room, postoperative care and rehabilitation.

A good deal of ritual was always part of all primitive medicines. The following is an Irish cure for mumps. "Tie a halter round the neck of the child and lead him to a brook. Bathe him three times three in the name of the Blessed Trinity."

- Encyclopedia of Superstitions

IN THE MILDER MENTAL AND EMOTIONAL DISORDERS AND IN NAUSEA AND VOMITING, OPTIMUM RESPONSES USUALLY OBTAINED WITH 2 TO 4 MG. DAILY

- rapid onset of action
- effectiveness in extremely small doses
- prolonged therapeutic activity
- freedom from drowsiness and depressing effect
- low incidence of side reactions

as a tranquilizer and antiemetic

STELAZINE

as an antipsychotic agent

- effective in withdrawn, apathetic schizophrenics
- effective in chronic patients relegated to "back wards"
- marked beneficial effect on delusions and hallucinations
- fast therapeutic responses at low doses
- inherent long action allows b.i.d. administration

IN HOSPITALIZED PSYCHIATRIC PATIENTS, ESPECIALLY THOSE UNRESPONSIVE TO PREVIOUS THERAPY, OPTIMUM RESPONSES USUALLY OBTAINED WITH 10 TO 20 MG. DAILY



SMITH KLINE & FRENCH . MONTREAL 9

Garbage in the Sky

If all the dirt that accumulates in the air of an average city in one year settled to the ground at once, the city would be covered by a 21-foot avalanche of soot and debris! The possibility of such a disaster is remote but the murky cloud hanging over the heads of urban dwellers in particular is causing grave concern.

Within recent years people have died because polluted air settled like a heavy blanket over the area and did not raise for several days. For example, in London, England, the death toll was estimated in thousands during the acute episodes of air pollution in 1948, 1952 and 1956. In the interval it was discovered that others who had been exposed to the effects of severe air pollution and were seriously ill as a result of it, have tended to become ill with greater frequency and have a shorter lifespan.

Air pollution is directly related to the incidence of chronic bronchitis — a condition ranked as third in the causes of death in England, although we do not rate it so on the North American continent. There has been widespread condemnation of cigarette smoking as a cause of lung cancer but less well advertised is the fact that mortality rates for lung cancer are noticeably higher in urban as compared to rural areas regardless of smoking habits.

Sulfur oxides in the air tend to make breathing more difficult. Ozone, which occurs in some air supplies, has been found to cause scarring of lung tissue in animals and may also cause pulmonary edema. Eye irritation is a common complaint. Evidence is beginning to accumulate that makes air pollution suspect in such conditions as arteriosclerotic and other heart conditions, cancer of the trachea, stomach and esophagus.

If you need further proof that the air around you is not as pure as you think it is — consider the size of your yearly cleaning bill; count up the number of times your white curtains have gone to the laundry; glance in the mirror at your soot-speckled face after a trip downtown; talk to the real estate agent who is trying to sell housing profitably in a highly industrialized area. One American city estimated that property values were declining \$25 million a year before it began a clean air campaign.

Unfortunately more than one chemical agent is involved in air pollution. Otherwise, control measures would be simple since in-

dustry could remove the offender from discharge waste products. The toxic substances are the end-products of chemical interaction among the combined total pollutants of a city. During an acute episode a heavy fog containing the pollutants — chemicals, smoke or fumes — settles over the area and is held in place by a layer of heavy, cold air that acts like the lid on a jar. Generally speaking, the aged and infirm tend to die from the effects and serious illness results in other.

What is being done to control air pollution? In the United States, as an example, industry has been spending millions of dollars yearly on methods of control. Some cities prohibit the use of certain fuels for furnaces - fuels that do not burn efficiently and therefore discharge unspent gases into the air. "After-burners" - devices to oxidize more completely or burn the fuel in the automobile exhaust - are being developed. There is a possibility that in some cities where air pollution is a particular problem, each car may be required to have an afterburner. Air conditioning units do help to a certain extent by filtering out dust and other particles. Research is going on constantly to determine just what the effects of air pollution are biologically. The knowledge gained so far has been encouraging.

Eventually when the city dweller puts on his hat and coat to step out for "a breath of fresh air," he may be able to get it.

The week of February 1-7 was set aside as National Health Week in Canada. Medical science has made great strides but —

One out of every 50 Canadian adults is an alcoholic; the number of alcoholics has doubled in 10 years; there are only five countries with a worse rate of alcoholism than Canada.

Over 95% of the population of Canada is afflicted with diseases originating in the mouth and diseases resulting therefrom. There is only *one* dentist for every 3000 Canadians. Fluoridation of communal water supplies can positively prevent 60% of tooth decay.

Over 500 million dollars is lost annually in wages through absenteeism, much of which is preventable.



Fostex degreases the skin and helps remove blackheads



Fostex contains a combination of surface active agents (Sebulytic*) which:

◆ Completely emulsify excess oil so that it is quickly washed off the skin.



◆ Penetrate and soften comedones, unblocking the pores and facilitating removal of sebum plugs.



Fostex dries and peels the skin

◆ The Sebulytic base of Fostex dries and promotes peeling of the skin . . . actions enhanced by the keratolytic effects of micropulverized sulfur and salicylic acid.

*(Sodium lauryl sulfoacetate, sodium alkyl aryl polyether sulfonate, sodium dioctyl sulfosuccinate.)

Fostex is easy for your patients to use

FOSTEX CREAM

for therapeutic washing of skin in the initial phase of acne treatment, when maximum degreasing and peeling are desired.

FOSTEX CAKE

for maintenance therapy to keep skin dry and substantially free of comedones.



◆ Patients stop using soap on affected skin areas. Instead they use Fostex for therapeutic washing of the skin. The Fostex lather is massaged into the skin for 5 minutes—then rinse and dry.

WESTWOOD Pharmaceuticals
Buffalo, New York

Canadian Distributor: John A. Huston Company, Ltd.
Toronto 10, Canada

Ontario

The following is a list of changes in the Ontario Public Health Services.

Appointments — Elizabeth M. Hanna, (Toronto Gen. Hosp., Univ. of West. Ont.) and Georgette Proulx, (Ottawa Gen. Hosp., Univ. of Ottawa) formerly of Prescott and Russell Health Unit to Carleton H. U. Norma L. Compton, (T.G.H., U.W.O.) to Chatham Board of Health. Marjorie Sykes, (Hamilton Gen. Hosp., Univ. of Toronto) to Haldimand Co. H. U. Vernanne G. (Purdy) Drummond, (U. of T. S. of N., U. of T.) to Kitchener B. H. Carolyn (Greenwood) Daley, (The Presbyterian Hosp., New York, U. of T.) to Lennox and Addington H. U. Marion (McEachran) Gauvreau, (Victoria Hosp., London, U.W. O.); Debora (Merkus) Dykstra, (City Hosp., Leeuwarden, Prov. Friesland, Netherland) and Barbara J. Irwin, (Toronto West. Hosp., U.W.O.) to Middlesex Co. Health Service. Ethel Vera Slocombe, (H. G.H., U. of T.), formerly of Dufferin Co. H. U. and Mary Ann (Empey) Kerr, (Royal Jubilee Hosp., Victoria, Univ. of Alta.) to Oshawa B.H. Leonida Fillion, (St. Croix Hosp., Drummondville, P.Q., Univ. of Montreal) to Stormont, Dundas and Glengarry H. U. Blanche Gordon, (T.W.H., U. of T.) to York Co. H. U.

Resignations - Helen (Wray) Currie, from Ayr and N. Dumfries Township, Waterloo Co. Winona Inches, Alice G. Keryluk, Adele M. Fetterley, Sheila McLeod, Audrey Seifred from Fort William and Dist. H.U. Lois Humphries, Lassy Malowany, Sylvia Young, from Kenora Dist. H.U. Mrs. Lillian McLean, from Lincoln-St. Catharines H.U. Elizabeth (Burn) Nicolson, from Leeds and Grenville H.U. Mary E. Highstead, from Middlesex Co. School Health Services. Margaret Winfield, from Muskoka and Dist. H.U. Bee H. McKerracher, from Oshawa B.H. Margaret Hill, from Timiskaming H. U. Mary Isabel (Sheller) Coome, Margaret J. (Kernaghan) Hefferon, and Audrey Ruth Wale (McDermott,) from Scarborough B.H.

Retired - Margaret Nealon, from Guelph B.H.

Since its inauguration in 1947, the Canadian Red Cross free blood transfusion service has supplied more than 2,500,000 bottles of blood for free transfusions to patients in Canadian hospitals.

Dictionaries are like watches; the worst is better than none, and the best cannot be expected to go quite true.

News Notes

ALBERTA

The members of Hinton chapter heard reports from Mrs. D. Hallam and E. Dragland, at their January meeting, of the conferences they had attended earlier. Members of the 1959 executive were elected and a membership fee decided upon. Drumheller chapter reported the addition of several new members and decided on a regular meeting time of the first Wednesday in each month. Westlock members held their first meeting of the new year as a combined annual meeting and dinner party. New officers were elected — Mrs. P. Leriger, pres.; Mrs. L. Schmuland, vice-pres.; Mrs. R. Renaud, sec.; J. Montgomery, treas. High River chapter gave a donation of \$50 for furnishings for the new office building and elected its new executive: Jean Squire, pres.; Beverly Cross, vice-president; Mildred Cox, secretary; Nellie Caswell, treasurer.

DISTRICT 3

CALGARY

Holy Cross Hospital

The alumnae association recently elected its new executive. The members in office are: Mrs. W. MacDonald, past pres.; Mrs. are: Mrs. W. MacDonald, past pres.; Mrs. F. E. Hammer, pres.; Mrs. A. M. S. Brown, vice-pres.; Mrs. P. Poole, rec. sec.; E. E. Newton, corr. sec.; Mrs. C. F. Jackson, treas.; Mrs. E. Wright, courtesy; Mmes K. Calvert, A. Benner, Miss R. O'Byrne, membership; Mmes A. Fitzsimons, E. J. Valentine, V. O'Connor, paper; Mmes E. Sikna, L. Leach, Miss Hotsenpillar, refreshments; J. McGowan, J. LaCaste, Mmes K. Moore, H. C. Johnson, program; Mmes G. Powell, A. Swidinski, A. Beavers, Miss J. Cummins, ways and means. Cummins, ways and means.

DISTRICT 4

MEDICINE HAT

Twenty-three members attended the annual meeting of the chapter in January. Nominations for the offices of president and vice-president of the AARN were received and are to be submitted to the provincial nominating committee. The director of the community nursing registry reported a total of 298 calls for the year 1958 of which 62 were not filled. The chapter executive for this year is: Mrs. L. G. Desharnais, pres.; R. Ziehran, Mrs. D. Stevenson, vice-pres.; F. Ireland, sec.; W. Schmidt, treas.

The guest speaker for the evening, Mr.

Is Habit Keeping You From Considering Many of These Well-Known Mosby Textbooks?

Soon-to-be-Released! 5th Edition Anthony

TEXTBOOK OF ANATOMY AND PHYSIOLOGY

Includes a New, Color Trans-vision Insert Dissecting the Torso

Discover how the completely revised new edition of this popular text can make your teaching easier. The soon-to-be-published 5th edition has been completely redesigned and modernized for greater readability. A new, more readable type face has been used and the page size has been increased to $6\frac{1}{2}$ " x $9\frac{1}{2}$ ". All illustrations have been clearly relabeled. Questions have been interspersed throughout the book to arouse students' curiosity and interest and inspire further study. This new edition now contains a new 8-page, color trans-vision insert which helps the student understand the anatomical dissection of the torso, through the use of acetate overlays.

By CATHERINE PARKER ANTHONY, R.N., M.A., Assistant Professor of Nursing, Science Department, Frances Payne Bolton School of Nursing. Ready this month, 5th edition, approx. 525 pages, $6\frac{1}{2}^n \times 9\frac{1}{2}^n$, 294 illustrations, 17 color plates. About \$5.25.

Soon-to-be-Released! 3rd Edition Francis

INTRODUCTION TO HUMAN ANATOMY

Emphasizes the Correlation of Structure and Function

Present anatomy as a living subject! With concise but complete descriptions of tissues organs and systems, this book presents the essentials of human anatomy in a manner that is understandable and easy to grasp. Particularly well illustrated, this text correlates structure and function throughout. You'll find modern concepts incorporated in the largely rewritten section on the autonomic nervous system and the chapter on the endocrine system. Review questions at the end of each chapter and summarizing tables are helpful.

By CARL C. FRANCIS, A.B., M.D., Associate Professor of Anatomy, Department of Anatomy, Western Reserve University, Cleveland, Ohio. Ready March 15, 1959. 3rd edition, approx. 500 pages, 51/2" x 81/2", 324 illustrations, 29 color plates. Price, \$5.75.

Soon-to-be-Released! 3rd Edition Lennon

SOCIOLOGY AND SOCIAL PROBLEMS IN NURSING

Places Emphasis on the Patient as a Person

This book is a concise, logical and well documented presentation of broad sampling of sociological problems found in nursing. Emphasis is on the patient as a person and adaption of nursing care from that standpoint. The new 3rd edition contains stimulating discussions of two controversial subjects not usually found in sociology books—eugenics and sterilization. Review questions, practical bibliographies and summary outlines provide excellent study aids for your students.

By SISTER MARY ISIDORE LENNON, R.S.M., R.N., B.S., M.A., M.S.W., Director of Social Service Department, St. John's Hospital, St. Louis, Missouri. Ready May 1959. 3rd edition, approx. 500 pages, $5\frac{1}{2}$ " x $8\frac{1}{2}$ ", 64 illustrations. About \$5.00.

Gladly Sent to Teachers for Consideration as Texts

Write to:

THE C. V. MOSBY COMPANY

3207 Washington Boulevard, St. Louis 3, Missouri

Represented in Canada by:

McAINSH and Co., Ltd. • 1251 Yonge St. » Toronto, Ontario, Canada



J. T. POSEY COMPANY

The Posey "V" RESTRAINT

A good all-purpose restraint to prevent patients from falling or getting out of bed. Particularly good for use on females as it does not irritate busts. Available in Small, Medium and Large sizes.

Posey "V" Restraint Cat. No. V-958 Price \$6.90 ea.

SEND YOUR ORDER TODAY

2727 E. FOOTHILL BLVD., PASADENA, CALIFORNIA

L. King, outlined developments in civil defence for the area.

DISTRICT 7

EDMONTON

Royal Alexandra Hospital

Members of the alumnae association elected the following slate of officers at their annual meeting: Mrs. O. Hennig, pres.; Mrs. O. Tookey, rec. sec.; Mrs. B. Ofstadal, corr. sec.; M. Goodland, treas.; L. Clark, social convener; Mrs. H. McMillan, assistant social convener; Mrs. H. McMillan, scholarship; W. Riley, benefit & loan; M. Cameron, sick visiting; Mrs. M. McLeay, Blue Book; Mrs. O. Morrison, news letter; Mrs. D. Fraser, press and rep. to *The Canadian Nurse*; Mrs. B. Marples, Local Council of Women; Mrs. O. Moore, United Nations.

University of Alberta Hospital

The new officers of the alumnae association were installed at a recent meeting. Forming the executive are: Patricia MacMillan, president; Mrs. J. Edwards, vicepres.; Mrs. K. Hodgson, rec. sec.; Mrs. P. Stewart, corr. sec.; Mrs. H. Hole, treas.; Mmes F. D. Mace, W. J. McLihan, program committee; Mmes G. W. Elkington, S. Antonink, social committee; Mmes J. E. Greenaway, R. B. Cox, W. M. Taskey, membership committee.

BRITISH COLUMBIA

Сомох

Members of the Plateau chapter met at St. Joseph's Hospital recently and elected their executive for this year. Mrs. W. K.

Hind accepted the presidency with Mrs. M. Calnan, vice-pres.; Sr. M. Alan, rec. sec.; Miss Scavarda, corr. sec.; Mrs. Dansereau, treas. Mrs. Hind presented her report of a provincial council meeting held in Vancouver, and Sr. St. Thomas described the inservice training institute held at Nanaimo.

KAMLOOPS

Royal Inland Hospital

As their own particular project in recognition of the province's Centennial, the alumnae association purchased a Multiplex swing panel on which pictures of the graduating classes throughout the hospital's history will be mounted. When completed the panel will be placed in the new nurses' residence. During Her Royal Highness, Princess Margaret's visit, Mrs. Rawson, a graduate of 1915 and a former member of Queen Alexandra's Imperial Nursing Service, was presented. At the final meeting of the year the new slate of officers was elected: Mrs. R. Jamieson, pres.; Mms A. Barclay, D. Fraser, vice-pres.; Mrs. A. Duck, sec.; G. Taylor, treas.

MANITOBA

DISTRICT 2

BRANDON

General Hospital

Members of the alumnae association enjoyed an informal social evening featuring singing, contests and a monologue at one of their recent regular meetings. Mmes D. Speakman, D. J. Cowie and Miss M. Jackson were the contest winners. Mrs. R. Griffin, and Mrs. D. L. Johnson, were in charge of arrangements.

General Hospital

The alumnae association has tentatively set the date for the annual tea party for early April. The graduation dinner and dance is to be held May 6 at Royal Alexander Hotel. Following one of their general meetings the members were shown through the new

Following one of their general meetings the members were shown through the new wing of the hospital. The starting point was the front entrance on William Avenue and from there through the White Cross Guild Gift and Flower shop, the business offices, the administrative and nursing service offices; the laboratories, records, x-ray, pharmacy and out-patient departments and one of the semiprivate wards. In all areas, special attention was directed to the many time-saving and up-to-date facilities.

Miss Irene Cooper as guest speaker at another meeting shared some of the highlights of her work as relief instructor in obstetrics at the Nursing School in Alexandria, Egypt. She was away five months and during that time, she experienced many unusual situations, each of which was most

vividly described.

December brought forth the spirit of Christmas and the desire to share Christmas stories and carols with friends. Rev. Philip Petersen of the Unitarian Church related at the Christmas alumnae meeting how the many practices and customs of Christmas came into being — the singing of carols, decorating the tree, the use of lights, burning the Yule log. Complementing this narrative was the singing of Christmas selections by the Student Nurses' Glee Club and the reading of the Christmas story from the Bible.

NEW BRUNSWICK

MONCTON

A regular meeting of the local chapter of the NBARN was held in the nurses' residence of Moncton Hospital recently with

27 members present.

In compliance with a request from the provincial office a survey of service clubs in the city is to be carried out to determine their various health projects. Guest speaker for the evening, Miss Dell McAuley, a member of the city council, was introduced by Mrs. Roberta Perry. Miss McAuley's talk on "Civic Affairs" was most informative and interesting and was followed by an open discussion.

NOVA SCOTIA

WINDSOR

The Christmas meeting of the Cape Breton and Victoria Branch of the RNANS was held at St. Elizabeth Hospital, North Sydney. Preclinical students from the hospital and local high school students presented a musical program of carols and Scottish songs.

GOOD-LITE

PORTABLE LOW COST
VISUAL TESTING
EQUIPMENT
FOR SCHOOLS

1. VISUAL ACUITY

The Good-Lite Model A Translucent Eye Chart combines built-in fluorescent lighting and a washable plastic eye card for CONTROLLED light, Available in Snellen or Childrens "E" card models. \$35.00



2. HYPEROPIA

The Optional Hyperopia Test locates farsightedness quickly and accurately with the addition of +2.00 lenses and a Good-Lite Eye Chart. For use with the Model A (above) or model B Charts (right). The addition of the glasses expands your Good-Lite system to a 2 point test. Hyperopia glasses \$8.00



3. MUSCLE SUPPRESSION AND IMBALANCE

Now, with the addition of the Good-Lite Muscle Test you can extend your present system to a 3 point test. Test picks out children with poor eye muscle coordination. Unmistakably "passes" or "fails."
MUSCLE IMBALANCE TEST \$75.00



THE GOOD-LITE MFG. CO.

7636 W. MADISON, FOREST PARK, ILL.



EXCLUSIVE CANADIAN
SOURCE FOR

NURSE'S SURGERY CAP

ELASTIC OR DRAWSTRING
SNOOD STYLE

SEVEN WAYS SUPERIOR!

QUEEN'S UNIVERSITY SCHOOL OF NURSING

COURSES OFFERED

Undergraduate

Degree Course, 5 years leading to BNSc. Degree

Graduate Nurses

- a. Degree Course, two years.
- b. Diploma Courses, one year. Public Health Nursing

or

Teaching and Supervision in Schools of Nursing.

For information apply to:

DIRECTOR
SCHOOL OF NURSING,
QUEEN'S UNIVERSITY
KINGSTON, ONTARIO

ONTARIO

DISTRICT 1

Снатнам

Public General Hospital

At the annual alumnae meeting, Mrs. Margaret Fraser was elected president; Annie Head and Mrs. J. K. Keenan, vicepresidents; Mrs. C. Bennett, recording secretary; Mrs. D. Nichols, corresponding secretary and Winnifred Fair, treasurer. Mrs. G. Brisley is the representative to *The Canadian Nurse*.

WINDSOR

Hotel Dieu Hospital

Among the new executive members of the alumnae association are: F. Fortune, pres.; J. Cazabon, vice-pres.; R. Goldhawk, treas.; R. Labute, rec. sec.; L. Burke, social sec. The new officers were officially installed at the January meeting. Mrs. D. Kurcz was a guest of honor at a party in the nurses' residence prior to leaving the staff. E. (Ballard) Nader is working at the Methodist Hospital, Arcadia, California. C. (Caza) Bogard is on the staff of a medical center in Knob Noster, Missouri. B. (Foster) Perry is on the staff of Detroit Memorial Hospital and S. Fyfe is office nurse for a doctor in the same city.

DISTRICT 2

BRANTFORD

General Hospital

During the past months the alumnae association entertained the members of the graduating class and were hostesses to outside graduates who attended a regular meeting at which Dr. B. Henry was the guest speaker. Mr. B. Beaumont of the Community Welfare Bureau spoke to the members on another occasion and described the activities of his organization. In the same month a very successful fashion show featuring winter clothing was held. The graduating class presented "Follies of '58" at the last regular meeting of the season as their contribution to a delightful social evening.

DISTRICT 3

GUELPH

St. Joseph's Hospital

At the first regular meeting of the alumnae association in the new year, the following members were elected to office: G. Miller, pres.; Mrs. A. Mezzabotta, vice-pres.; Mrs. A. Watson, rec. sec.; M. Ford, corr. sec.; C. Beliski, treas.; S. Turner, social convener; M. Hanlon, sick call convener.

HAMILTON

St. Joseph's Hospital

The alumnae association has elected its new slate of officers. Included in the executive are: Mrs. L. MacKenzie, pres.; Mrs. E. Newman, vice-pres.; Mrs. E. Marcaccio, corr. sec.; Mrs. S. Rumbles, rec. sec.; W. Walker, treas.; T. Malone, rep. to press and The Canadian Nurse; Mmes D. Markle, H. McManamy and Miss M. Hays, advisory board. During the past holiday season, gift hampers were distributed to four needy families. Dr. Krar, one of the city's obstetricians, spoke at a recent meeting and reviewed the developments in his field and the subsequent effects on the practice of obstetrics. Mrs. A. Petrie, a former St. Elizabeth visiting nurse demonstrated some of the prenatal exercises presently in use.

DISTRICT 5

UXBRIDGE

Cottage Hospital

Helen Hughes, former director of nurses at Cobourg District Hospital, has become superintendent of nurses of the new hospital in this area. The hospital opened in January of this year.

DISTRICT 6

CAMPBELLFORD

Memorial Hospital

Vera B. Eidt was appointed director of nursing late last fall, following postgraduate study at the University of Toronto. Immediately prior to her university work Miss Eidt had been the director of nursing at the Trail-Tadanac Hospital. She is a graduate of the General Hospital, Guelph.

SASKATCHEWAN

SWIFT CURRENT

Ann Knievel has resigned as treasurer of the chapter and will leave the city shortly to become matron of the hospital at Rossburn, Manitoba. Miss Antonini attended the January meeting from the SRNA provincial office and urged members to improve attendance at the annual convention to be held at the Bessborough Hotel, Saskatoon, May 21, 22. Helen Talpash was appointed to represent the chapter at a nomination committee meeting to be held in Regina. Dr. F. Grunberg, director of the local mental health clinic, was the guest speaker and discussed the emotional aspects of hospitalization for mental patients. His audience participated in a lengthy discussion and question period, concentrated on the newer ideas in treatment of mental illness and the relationship between patient and nurse.



THE NURSING CARE OF CHILDREN

By Inez L. Armstrong, Director of Nurses, and Jane J. Browder, Educational Director, both of Children's Hospital, Denver, Colorado. Designed for student nurses. \$6.50.

THE NURSE SPEAKS

By Roy C. Nelson, Chairman, Department of English and Modern Languages, Colorado State University. A guide for all the nurse's speech needs: both talking and public speaking. \$4.25.

DRUGS IN CURRENT USE

Edited by Walter Modell, Cornell University Medical College. Now available for 1959. \$2.25.

THE RYERSON PRESS
299 QUEEN STREET WEST, TORONTO

THE ALUMNÆ ASSOCIATION OF THE GUELPH GENERAL HOSPITAL

are offering a scholarship to a graduate of the School to undertake a Postgraduate University Course.

For information apply to:

MISS LILLIAN FERGUSON,
CONVENER,
SCHOLARSHIP COMMITTEE,
42 DELHI STREET,
GUELPH, ONTARIO

Employment Opportunities

Advertising Rates — \$5.00 for 3 lines or less; \$1.00 for each additional line. U.S.A. & Foreign — \$7.50 for 3 lines or less; \$1.50 for each additional line.

Closing date for copy and cancellations: 1st of the month preceding the month of publication. All letters should be addressed to: The Canadian Nurse Journal, 1522 Sherbrooke St. W., Montreal 25, Quebec.

Director of Nursing for new 33-bed General Hospital with well equipped surgery wing, in new mining town, about 250-mi. east of Port Arthur & northwest of White River, Ontario. Starting salary commensurate with experience & qualifications. Apply, stating qualifications, experience, age, marital status, etc. to Mr. W. Harrison, Room 1715, 44 King Street West, Toronto, Phone EMpire 4-1194, or to the Administrator, Manitouwadge General Hospital, Manitouwadge, Ontario, Phone TAylor 6-3251.

Director of Nursing for 180-bed hospital with a school of nursing. Applicant with University Degree &/or postgraduate course preferred. Salary commensurate with experience & qualifications, position available May 1959. Apply: Secretary, Board of Directors, Victoria Union Hospital, Prince Albert, Sask.

Director of Nursing Education for 500-bed General Hospital with school of nursing. Applicant must have a degree in nursing. Salary commensurate with experience & qualifications. Apply to, Director of Nursing, Royal Jubilee Hospital, Victoria, British Columbia.

District Supervisor (after July 1, 1959) Responsibilities would include the supervision of three (3) small health centres. Existing salary range \$4,140-\$4,740 with a yearly increment of \$150. A certificate in Administration & Supervision in Public Health Nursing & experience in an official agency are essential. Good personnel policies. 5-dy. wk. Superannuation, Ontario Hospital Insurance, Blue Cross & P.S.I. benefits. For further information please apply to Director of Public Health Nursing, City of Ottawa Health Dept., City Hall, 111 Sussex Drive, Ottawa, Ontario.

Night Supervisor (8:00 p.m.-8:00 a.m.) 4 nights weekly for small Tuberculosis Hospital. Write stating age, experience, when available to Director of Nursing, Grace Dart Hospital, 6085 Sherbrooke Street East, Montreal, Que.

Obstetrical Supervisor for 10-bed 12-bassinet unit with 14-bed Woman's Surgical Unit on same floor. Willing to give Obstetrical Nursing lectures, clinics & supervise students. Medical staff teaches Obstetrics. Remuneration according to qualifications & experience. New school & residence under construction. Transportation allows easy access to Edmonton 40-mi. S.W. Travel expenses reimbursed after 1-yr. continuous service. Apply: Director of Nursing, Archer Memorial Hospital, Lamont, Alberta.

Operating Room Supervisor, Operating Room General Duty Nurse for 110-bed modern hospital. Excellent personnel policies. Apply: Superintendent, Charlotte County Hospital, St. Stephen, New Brunswick.

Operating Room Supervisor (Immediately) for 86-bed hospital. Good salary, employee benefits & statutory holidays, living accommodation available in residence. Locate in Collingwood & enjoy many winter sports along with excellent skiing in the Blue Mountains. Apply, Director of Nursing Services, General & Marine Hospital, Collingwood, Ontario.

Operating Room Supervisor (Experienced in general surgery) for 64-bed hospital. Good personnel policies, with sick benefits; holidays & paid vacation. Residence accommodation available. Salary commensurate with experience. Apply to Director of Nursing, Douglas Memorial Hospital, Fort Erie, Ontario.

Operating Room Supervisor for active General Hospital in Niagara Peninsula. Postgraduate education required or background of supervisory experience. Apply: Director of Nursing, County General Hospital, Welland. Ontario.

Operating Room Supervisor (Qualified) for 82-bed accredited hospital. Salary \$295-\$335 per mo. 40-hr. wk. 21 holidays after 1-yr. of service (plus statutory holidays). Living accommodation in separate nurses' residence & laundry of uniforms provided for \$12 per mo. Apply: Superintendent of Nurses, Union Hospital, Carora. Saskatchewan.

Nursing Supervisor for northern hospital. Good salary, good living conditions. Apply: The Matron, Yellowknife District Hospital, Yellowknife, North West Territories.

Instructress willing to plan class room program & teach. School enrollment 35-45 students. 4 affiliation courses, block system lectures, new school of nursing & residence under construction. Remuneration according to qualifications & experience. Hospital 40-mi. N.E. Edmonton. Transportation permits for interests in Edmonton. Travel expenses reimbursed after 1-yr. continuous service. Apply Director of Nursing, Archer Memorial Hospital, Lamont, Alberta.

Superintendent of Nurses for modern 23-bed hospital, 40-hr. wk. salary range \$310-\$395 per mo., board & room \$34.50 per mo. Separate suite in new nurses' residence. Excellent train & bus connections with Prince Albert, Saskatoon & Regina. Apply giving qualifications to J. L. Fawcett, Sec.-Manager. Union Hospital, Rosthern. Saskatchewan.

Matron for 18-bed hospital, salary \$350 per mo. less \$35 maintenance. X-ray & Lab. technician — reply salary expected based on experience. 70-mi. S.E. from Winnipeg. Daily bus service. Vita Hospital District No. 28, Vita, Manitoba.

Matron: Salary \$350 per mo. Registered Nurses (2) Basic salary \$275 per mo. for 18-bed hospital. Residence available. 70-miles southeast of Winnipeg. Daily bus service. Apply: Vita Hospital District No. 28, Vita, Manitoba.

Assistant Head Nurses excellent personnel policies. Apply Director, Shriners' Hospital for Crippled Children, 1529 Cedar Avenue, Montreal, Quebec.

Registered Nurse (1) Immediately for 30-bed hospital. Salary \$260 per mo. gross, health & pension plans available. Straight 8-hr. rotating shifts. 44-hr. wk. 3-wk. vacation with pay after 1-year plus all statutory holidays. Within 1-hr. drive from Waterton National Park, 20 minutes from Lethbridge & 3-hr. from Calgary & Great Falls, Montana. Apply Matron, Municipal Hospital, Magrath, Alberta.

Registered Nurse for 35-bed busy General Hospital offers a variety of experience. 40-hr. wk., rotating periods of duty. Gross salary \$270 per mo. \$35 deducted for maintenance & laundry. 4 semi-annual increments of \$5.00, 3-wk. vacation, 10 statutory holidays, 12 days sick leave each year, cumulative to 30-days. Accommodation in hospital wing — single & double rooms. Viking is 90-mi. southeast of Edmonton, on main highway & railway with daily bus & train service. Apply to Matron-Supt., Municipal Hospital, Viking, Alberta.

Registered Nurses (2) for modern 10-bed hospital. Working & living conditions excellent. Salary \$260 per mo. with \$5.00 increments each 6-mo. for 4 increases. 44-hr. wk. & 4-wk. vacation with pay after 1-yr. service. Living deduction \$35 per mo. Apply to: Miss E. Curry, Matron, Nursing Unit, Pilot Mound, Manitoba.

Registered Nurses for modern hospital, comfortable home. Starting salary \$250 per mo. maintenance \$35 per mo. Apply: Superintendent, Lorne Memorial Medical Nursing Unit, Swan Lake, Manitoba.

Registered Nurse for 11-bed hospital. 4-wk. vacation after 1-yr. sick leave, living quarters at hospital. Apply stating experience & salary expected to Secretary-Treasurer, Harvey Community Hospital, Harvey Station, New Brunswick.

Registered Nurses: for 50-bed Hospital Obstetrical & General Duty. Rotating shifts, 40-hr. wk. Apply: Director of Nursing Ajax & Pickering General Hospital, Ajax, Ontario.

Registered Nurses (for General Duty & Special Departments) new modern 150-bed hospital. Starting salary \$235, 5-day wk., 8-hr. day, 21-days vacation, 8 statutory holidays & pension plan. Apply: Director of Nursing, St. Joseph's Hospital, Brantford, Ontario.

Registered Nurses for General Duty modern 18-bed Private Hospital in Iron Mining town, 180-mi. north of Sault Ste. Marie, Ont. Excellent accommodations & personnel policies. Starting salary \$255 minimum to \$290 maximum for experience, less \$20 per mo. maintenance. Transportation alowance after 3-mo. service. Apply Superintendent, Miss O. Keswick, Lady Dunn Hospital, Jamestown, Ontario.

Registered Nurses for general duty in all departments — including operating room, premature & newborn nursery. Good salary & personnel policies. Apply: Director of Nursing, Victoria Hospital, London, Ontario.

Registered Nurses (Several) for immediate & future vacancies in modern 42-bed hospital, 40-hr. wk. excellent personnel policies. Apply: Superintendent of Nurses, New Liskeard & District Hospital, New Liskeard, Ontario.

Registered Nurses (2) for general duty. 5-day wk. 1-mo. vacation after 1-year. Salary \$200 per mo. plus full maintenance. Apply, Saugeen Memorial Hospital, Southampton, Ontario.

Registered Nurses (Toronto Area) for 30-bed hospital for chronic illnesses. Salary \$12 per day; 5-day wk.; 3-wk. vacation per year. Apply: L. Mackie, Director of Nursing, The Villa Private Hospital, Box 490, Thornhill, Ontario.

Registered Nurses for Operating Room & general staff positions. Salary \$245 per mo. 5-day wk. Excellent residence accommodation available. Apply: Director of Nursing, County General Hospital, Welland, Ontario.

Registered Nurses for an accredited 82-bed hospital. Salary: \$255-\$295 per mo. 40-hr. wk. & no split shifts. Living accommodation in nurses' residence & laundry of uniforms provided for \$8.00 to \$12.00 per mo. Apply: Superintendent of Nurses, Union Hospital, Canora, Saskatchewan.

Registered Nurses for general duty work. 40-hr. 5-day wk. Salary according to S.R.N.A. recommendations. Apply Superintendent of Nurses, Victoria Union Hospital, Prince Albert, Saskatchewan.

Registered Nurses (2) for 19-bed hospital. Gross salary \$260 with increments & benefits as per S.R.N.A. Nurses' residence on grounds with T.V. Apply: Union Hospital, Vanguard, Saskatchewan

Registered Nurses (Openings in all services) for 166-bed JCAH fully accredited General Hospital, expanding to 374-beds by 1960. Top salaries, many extra benefits & opportunities for advancement. Excellent personnel policies. Located on beautiful San Francisco Peninsula, 20 minute drive from the heart of the city. Apply Personnel Director, Peninsula Hospital, Burlingame, California.

Registered Nurses: Positions available in all areas & on all shifts. Ultra modern, new 254-bed General Hospital located in the heart of beautiful sunny Castro Valley, just 30 minutes drive from San Francisco. This is a busy residential community which offers casual California living at its very best. Many excellent schools & colleges within easy commuting distance. Progressive personnel policies include free hospital & surgical insurance, paid sick leave, paid vacations, 7 recognized holidays & other benefits. No split shifts; evening & night duty salary differential, also differential paid for operating room, delivery room & nursery service. Uniforms laundered free. Basic salary for general staff duty, \$320 per mo. Salaries for other positions commensurate with assignments. Please write: Personnel Manager, Eden Hospital, 20103 Lake Chabot Road, Castro Valley, Calif. Registered Nurses (eligible for registration in California) Come to the Los Angeles

County General Hospital. Openings in all services. Starting salary \$372 per mo. 3-11:30 or 11-7 shift. We have openings for **Assistant Head Nurses, Medical Service.** Starting at \$412 per mo. 3-11:30 shift. For full details, write: Mrs. Betty Hartwig, R.N. County General Hospital, 1200 North State Street, Los Angeles 33, California.

Registered Nurses for new 157-bed General Hospital located in fast growing City of Fremont approximately 1-hr. from heart of San Francisco. Good salary, vacation, sick leave & hospitalization plan. Contact Director of Nursing Services, Washington Township Hospital, P.O. Box 656, Niles, California.

Registered Nurses for General Duty & Operating Room. Starting salary \$325 per mo. 40-hr. wk. Living quarters available. Modern 74-bed district hospital, midway between San Francisco & Los Angeles, California. Contact Administrator, District Hospital, Tulare, California.

Registered Nurses: Spend your winter in the Sunny Southwest — New Mexico, "The land of Enchantment". Vacancies for staff duty in Medicine, Surgery, Obstetrics, Pediatrics, and Operating Room. Salaries \$285-\$315, days; \$10 differential for evenings & nights; \$15 differential, operating room. No shift rotation. Excellent job benefits. Board and room in nurses' residence, \$43 per month. Free transportation via 1st Class Air travel to Albuquerque and return in exchange for a 1-yr. employment contract. Write or call collect Mrs. Margaret Nelson, Director of Nursing, Presbyterian Hospital Center, 1012 Gold Ave. S.E. Albuquerque, New Mexico. Phone 3-5611.

Registered Nurse (1) immediately for Margaret Cochenour Memorial Hospital (modern 15-bed) located on the lake in Red Lake mining district & tourist area. New nurses' residence beautifully furnished. Salary: \$275 basic with increment plan. Maintenance including uniform laundry, \$30 per mo. 44-hr. wk. Holidays. 4-wk. vacation with pay yearly. Transportation expense will be paid after 6-mo. employment. Apply, stating age & references to I. MacNaughton, Matron, Cochenour, Ontario.

Registered Nurses (2) Practical Nurses (2) for modern 20-bed hospital. Salary-registered \$290 practical \$195 less \$35 maintenance. 40-hr. wk. 4-wk. vacation after 1-year service. Statutory holidays & sick leave. Registered to start April 1, practicals May 1. Apply to Memorial Hospital, Deloraine, Manitoba.

Registered Nurses (2) Licensed Practical Nurse (1) for 15-bed hospital under the United Church of Canada, 90-mi. north of Winnipeg, salary \$270 per mo. gross. Apply to: Superintendent, Elizabeth M. Crowe Memorial Hospital, Eriksdale, Manitoba.

Registered Nurse (1), Licensed Practical Nurse (1) as soon as possible for 30-bed hospital. Excellent working conditions. 40-hr. wk., overtime pay, living quarters. Salaries \$270 & \$195 per mo. respectively with \$5.00 increases every 6-mo. Apply stating age & qualifications to, Mrs. R. Maiers, Superintendent, District Hospital. Roblin, Manitoba, or phone 180 collect.

Registered Nurses & Licensed Practical Nurses for new 33-bed General Hospital with well equipped surgery wing, in new mining town, about 250-mi. east of Port Arthur & northwest of White River, Ontario. Starting salary commensurate with experience & qualifications. Apply: stating qualifications, experience, age, marital status, etc. to Mr. W. Harrison, Room 1715, 44 King Street West, Toronto, Phone EMpire 4-1194, or to Administrator, Manitouwadge General Hospital, Manitouwadge, Ontario, Phone TAylor 6-3251.

Registered Nurses & Certified Nursing Assistants for new expanding 88-bed hospital in a pleasant progressive town. General Duty Registered Nurses start \$220, annual increments to \$240, Certified Nursing Assistants \$150, annual increments to \$180. 2-wk. shift rotation, bonus for 4-12 & 12-8 shifts. Accumulated sick leave to 60-dy. Only 1-hr. drive to Toronto, to other cities & resort areas. Local swimming pool, artificial ice arena, bowling, etc. Apply: Director of Nursing, Dufferin Area Hospital, Orangeville, Ontario.

Registered Nurses for Operating Room with operating room postgraduate courses and/or experience, for 140-bed hospital. Travel allowance paid. For particulars, write Matron, King Edward VII Memorial Hospital, Bermuda.

Registered Nurses for General Duty Staff. Salary commences at £40-10-0 per mo. with full maintenance. Transportation allowance. For full particulars apply Matron, King Edward VII Memorial Hospital, Bermuda.

Registered Nurses for General Staff & Operating Room in modern hospital (opened in 1956). Situated in the Nickel Capital of the world, pop. 50 000 Salary: \$260 per mo. with semi-annual merit increments, plus annual bonus plan. Recognition for experience. Excellent personnel policies. Assistance with transportation can be arranged. Apply Director of Nursing, Memorial Hospital, Sudbury. Ontario.

Registered General Duty Nurses & Licensed Practical Nurses. Salary, Registered Nurses \$250-\$284 per mo. (Evening duty \$10 additional) Practical Nurses \$194-\$215 per mo. 40-hr. wk. statutory holidays, liberal sick time, holiday allowance, pension plan, accommodation available in nurses' residence, uniforms laundered free. Must qualify for Manitoba registration. Apply: Director of Nursing, Municipal Hospitals, Morley Avenue East, Winnipeg 13, Manitoba.

Registered General Duty Nurses. Salary: \$230 per mo. 40-hr. wk. Apply Director of Nursing, General Hospital, Cobourg, Ontario.

Registered General Duty Nurses (Immediately) for 100-bed Public Hospital in eastern Ontario. 44-hr. wk., 2-wk. sick leave, 3-wk. annual vacation. Apply, Superintendent, Public Hospital, Smiths Falls, Ontario.

Registered General Duty Nurses for County Hospital 45-mi. from center of Montreal with excellent bus service. Pleasant working conditions. Nurses' home attached to hospital. Attractive community social life. Theatre, bowling, curling & dancing. 8-mi. from summer resort on Lake St. Francis & 12-mi. from U.S. border. Gross salary \$225. Three \$5.00 increases at 6-mo. intervals to maximum \$240, 44-hr. wk. 8-hr. duty, rotating shifts. Full maintenance available at \$35 per mo. 1-mo. annual vacation, 7 statutory holidays, 2-wk. sick leave, Blue Cross paid. Apply: Mrs. M. G. Curran, R.N., County Hospital, Huntington, Quebec.

Registered General Duty Nurses for 154-bed General Hospital with expansion program under way. Along the shores of Lake Michigan, 25 mi. from Chicago. Salary: \$340 for days, \$370 for evenings, \$360 for nights, 5 day wk. Good personnel policies. Apply Personnel Director, Highland Park Hospital Foundation, 718 Glenview Ave., Highland Park, Ill.

Registered General Duty Nurses (100-bed) Good bedside nursing required, 40-hr. wk. rotating duties. Excellent personnel policies. You arrange for R.I. State Registration. Apply: Nurse Director, Jane Brown Memorial Hospital, Providence 3, Rhode Island.

Registered & Graduate Nurses for General Duty. Apply, Superintendent of Nurses, Muskoka Hospital, Gravenhurst, Ontario.

General Duty Registered Nurses for 100-bed General Hospital in town of 6000 on shore of Lake Huron. Good personnel policies, 5-day wk., residence accommodation available. Please apply to Superintendent, Alexandra Marine & General Hospital, Goderich, Ont.

Baker Memorial Sanatorium, Calgary, Alberta, offers to Graduate Nurses a 6-mo. post-graduate course in Tuberculosis. Salary: \$3,480 to \$4,080 per annum. Openings also available for General Duty Nurses. Residence with board, if desired, \$30 per mo. Excellent holiday, sick leave & pension benefits. Apply to: Superintendent of Nurses.

General Duty Nurses-\$210 per mo. plus full maintenance. \$5.00 per month increase every 6-mo. 1-mo. vacation with pay after 1-year. Please apply- Matron, Municipal Hospital, Raymond, Alberta.

General Duty Nurses for small active hospital. Salary \$250 for unregistered. \$260 registered with yearly increments. Nurses' Home available. For further particulars write, The Administrator, Lady Minto Hospital, Ashcroft, British Columbia.

General Duty Nurses for R. W. Large Memorial Hospital United Church of Canada at Bella Bella 300-mi., north of Vancouver on B.C. Coast. Transportation refunded after 1-yr., Apply to, Matron, R. W. Large Memorial Hospital, Bella Bella, British Columbia.

General Duty Nurses for new 60-bed acute General Hospital on Vancouver Island R.N.A.B.C. contract in effect, new residence, good personnel policies. Further information from Director of Nursing, Campbell River & District General Hospital, Campbell River, British Columbia.

General Duty Nurses (2) for modern 17-bed hospital in beautiful country on west coast of Vancouver Island. Salary commencing \$275 with yearly increments of \$10, room & board in newly completed nurses' residence \$40 per mo. Apply to Matron, General Hospital, Tofino, British Columbia.

General Duty Nurses: Starting salary \$260 — \$312, for those with 2 yrs. nursing experience \$273, annual increment \$13, full maintenance \$45 per mo., 10 statutory & 28 annual holidays, $1\frac{1}{2}$ days' sick leave per mo. accumulative indefinitely, very active town, world famous Cariboo cattle country, annual Stampede. Apply: Director of Nurses, War Memorial Hospital, Williams Lake, British Columbia.

General Duty Nurses for new 85-bed hospital. Good salary & generous personnel policies. Apply to the Director of Nursing, Portage Hospital Dist. #18, Portage la Prairie, Manitoba.

General Duty Nurses for modern 35-bed hospital situated on beautiful South Shore. Good personnel policies. Excellent living quarters. Apply Superintendent, Fishermen's Memorial Hospital, Lunenburg, Nova Scotia.

General Duty Nurses for an accredited 64-bed hospital. Starting salary: \$250-\$260. Good personnel policies with sick leave benefits, holidays & paid vacations. Apply Director of Nursing, Douglas Memorial Hospital, Fort Erie, Ontario.

General Duty Nurses (immediately) for 105-bed General Hospital. Salary \$220 per mo with annual increments of \$10 per mo., 40-hr. wk., 21 days vacation after 1-yr. 31 days after 2-yr. Room, board & laundry \$35 per mo. Apply: Director of Nursing, St. Andrews Hospital, Midland, Ontario.

General Duty Nurses for modern 42-bed hospital, starting salary, new graduates \$255 with two (2) yr. experience \$270 provided Ontario registration is obtained; these rates to be revised October 1st. Ontario registration required for maximum salary. Annual increments, 6% bonus for evening & night shifts. 44-hr. wk. with 8 statutory holidays, annual vacation 21 days first yr. 28-dy. thereafter, monthly sick time allowance. Good living accommodations available. Apply to: Nursing Supervisor, Sioux Lookout General Hospital, Sioux Lookout, Ontario.

General Duty Nurses (English speaking) for 466-bed hospital. Nurses' residence available. Salary: \$315, California registered — \$285, Canadian registered. \$22.50 differential for 3-11 & 11-7 shifts. Apply Cedars of Lebanon Hospital, 4833 Fountain Ave., Los Angeles, Calif.

General Duty Nurses (California, between Sacramento & San Francisco) for 84-bed general short term JCAH hospital. Starting salary \$325, nurses' home, excellent working conditions. Write, Director of Nurses, Clinic Hospital, Woodland, California.

McKellar General Hospital, Fort William, Ontario requires General Duty Staff Nurses interested in coming to northwestern Ontario. Basic salary, \$250 per mo. 40-hr. wk. Good personnel policies. Renovation program now complete. Openings in all departments. For further information apply to the Director of Nursing.

General Duty Nurses & Operating Room Nurses for 434-bed hospital; 40-hr. wk. Statutory holidays. Salary \$250-\$312. Credit for past experience & postgraduate training. Annual increments; cumulative sick leave; 28 days annual vacation; B.C. registration required. Apply Director of Nursing, Royal Columbian Hospital. New Westminster, B.C.

General Duty Nurses, O.R. Scrub Nurse (For Summer Relief) in modern well equipped 100-bed General Hospital in a friendly community. Gross Salary \$260 per mo. for nurses currently registered in Ontario. 8-hr. rotating shifts, 44-hr. wk. 1 day off 1-wk. & 2 the next; 21 days vacation after 1-yr; 7 legal holidays per yr. Apply: Miss Willamene R. Allan, Reg.N. General Hospital, Port Colborne, Ontario.

General Duty Nurses & O.R. Scrub Nurses for 142-bed hospital. Basic salary \$235 per mo. shift differential, 40-hr. wk. good personnel policy. Apply: Director of Nursing, Plummer Memorial Public Hospital, Sault Ste Marie, Ontario.

General Duty Nurses & Certified Nursing Assistants for 86-bed hospital. Living accommodation available. Collingwood is situated on Georgian Bay & is noted as a vacation land in summer with 7-mi. of sand beach, along with great skiing on the Blue Mountains in winter. For further information apply Director of Nursing Services, General & Marine Hospital, Collingwood, Ontario.

General Duty Graduate Nurses for an active 76-bed hospital near Calgary & Banff. \$250 gross salary, \$260 for Alberta registered, good personnel policy. Apply to Matron, Brooks Municipal Hospital, Brooks, Alberta.

General Duty Graduate Nurses (2). Salary \$260 per mo. with annual increments of \$10 per mo. Room, board & laundry: \$40. 28-day vacation after 1-yr. service. All statutory holidays paid. Customary sick leave. Graduate complement, 5. Apply giving full details to Matron, Slocan Community Hospital, New Denver, B.C.

Graduate Nurses for 70-bed General Hospital. Salary \$260-\$280; 5-day wk., 28 days vacation plus 10 statutory holidays, after 1 yr. Apply: Matron, St. George's Hospital, Alert Bay, British Columbia.

Graduate Nurses for 110-bed hospital. General duty & operating room positions available. \$283 per mo. \$15 extra for P.G. Usual B.C. personnel policies. Room & board \$50. For more particulars apply to Director of Nursing, General Hospital, Prince Rupert, British Columbia.

Graduate Nurses; for new 63-bed hospital, 30 miles from Vancouver in the Fraser Valley. For Salary rates & Personnel policies. Apply: Director of Nursing, Maple Ridge Hospital, Haney, British Columbia.

Graduate Nurses for 37-bed hospital, salary \$250 per mo. with annual increments — 28-dy. annual vacation, cumulative sick leave. \$50 monthly board, lodging, laundry. New 50-bed hospital to be erected 1959. Apply: Administrator, Terrace & District Hospital, Box 1297, Terrace, British Columbia.

General Staff Nurses for 400-bed Medical & Surgical Sanatorium, fully approved student affiliation & postgraduate program. Full maintenance. Recreational facilities. Vacation with pay. Sick benefits after 1 yr. Blue Cross coverage. Attractive salary; 40-hr. wk. For further particulars apply Supt. of Nurses, Nova Scotia Sanatorium, Kentville, N.S.

General Staff Nurses for 300-bed approved hospital & school of nursing. Salary \$250 per mo. plus \$10 & \$5 for pm & night differential. Annual increment for 3-yr. 8-hr. day; 5-day wk; 3-wk. vacation; pension plan; sick time allowance; 8 statutory holidays; partial payment of health plan. Apply: Director of Nursing, St. Thomas-Elgin General Hospital, St. Thomas, Ontario.

General Staff Nurses for 370-bed approved General Hospital with intern & resident program. \$315 per mo. starting salary. \$15 per mo. merit increases at 12, 24 & 36 mo. 40-hr. wk. 2-wk. paid vacation, paid sick leave, 7 paid holidays. Pleasant coast city in outstanding recreational area. Apply Director of Personnel, Seaside Memorial Hospital, Long Beach 13, California.

DIRECTOR

SCHOOL OF NURSING

SOUTHWESTERN ONTARIO RESORT AREA

Excellent position available June 1959. Modern classrooms & facilities located in main wing of hospital. Student enrollment 83. New student's residence adjacent to hospital. Minimum qualifications include a bachelor's degree in Nursing Education, as well as successful experience in Nursing Administration & Education. Registration in Ontario is required. The person appointed to this position will have the opportunity of using progressive techniques in teaching.

WRITE TO BOX D, THE CANADIAN NURSE JOURNAL, 1522 SHERBROOKE STREET WEST, MONTREAL 25, QUE., FOR ADDITIONAL DETAILS.

General Staff Nurses for fully accredited private teaching hospital located on Lake Michigan just north of Chicago. 5-day, 40-hr. wk. Salary range \$337.35 to \$363.30. Shift bonus: \$26 afternoons & \$17 nights. Progressive personnel policies. Please indicate type of service preferred. Apply: Director of Nursing, Evanston Hospital 2650 Ridge Avenue. Evanston, Illinois.

Staff Nurses (3 immediately) for 18-bed Community Hospital in scenic setting in the heart of the Canadian Rockies. Starting salary \$250 per mo. Full maintenance available in modern nurses' residence. For full particulars write C. F. Collins Secretary, General Hospital , Golden, British Columbia.

Staff Nurses 600-bed general & tuberculosis teaching institution in central valley City. Accredited State & Junior Colleges in immediate vicinity, Liberal personnel policies. Salary \$320-\$360. Full maintenance available. Write — Director of Nursing Service, Fresno County General Hospital, Fresno 2. California.

Staff Nurses for 300-bed General Hospital. Attractive personnel policies plus differential for specialties, afternoon & night duty. Opportunities for advanced education. Apply to Director of Nursing Service, Kaiser Foundation Hospital, Oakland 11, California.

Staff Nurses (All services) Texas teaching hospital. Air conditioned; good personnel policies. Base salary-rotation \$290 per mo. Evenings or night \$304 per mo. Apply Director of Nursing Service, University of Texas Medical Branch, Galveston, Texas.

STAFF NURSES

Starting salaries range from \$300-\$330 per mo. depending on previous experience. Nurses agreeing to work 3 continuous months of evenings will receive in addition a bonus of \$15 per wk. Nurses agreeing to work 3 continuous months of nights will receive a bonus of \$10 per wk.

Call:

MISS BEATRICE STANLEY, DIRECTOR OF NURSING SERVICE, STRONG MEMORIAL HOSPITAL, ROCHESTER, NEW YORK. PHONE GREENFIELD 3-4400

THE ONTARIO SOCIETY FOR CRIPPLED CHILDREN

92 College St., Toronto 2

requires

Experienced Public Health Nurses

Good salary range & personnel policies

Apply:

SUPERVISOR OF NURSING SERVICES

REGISTERED NURSES

FOR THE OPERATING ROOM, OBSTETRICAL AND MEDICAL SURGICAL UNITS OF A 350-BED GENERAL HOSPITAL

Gross salary \$250 — \$280 per month if registered in Ontario.

Differential of \$10 for evening and night duty.

40-hour week. Sick leave accumulative to 30 days.

3 weeks vacation and eight statutory holidays.

Apply:

DIRECTOR OF NURSING SERVICES, METROPOLITAN GENERAL HOSPITAL, WINDSOR, ONTARIO.

Operating Room Nurse for 106-bed hospital New hospital & nurses' residence to be completed this year. For information regarding duties & salary please write to the Director of Nursing, Prince George & District Hospital, Prince George, British Columbia.

Public Health Nurse (qualified) for completely generalized program. Salary range, pension plan & other personnel policy given on request. Applicant must have car. Apply to Dr. Bert Cross, Muskoka District Health Unit, Bracebridge, Ontario.

Public Health Nurse for generalized program in Seaway Development area. Good transportation policy & pension plan. Apply to Mr. L. C. Kennedy, Secretary-Treasurer, Board of Health, Stormont, Dundas & Glengarry Health Unit, County Buildings, Cornwall, Ontario.

Public Health Nurse (Qualified) minimum salary \$3,200; allowance for experience. \$150 annual increments; 5-day week; 4-wk. vacation; sick leave credits; Blue Cross, pension plan, car allowance. Financial assistance towards purchase of car. Apply to Mr. A. F. Stewart, Secretary-Treas., Wentworth County Health Unit, Court House, Hamilton, Ontario.

Public Health Nurses: required in a generalized program in rural & semi-urban area adjacent to metropolitan Toronto. Excellent working conditions including pension plan, group insurance & transportation arrangements. Write: Dr. R. M. King, York County Health Unit, Newmarket, Ontario.

Certified Nursing Assistants for immediate vacancies in an accredited 64-bed hospital. Starting salary \$180 per mo. Good personnel policies with sick leave benefits. Holidays & paid vacations. Apply to Director of Nursing, Douglas Memorial Hospital, Fort Erie, Ont.

"STOP! IS THIS WHAT YOU ARE LOOKING FOR?" Applications are invited for positions on the permanent or "vacation relief" Staff of a 50-bed active hospital 35-mi. from Vancouver. R.N.A.B.C. Personnel Policies in effect. Apply to Director of Nursing, Langley Memorial Hospital, Murrayville, British Columbia.

Instructor, medical & surgical nursing. Apply, stating qualifications & experience, to Director of Nursing, Women's College Hospital, Toronto 5, Ontario.

Nurses (2) immediately for 20-bed hospital, 40-hr. wk. Wages \$285 plus annual raises; 4-wk. vacation after each years service. Living in quarters available. Apply to Matron, Coronation Municipal Hospital District No. 39, Coronation, Alberta.

General Staff Nurses are needed to help us open our new wings. Operating room, recovery room, surgical & medical wards will be the first units available for use in the near future. Well planned orientation & in-service program, good personnel policies. Apply Director of Nursing, Toronto East General Hospital, Toronto 6, Ontario. Telephone HO. 1-8272, Local 345.

General Duty Nurses for new 20-bed hospital. Salary \$270 per mo. Accommodation available at new nurses' residence. For further particulars apply to Matron, Municipal Hospital District No. 72, Bow Island, Alberta.

Registered Nurses for College town of 10,000; opportunity, college study. Salaries \$290-\$310. 40-hr. wk. holidays, sick time, vacation. Blue Cross & Social Security. Apply: Callaway Memorial Hospital, Fulton, Missouri.

Registered Nurses (2) as soon as possible for 16-bed hospital. Salary \$280 per mo. gross, \$40 per mo. deducted for board & room. 40-hr. wk. 3-wk. vacation with pay after 1 full year employment 4-wk. after 2 full years. Sick leave one day for each full month of employment plus 1 day for each full 6-mo. employment cumulative to 30 days. Living quarters in hospital. Apply to A. C. Laughlin, Secretary, Wilson Memorial Hospital, Melita, Manitoba.

Registered Nurses (Immediately) for general duty, salary \$250 per mo. with \$5.00 increase semiannually for first year plus \$10 increase annually for next 2 years. Apply: Superintendent, Little Long Lac Hospital, Geraldton, Ontario.

Registered Nurses for General Staff 38-bed General Hospital. Personnel policies good. For further information, contact: Administrator, City Hospital, Red Wing, Minnesota.

Registered General Duty Nurse for 30-bed hospital. Starting salary \$260 per mo. with \$10 yearly increment Board & room \$40, $1\frac{1}{2}$ day sick leave per mo. 40-hr. wk. 11 statutory holidays & 28 days vacation after 1-yr. service. Comfortable nurses' residence next door to hospital. Rotating shifts. Please apply to The Matron, Community Hospital, Grand Forks, British Columbia.

General Duty Nurses for 100-bed hospital with a school of nursing. Hospital 40-mi. northeast of Edmonton. Transportation allows for activities in Edmonton when desired. New residence under construction. Travel expenses reimbursed after 1-yr. continuous service. Remuneration according to qualifications & experience. Apply: Director of Nursing, Archer Memorial Hospital, Lamont, Alberta.

Registered General Duty Nurses for modern hospital, building expansion under way increasing to 100-beds this year. Salary \$250 per mo. to start, \$215 for graduates. Group life, accident & sickness insurance free to employees. Opportunities for advancement. Pleasant community. Apply: Director of Nursing, District Memorial Hospital, Leamington, Ontario.

POSITION WANTED

Science Instructor for September or October, 1959. Please write to Box E The Canadian Nurse Journal, 1522 Sherbrooke Street West, Montreal 25, Quebec.

DAUPHIN GENERAL HOSPITAL SCHOOL OF NURSING

PERSONNEL WANTED

1. DIRECTOR OF NURSES:

Qualifications Preferred: Degree in Nursing or Postgraduate Course in Nursing Administration with experience in a hospital operating a School of Nursing. Duties to commence as soon as possible.

2. DIRECTOR OF SCHOOL OF NURSING:

This position offers a real challenge for the person who will be chosen. Duties involve the organizing and directing of the School of Nursing. Qualifications preferred: Degree in Nursing including preparation for teaching. Duties to commence not later than July 1, 1959; earlier if at all possible.

3. INSTRUCTOR TO TEACH SCIENCE SUBJECTS:

Degree in nursing or University preparation for teaching in nursing.

Normal complement of Training School — 35 to 40 students. Excellent personnel policies. Salaries open. New and renovated 100-bed hospital in the planning stage. Hospital located in beautiful town of 7,000 immediately north of the Riding Mountain National Park. Four hours from Winnipeg on all-weather highway.

Apply to:

A. J. Schmiedl, Administrator,

DAUPHIN GENERAL HOSPITAL
DAUPHIN, MANITOBA



THE B. C. CIVIL SERVICE

Requires

PUBLIC HEALTH NURSES GRADE 1

Positions available for qualified Public Health Nurses in various centres in B.C. Salary: \$290 rising to \$345 per month; car provided.

An opportunity for interesting and challenging professional service in this beautiful and fast-developing province.

For information and application forms, write:

THE DIRECTOR, PUBLIC HEALTH NURSING, DEPARTMENT OF HEALTH, VICTORIA, B.C. or THE CHAIRMAN, B.C. CIVIL SERVICE COMMISSION, 544 MICHIGAN STREET, VICTORIA, B.C. Competition No. 59:67

DIRECTOR -- SCHOOL OF NURSING

For a School of 90-students, organized independently of Nursing Services.

The school program follows the pattern of 2-years of nursing education plus 1-year of internship.

Salary: \$5,100 - \$5,700 per annum.

Requirements: Degree & experience in the administration of a nursing education program.

Apply to: R. Buckner, Administrator,

Metropolitan General Hospital, Windsor, Ontario.

REGISTERED NURSES — \$3,000-\$3,540 (According to Qualifications) CERTIFIED NURSING ASSISTANTS — \$2,040-\$2,400

SUNNYBROOK HOSPITAL TORONTO

WESTMINSTER HOSPITAL LONDON

Employees in both hospitals work a 5-day week.

Application forms available at your nearest Civil Service Commission Office, or main Post Offices, should be forwarded to the CIVIL SERVICE COMMISSION, 25 ST. CLAIR AVENUE EAST, TORONTO 7, as soon as possible.

GENERAL DUTY NURSES

(Graduates) for U.S.A.

236-bed hospital. 30 miles from New York City. Apt. style residence. Good salary. Free benefits. Pension plan.

Apply:

DIRECTOR OF NURSING,
MEMORIAL HOSPITAL, MORRISTOWN,
NEW JERSEY, U.S.A.

NURSING POSITIONS AVAILABLE

Starting salary \$300-\$340 per mo; 40-hr. wk., 4-wk. vacation; 2-wk. sick time allowance; health insurance; living accommodation in nurses' residence; evening & night bonus \$40-\$30 per mo.; tuition aid for advanced education in nearby universities.

Lenox Hill Hospital is a large General Hospital in the heart of Manhattan, easily accessible to the cultural advantages of the large metropolis.

Write:

DIRECTOR OF NURSING, LENOX HILL HOSPITAL 76th STREET & PARK AVENUE (MIDTOWN NEW YORK)

WHAT DO YOU WANT FROM YOUR NURSING CAREER?



a chance to learn more, and grow into a position of responsibility.



working with top surgeons, physicians, nurses and technicians.



a chance to test yourself in a variety of nursing positions.



friendly supervision, with a spirit of mutual helpfulness.



an opportunity to take part in a progressive, human approach to medical care.



modern, comfortable surroundings, brand new cafeteria.



living in an interesting, large city, with an immense variety of entertainment, sports, cultural events.

City & State



friendly, interesting companionship in your

These are just a few of the advantages of working at Cleveland Clinic Hospital. Others include top starting pay (salaries begin at \$325), 40 hour week, insurance, pension plan, tuition-free graduate education, and many other benefits.

If you are about to graduate from nursing school, and want to plan your career with the utmost care, write for our free booklet, "Nursing at Cleveland Clinic Hospital."

CLEVELAND CLINIC HOSPITAL

2020 EAST 93RD STREET CLEVELAND 6, OHIO

Cleveland Clinic Hospital, 2020 E. 93, Cleveland 6, Ohio
Please send me your free booklet.
"Nursing at Cleveland Clinic Hospital."
☐ Please send an application form
Name
Address

UNIVERSITY HOSPITAL

SASKATOON, SASKATCHEWAN

Requires

General Staff Nurses for Medical, Surgical, Obstetrical and Pediatric Services. Forty hour week. Salary \$250 to \$290 gross per month. Differential for evening and night duty. Residence accommodation if desired.

Apply to:

DIRECTOR OF NURSING, UNIVERSITY HOSPITAL, SASKATOON, SASKATCHEWAN

GRADUATE STAFF NURSES - YOU WILL LIKE IT HERE

Opportunities for men & women on the service of your choice. A 953-bed teaching hospital with a friendly atmosphere, well planned orientation program, active graduate nurse club, cultural advantages & excellent transportation facilities.

Starting salary: \$325 per mo. 6 holidays, sick leave, 3 wk. vacation.

For further details write:

Director — Nursing Service, University Hospitals of Cleveland, Ohio.

SUBURBAN TORONTO

GRADUATE NURSES & CERTIFIED NURSING ASSISTANTS

Are invited to enquire re: employment opportunities in a well staffed new 125 bed hospital in suburban west Toronto. General duty salary range: \$255-\$305 per mo. Certified Nursing Assistants \$190-\$210 per mo. Residence accommodation optional. Personnel manual forwarded on request. Enquire to:

DIRECTOR OF NURSING, HUMBER MEMORIAL HOSPITAL, 200 CHURCH STREET, WESTON, TORONTO 15, ONTARIO — CH 4-5551

GENERAL DUTY NURSES FOR ALL DEPARTMENTS

Gross salary \$255 monthly (\$117.50 bi-weekly) if registered in Ontario, \$235 monthly (\$108.20 bi-weekly) until registered. Annual increment \$10 monthly (\$4.60 bi-weekly) for three (3) years. Rotating periods of duty, 40-hr. per wk., 8 statutory holidays. 14-days vacation & 12-days leave for illness with pay after 1-yr. Pension plan available. Ontario Hospital Insurance with Blue Cross supplemental & Physicians' Services Incorporated, partial payment by hospital.

APPLY

DIRECTOR OF NURSING, GENERAL HOSPITAL, OSHAWA, ONTARIO.

The Roosevelt Hospital

428 WEST 59th STREET . NEW YORK 19, N.Y.

APPLICATION FOR APPOINTMENT NURSING SERVICE DEPARTMENT

NAME (PRINT)		
ADDRESS		
BIRTHDAY	MARITAL STATUS	
WHERE REGISTERE	D .	
POSITION SOUGH	Т	
DATE AVAILABLE		
	PROFESSIONAL BACKGROUND	
BASIC NURSING & POSTGRADUATE COURSE	ADDRESS	OR DEGREE
EXPERI	ENCE (LIST MOST RECENT POSITION	FIRST)
POSITION	HOSPITAL AND LOCATION	DATE
TRANSPORTATION	FROM CANADA PAID UPON APPO	INTMENT TO STAFF
COMMENTS:		
PLEASE INDICATE	IN NUMERICAL ORDER, NURSING S	SERVICE PREFERRED:
MEDICINE	MEDICINE & SURGERY	PEDIATRICS
SURGERY	OPERATING ROOM	☐ GYNECOLOGY
SEND TO: DIREC	TOR, NURSING SERVICE	A MOSTIVES A
	ROOSEVELT HOSPITAL	
	VEST, 59th STREET	
NEW	YORK 19, NEW YORK	HOSPITAL

& NURSING ARTS INSTRUCTOR

REQUIRED

FOR THE SCHOOL OF NURSING, QUEEN ELIZABETH HOSPITAL OF MONTREAL. PERSONNEL POLICIES AS RECOMMENDED BY THE A.N.P.Q.

For information, please write to the

DIRECTOR OF NURSING,
QUEEN ELIZABETH HOSPITAL
OF MONTREAL,
2100 MARLOWE AVE.,
MONTREAL, QUEBEC.

VICTORIAN ORDER OF NURSES FOR CANADA...

requires

PUBLIC HEALTH NURSES

for Staff and Supervisory positions in various parts of Canada.

Applications will be considered from Registered Nurses without Public Health training but with University entrance qualifications.

SALARY, STATUS AND PROMOTIONS ARE DETERMINED IN RELATION TO THE QUALIFICATIONS OF THE APPLICANT.

Apply to:

Director in Chief,
Victorian Order of Nurses
for Canada
5 BLACKBURN AVENUE
Ottawa 2, Ont.

FOR SCHOOL OF NURSING

50-students, 1-class a year. Good personnel policies. Salary according to qualifications. Present Director of Nursing was former Educational Director of School. Excellent relationships between hospital administrative staff & nursing school. Cornwall "The Hub of the Seaway" is an attractive, progressive city on international border easily accessible to Montreal & Ottawa.

APPLY:

DIRECTOR OF NURSING, GENERAL HOSPITAL, CORNWALL, ONTARIO

TWO (2) REGISTERED NURSES

For a new modern, 57-bed hospital. — Salary \$255 - \$285 per month.

40-hour week, no split shifts, sick leave,
3 weeks vacation plus 8 statutory holidays, full maintenance.
Meals, living accommodation in new Nurses' Residence,
and uniforms laundered for \$34.50 per month.

Apply:

MRS. T. WALLACE, SUPERINTENDENT OF NURSES, KAMSACK UNION HOSPITAL, KAMSACK, SASKATCHEWAN.



GO NO FURTHER!

You'll find the experience at HOPKINS

JOHNS HOPKINS offers

- An exciting nursing career in a big and busy medical center.
- Staff nurse positions in all clinical fields, with notable opportunities for advancement.
- Liberal personnel policies, including Group Life Insurance and Retirement Income Plans.



WRITE:

DIRECTOR OF NURSING SERVICE THE JOHNS HOPKINS HOSPITAL BALTIMORE 5, MARYLAND

OPERATING ROOM NURSE

(EXPERIENCED)

For new 85-bed General Hospital. Situated in a city of 10,000 population with (2) R.C.A.F. Bases and has many recreational facilities.

APPLY: THE ADMINISTRATOR,
THE PORTAGE HOSPITAL, DISTRICT 18, PORTAGE LA PRAIRIE, MANITOBA

THE PETERBOROUGH CIVIC HOSPITAL REQUIRES

NURSES FOR GENERAL DUTY IN ALL SERVICES, INCLUDING OPERATING ROOMS & DELIVERY ROOMS.

For further information write:

THE DIRECTOR OF NURSING
PETERBOROUGH CIVIC HOSPITAL, PETERBOROUGH, ONTARIO

WOODSTOCK GENERAL HOSPITAL

WOODSTOCK, ONTARIO

REQUIRES INSTRUCTORS FOR

- 1. SCIENCE 2. MEDICAL CLINICAL. 3. SURGICAL CLINICAL.
- TEACHING AND SUPERVISION OF CERTIFIED NURSING ASSISTANTS. HEAD NURSES — SURGICAL AND MEDICAL 3-11 P.M.

GENERAL STAFF NURSES — EMERGENCY, OPERATING ROOM AND ALL DEPARTMENTS.

GOOD PERSONNEL POLICIES - 5-DAY WEEK.

For further information write:

DIRECTOR OF NURSING, GENERAL HOSPITAL, WOODSTOCK, ONTARIO.

CALIFORNIA

REGISTERED NURSES

(General Duty with opportunity for advancement)

New modern 130-bed General Hospital in dynamic college city in beautiful San Jacquin Valley only 2 hours from Los Angeles

Salary: \$325 to begin. Differential for evening & nights.

5-day, 40-hr. wk. Progressive personnel policies.

Transportation costs to California will be reimbursed after 1-yr. satisfactory service.

Send full particulars immediately to:

DIRECTOR OF NURSES, GREATER BAKERSFIELD MEMORIAL HOSPITAL P.O. BOX 26, BAKERSFIELD, CALIFORNIA



Residence, Cook County School of Nursing

NURSES WHO LIVE HERE NEVER STOP LEARNING . . . GROWING

... THEY WORK AT

COOK COUNTY HOSPITAL

. . . in one of the Largest Most Stimulating Medical Centers in the World

Here's an opportunity to gain unique and valuable experience in a public hospital - world's largest for acute medical conditions. Cook County Hospital offers you the stimulation of working with more than 2,500 other doctors and nurses in one of the world's largest and most exciting medical centers. Housing is available at nominal cost. Salaries begin at \$340-\$372.50 for a 371/2 hour week. And you're only minutes from Chicago's fabulous Loop and local universities.

Graduate Nurses! Write today to Director, Cook County School of Nursing, Dept. C., 1900 West Polk Street, Chicago 12, Illinois.

SARNIA, ONTARIO CANADA'S CHEMICAL VALLEY

AND

PORTAL TO OUR BEAUTIFUL BLUEWATER COUNTRY

You will enjoy being a part of this progressive, growing community as an employee of the Sarnia General Hospital.

Positions available in all services for REGISTERED NURSES

Excellent Personnel Policies include 40-hour week, 3 weeks paid annual vacation, 9 statutory holidays.

Salary range \$2,938 to 3,640

Please apply to: PERSONNEL DIRECTOR SARNIA GENERAL HOSPITAL. SARNIA. ONTARIO

THE WINNIPEG GENERAL HOSPITAL

IS RECRUITING

- 1. CLINICAL SUPERVISORS IN MEDICINE & SURGERY
- 2. GENERAL DUTY NURSES FOR ALL SERVICES

Please send applications direct to:

THE DIRECTOR OF NURSING. THE WINNIPEG GENERAL HOSPITAL. WINNIPEG 3, MANITOBA.

TORONTO GENERAL HOSPITAL

requires

NURSING STAFF

Variety of Opportunities, Valuable Experience in this large teaching centre. Attractive Personnel Policies. The Toronto General Hospital has opened its new building which contains centralized Operating Rooms; Recovery Rooms; Surgical Supply Service; Obstetrics and Gynecology; Neurology and Neurosurgery; Admitting and Emergency; Rehabilitation and Physical Medicine; Urology and Ophthalmology.

For information write to:

Director of Nursing, Toronto General Hospital, Toronto 2, Ontario.

SARNIA, ONTARIO

CERTIFIED NURSING ASSISTANTS

As an employee of our modern well equipped hospital, you may enjoy the excellent opportunities offered as resident of this progressive industrial city.

Positions are available in all services.

\$2,100 TO \$2,508.

Excellent employee benefits include 40-hour, 5-day week. Shift differential for evening and night shifts. 9 statutory holidays.

Please apply to:
PERSONNEL DIRECTOR
SARNIA GENERAL HOSPITAL,
SARNIA, ONTARIO

CHILDREN'S HOSPITAL OF WINNIPEG

New 230-bed hospital
with School of Nursing,
approximately
30 students a year, and affiliates,
requires

SCIENCE INSTRUCTOR AND CLINICAL INSTRUCTOR

Either position may be combined with that of Educational Director, depending on qualifications.

Also

ASSISTANT NIGHT SUPERVISOR

For details write:
DIRECTOR OF NURSING

....

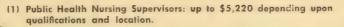
NURSING WITH INDIAN AND NORTHERN HEALTH SERVICES



OPPORTUNITIES REGISTERED HOSPITAL NURSES, PUBLIC HEALTH NURSES, AND CERTIFIED AUXILIARY NURSES

for Hospital Positions and Public Health Positions in Outpost Nursing Stations, Health Centres and Field Positions in the Provinces, Eastern Arctic Northwest Territories and the Yukon Territory.

SALARIES



(2) Directors of Nursing in Hospitals: up to \$4,950 depending upon qualifications and location.

(3) Public Health Staff Nurses: up to \$3,780 per year depending upon qualifications and location.

(4) Hospital Staff Nurses: up to \$3,540 per year depending upon qualifications and location.

(5) Certified Nursing Assistants or Licensed Practical Nurses: up to \$200 per month depending upon qualifications and location.

Room, Board and Laundry in residence at reasonable rates.
 Statutory holidays. Three weeks' annual leave with pay. Generous sick leave credits. Hospital-Medical and superannuation plans available.

Special pay and leave allowances for those posted to isolated areas.

For interesting, challenging, satisfying work apply to — Indian and Northern Health Services at one of the following addresses:

- (1) Regional Superintendent, 4824 Fraser Street, Vancouver, B.C.
- (2) Regional Superintendent, 11412-128th Street, Edmonton, Alberta.
- (3) Regional Superintendent, 735 Motherwell Building, Regina, Saskatchewan.
- (4) Regional Superintendent, 803-9 Confederation Life Building, 457 Main Street, Winnipeg, Manitoba.
- (5) Regional Superintendent, 4th Floor, Booth Building, 165 Sparks Street, Ottawa, Ontario.
- (6) Zone Supervisor of Nursing, Box 493, North Bay, Ontario.
- (7) Zone Superintendent of Indian Health Services, P.O. Box 430, Upper Town, 3 Buade Street, Quebec 4, P.Q.

or

Chief, Personnel Division, Department of National Health and Welfare, Ottawa, Ontario.

Official Directory

Provincial Associations of Registered Nurses

ALBERTA

Alberta Association of Registered Nurses

Pres., Miss M. Street, Calgary Gen. Hosp., Calgary; Past Pres., Miss E. Bietsch; Vice-Pres., Sr. C. Leclerc, Mrs. D. J. Taylor, Miss J. Clark. Committees: Nursing Service, Miss K. Macalister; Nursing Education, Miss M. R. Thompson; Finance, Miss E. Bietsch; Legislation & By-Laws, Miss J. Clark. Exec. Director, Mrs. C. A. Van Dusen, 10256-112th St., Edmonton. Registrar, Miss R. Schwindt, 10256-112th St., Edmonton.

BRITISH COLUMBIA

Registered Nurses' Association of British Columbia

Pres., Miss E. Rossiter; Past Pres., Miss A. Creasor; Vice-Pres., Misses H. King, M. Frith; Hon. Sec., Miss E. Kunderman; Hon. Treas., Miss A. Cumming. Committees: Legislation, Constitution & By-Laws, Miss M. Campbell; Nursing Bducation, Miss M. Richmond; Nursing Service, Miss N. Wylie; Public Relations, Miss M. Macdonnell. Exec. Sec. Miss Alice L. Wright, 2524 Cypress St., Vancouver 9. Registrar, Miss F. McQuarrie.

MANITOBA

Manitoba Association of Registered Nurses

Pres., Mrs. H. C. Mazerall, 10 Wildwood Park, Winnipeg 9. Executive Secretary & Registrar, Miss L. E. Pettigrew, 247 Balmoral St., Winnipeg 1.

NEW BRUNSWICK

New Brunswick Association of Registered Nurses

Pres., Miss L. O. Smith, Provincial Hospital, Lancaster; Past Pres., Miss G. B. Stevens; Vice-Pres., Miss K. MacLaggan, Miss S. Miles; Hon. Sec., Sr. Theresa Carmel. Committees: Nursing Education, Miss D. Grieve, P.O. Drawer 1297, Fredericton; Nursing Service, Miss M. J. Anderson, Victoria Public Hosp., Fredericton; Advisory to Schools of Nursing, Miss M. Hunter, 670 Regent St., Fredericton; Finance, Miss K. MacLaggan, 385 Union Street, Fredericton; Legislation & By-Laws, Miss S. Miles, Lancaster Hosp., Lancaster; Public Relations, Mrs. B. Norris, Box 55, Newcastle. Sec.-Registrar, Miss M. Archibald, 231 Saunders St., Fredericton.

NEWFOUNDLAND

Association of Registered Nurses

Pres., Miss J. Story, 337 Southside Rd., St. John's; Past Pres., Miss E. Summers; Vice-Pres., Miss J. Lewis, Lt.-Col. H. Janes, Sr. M. Xaverius. Councilors: Major M. Lydall, Misses G. Rowsell, R. Bishop, J. Collis, Rep. St. John's Chapter, N. Tilley, Rep. Corner Brook Chapter, Sr. M. Calasanctius, Rep. Nursing Sisterhood. Committees: Nursing Education, Miss G. Rowsell; Nursing Service, Miss H. Penny; Finance, Lt.-Col. H. Janes; Legislation & By-Laws, Miss J. Lewis; Publicity & Public Relations, Miss I. Sutton; Rep. to: The Canadian Nurse, Miss I. Sutton; Rep. to: The Canadian Nurse, Cabot Bldg., Duckworth St., St. John's.

NOVA SCOTIA

Registered Nurses' Association of Nova Scotia

Pres., Sr. C. Gerard; Past Pres., Mrs. D. Mc-Keown; Vice-Pres., Misses M. Matheson, J. Church, E. MacLennan; Rec. Sec., Miss D. Gill, Victoria Gen. Hosp., Halifax. Committees: Nursing Education, Miss F. Lytle; Nursing Service. Mr. W. Landry; Finance, Miss P. Lyttle; Legislation & By-Laws, Sr. M. Bernadette; Public Relations, Mrs. H. Mack; Discipline, Miss M. Graham; Credentials, Miss E. Purdy; Nominations, Miss H. Munroe; Board of Examiners, Sr. Clare Marie. Sec.-Registrar Miss Nancy H. Watson, 73 College St., Halifax.

ONTARIO

Registered Nurses' Association of Ontario

Pres., Miss M. P. Morgan, Gen. Hosp., Hamilton; Vice-Pres., Miss E. M. Howard, Mrs. M. B. Duncanson. Committees: Nursing Service, Miss E. M. Howard; Nursing Education, Miss H. G. McArthur; Registration, Miss H. A. Bennett; Public Relations, Miss I. Black; Finance, Miss I. B. Brand; Legistation & By-Laws, Miss J. E. Young. District Presidents: Dist. 1, Miss L. W. Barr, 2111 Lincoln Rd., Windsor; 2, Miss P. C. Bluett, Gen. Hosp., Woodstock; 3, Mrs. M. Fligg, 985-7th Ave. E., Owen Sound; 4, Mrs. O. G. Lewis, P.O. Box 154, Fonthill; 5, Mrs. R. B. Couse, 582 O'Connor Drive, Toronto; 6, Mrs. D. Stewart, R.R. 11, Peterborough; 7, Mrs. A. B. Rintoul, Maitland; 8, Miss D. F. Cowan, 5 Ossington Ave., Ottawa; 9. Miss G. O'Leary, 204 Oak St., Sudbury; 10, Mrs. B. Stewart, 76 Queen St., Box 362, Dryden; 11, Miss E. E. Langman, Royal Victoria Hosp., Barrie; 12, Miss M. V. Kenney, Anson Gen. Hosp., Iroquois Falls. Exec. Sec., Miss F. H. Walker, 33 Price St., Toronto 5.

PRINCE EDWARD ISLAND

The Association of Nurses of Prince Edward Island

Pres., Mrs. V. MacDonald, King's County Memorial Hosp., Montague; Past Pres., Miss R. I. Ross; Vice-Pres., Misses B. Rowland, A. Trainor; Hon. Treas., Mrs. R. Palmer, P. H. Nurse, Health Centre. Summerside; Hon. Sec., Miss F. MacMillan, Instructor in Nursing, P.E.I. Hosp., Charlottetown. Committees: Nursing Education, Sr. M. Monica; Nursing Service, Miss I. MacKay; Public Relations, Miss H. MacLaine; Finance, Mrs. L. MacDonald; Legislation & By-Laws, Miss K. MacLennan. Exec. Sec.-Registrar, Mrs. Helen L. Bolger, 188 Prince St., Charlottetown. Charlottetown.

QUEBEC

The Association of Nurses of the Province of Quebec

The Association of Nurses of the Province of Quebec Pres., Miss M. Wheeler, 4442 Oxford Ave. Montreal; Vice-Pres., (Fr.) Miles G. Lamarre, E. Merleau; (Eng.) Misses R. Chittick, E. Geiger; Hon. Sec., Mile G. Côté; Hon. Treas., Miss G. Purcell. Councillors: Mile L. Lapointe (Dist. 1), Miss C. Aitkenhead (Dist. 3), Mile M. J. Clairmont (Dist. 5), Mile G. Ducharme (Dist. 7), Mile F. Verret (Dist. 9). The above constitute the Executive Council and are members of the Committee of Management together with: Miles G. Gosselin, D. Pontbriand, S. Pilon, F. Bertrand, P. Levesque, M. Jalbert, L. Couet, Sr. Barcelo, Mile D. Fortin, Sr. M. Felicitas, Mile M. Desjardins, Miss I. Jensen. Advisory Committee: Mme. A. Martineau-Bergeron, Misses E. C. Flanagan, J. Golden, C. V. Barrett, H. Lamont, Mile R. Aublin, Mme Morency, Srs. Valerie de la Sagesse, St-Ferdinand, D. Lefebvre, Marie-Paule, St-Thomas d'Aquin. Committee Chairmen: Nursing Education, Sr. J. Forest, Miss M. Allen; Nursing Service. Mile G. Charbonneau, Miss M. MacKillop; Board of Examiners, (Eng.) Miss F. Bryant, (Fr.) Mile J. Trudel. Sec.-Registrar & Visitor to English Schools of Nursing, Miss Helena F. Reimer. Visitor to French Schools of Nursing, Mile Suzanne Giroux. Association Headquarters, 640 Cathcart St., Montreal.

SASKATCHEWAN

Saskatchewan Registered Nurses' Association

Pres., Miss L. D. Willis, Ellis Hall, Univ. of Saskatchewan, Saskatoon; Vice-Pres., Miss L. Miner, 4 Bartleman Apts., Regina; Sr. M. Hildegard, St. Elizabeth's Hosp., Humboldt. Committees: Nursing Education, Mrs. M. Rosso, Providence Hosp., Moose Jaw; Nursing Service, Miss K. Ruane, University Hosp., Saskatoon; Public Relations, Miss V. Spencer, 3 Canada Apts., Yorkton; Chapters, Miss B. Hailstone, 6 Garnet Apts., Regina. Exec., Miss V. Antonini, 401 Northern Crown Bldg., Regina. Registrar, Miss Grace Motta, 401 Northern Crown Bldg., Regina.

Official Directory

CANADIAN NURSES' ASSOCIATION

270 Laurier Ave., W., Ottawa

Miss Alice Girard, Hôpital St. Luc, Lagauchetire St.. Montreal, Que. President Past President Miss Trenna G. Hunter, Metropolitan Health Com., City Hall, Vancouver, B.C.

First Vice-President Miss Helen Carpenter, 50 St. George St., Toronto 5, Ont.

Second Vice-President Miss E. A. Electa MacLennan, School of Nursing, Dalhousie University, Halifax, N.S.

Third Vice-President Miss Hazel Keeler, University Hospital, Saskatoon, Sask.

Miss M. Pearl Stiver, 270 Laurier Ave. W., Ottawa. General Secretary

OTHER MEMBERS OF EXECUTIVE COMMITTEE

Presidents of Provincial Associations-

Alberta Miss Margaret Street, General Hospital, Calgary. British Columbia Miss Edna Rossiter, Shaughnessy Hospital, Vancouver. Manitoba Mrs. Hilda Mazerall, 10 Wildwood Park, Winnipeg 9. New Brunswick Miss Lois Smith, Provincial Hospital, Lancaster. Miss Janet Story, 337 Southside Rd., St. John's. Newfoundland Nova Scotia Rev. Sister C. Gerard, Halifax Infirmary, Halifax. Ontario Miss Margaret Morgan, Hamilton General Hospital, Hamilton.

Prince Edward Island Mrs. Vera MacDonald, King's County Memorial Hospital, Montague.

Miss Margaret Wheeler, 4442 Oxford Ave., Montreal. Quebec

Miss Lucy D. Willis. University of Saskatchewan. Medical Bldg., Saskatoon. Saskatchewan

Religious Sisters (Regional Representation)-

Rev. Sister M. Irene, Charlottetown Hospital, Charlottetown. Maritimes Quebec Rev. Sister M. Felicitas, St. Mary's Hospital, Montreal.

Rev. Sister Madeleine of Jesus, Ottawa General Hospital. Ottawa.

Western Canada Rev. Sister M. Laurentia, Providence Hospital, Moose Jaw.

Chairmen of National Committees-

Nursing Service Rev. Sister M. Felicitas, St. Mary's Hospital, Montreal. Nursing Education Miss Hazel Keeler, University Hospital, Saskatoon.

Public Relations Miss Ethel M. Gordon, Apt. 110, 150 Argyle Ave., Ottawa 4.

Legislation and By-Laws Miss E. A. Electa MacLennan, School of Nursing, Dalhousie University, Halifax.

Miss Helen Carpenter, 50 St. George St., Toronto 5. Finance

Journal Board Mrs. Isobel MacLeod, Montreal General Hospital, Montreal.

EXECUTIVE OFFICERS

Alberta Ass'n of Registered Nurses, Mrs. Clara Van Dusen, 10256 - 112th St., Edmonton.

Registered Nurses' Ass'n of British Columbia, Miss Alice L. Wright, 2524 Cypress St., Van-

Manitoba Ass'n of Registered Nurses, Miss Lillian E. Pettigrew, 247 Balmoral St., Winnipeg.

New Brunswick Ass'n of Registered Nurses, Miss Muriel Archibald, 231 Saunders St., Fredericton. Ass'n of Registered Nurses of Newfoundland, Miss Pauline Laracy, Cabot Bldg., Duckworth St., St. John's.

Registered Nurses' Ass'n of Nova Scotia, Miss Nancy H. Watson, 73 College St., Halifax.

Registered Nurses' Ass'n of Ontario, Miss Florence H. Walker, 33 Price St., Toronto 5.

Ass'n of Nurses of Prince Edward Island, Mrs. Helen L. Bolger, 188 Prince St., Charlottetown. Association of Nurses of the Province of Quebec, Miss Helena Reimer. 640 Cathcart, St., Montreal.

Saskatchewan Registered Nurses' Ass'n, Miss Victoria Antonini. 401 Northern Crown Bldg.. Regina.

ASSOCIATION OFFICERS

Canadian Nurses' Association: 270 Laurier Ave. West. Ottawa. General Secretary-Treasurer, Miss M. Pearl Stiver. Secretary of Nursing Service, Miss F. Lillian Campion. Assistant General Secretary, Miss Rita MacIsaac.

International Council of Nurses: 1 Dean Trench St., Westminster, London S.W. 1. England. General Secretary, Miss Daisy C. Bridges.



ALL ITEMS NOW AT YOUR FAVOURITE REITMAN'S STORE, or write to:

Reitman's Mail Oraer Dept., 3510 St. Lawrence Boulevard, Montreal 18, P.C

NOW... the finest Meat Dinners in sparkling glass

FROM SWIFT -- WHO BROUGHT YOU THE FINEST IN 100% MEATS FOR BABIES!



Swift—meat specialists and pioneers in working with doctors to make meats available in baby foods—now bring you 5 new Meat Dinners ... in sparkling glass. Swift's Meats for Babies—always the most complete line—is now more complete than ever! These 5 new Meat Dinners have the same smooth texture, are prepared from the same fine, lean meats used in Swift's 100% Meats for Babies. Just the right amount of fresh vegetables and cereal have been included to

make them balanced dinners.

With the 5 new varieties of Meat Dinners, the 13 varieties of 100% Meats (including 3 fruit-flavoured ones), plus Egg Yolks, and Egg Yolks & Bacon, you can recommend whatever meat best suits each baby's nutritional requirements with the knowledge that every meat is available in Swift's complete line of Meats for Babies.

(If Swift's new Meat Dinners are not in your area yet, they will be very soon.)

FOR YOUR CONVENIENCE, HERE IS A LIST OF ALL SWIFT'S MEATS FOR BABIES. (Most are also available in chopped form for older babies.)

Beef • Lamb • Pork • Veal • Chicken • Chicken & Veal • Ham • Liver • Liver & Bacon • Beef Heart • Pork with Applesauce • Ham with Raisin Sauce • Lamb with Mint flavour • Egg Yolks • Egg Yolks & Bacon

Beef Dinners • Chicken Dinners • Veal Dinners • Lamb Dinners • Ham Dinners



To Sorve Your Family Bottos

INDEX TO ADVERTISERS

APRIL, 1959

Abbott Laboratories Ltd 3	361	John A. Huston Co. Ltd 33	33
Becton, Dickinson & Co. (Canada) Ltd	349	Imperial Tobacco Co. of Canada Ltd	59
Bristol-Myers Co. of Canada Ltd. 2 Canadian Banana Co. Ltd	293 345 347 365 302	Knox Gelatine (Canada) Ltd	53 V 58
Cow & Gate (Canada) Ltd 3	355	Parke Davis & Co. Ltd 35	57
Desitin Chemical Co Cover	III	Reitman's Inc 33	35
Charles E. Frosst & Co	339	W. B. Saunders Co 35	51
G. T. Fulford Co. Ltd	367	Smith Kline & French 36 Smith & Nephew 39	
Geigy Pharmaceuticals (Canada) Ltd	331	Swift Canadian Co. Ltd	
The Good-Lite Mfg Co	366	White Sister Uniform Inc Cover	H

Subscription Rates: Canada & Bermuda: 6 months \$1.75; one year, \$3.00; two years, \$5.00.

Student nurses — one year, \$2.00; three years, \$5.00.

U.S.A. & foreign: one year, \$3.50; two years, \$6.00.

Single copies 35 cents.

In combination with the American Journal of Nursing or Nursing Outlook: one year, \$8.00 Make cheques and money orders payable to The Canadian Nurse.

Change of address: Four weeks' notice and the old address as well as the new are necessary.

Not responsible for Journals lost in mail due to errors in address.

Authorized as Second-Class Mail, Post Office Department, Ottawa.

Momber of Canadian Circulation Audit Board.

Advertising Representatives: W. F. L. Edwards & Co., Ltd., 34 King St. E., Toronto 1, Ont. Walter Slack, 801 Public Ledger Building, Philadelphia 6, Pa.

1522 Sherbrooke Street West, Montreal 25, Quebec

THE CANADIAN NURSE

L'Infirmière Canadienne

VOLUME 55

292 BETWEEN OURGEIVES

NUMBER 4

APRIL 1959

	DET WILLY O'CHOLLY IN
294	New Products
303	THE DIGNITY OF SERVICE
305	CARDIAC ARRESTL. F. G. Cruickshank
307	CONGENITAL HEART SURGERYA. T. Mildenberger
310	Brrrp! Brrrp!
312	A New Medication Setup
314	L'Infirmière Educatrice et
	ConseillèreY. Notebaert
318	THE NATURE OF RESEARCH
321	BETTER UTILIZATION OF THE STUDENTS'
	TIME IN THE CLINICAL FIELDSr. M. Felicitas
326	Nursing Profiles
327	In Memoriam
329	THE CNA RETIREMENT PLAN
	Becomes a Reality
332	THE ADVISER TO SCHOOLS
	of Nursing
338	Nursing Across the Nation
341	Le Nursing à travers le pays
344	THE MALE POTENTIAL
348	A New Treatment for Brittle Nails
350	A New Orthopedic BraceW. R. Graydon
352	PROVINCIAL ROUNDUP
356	THE NURSES' LIFE
358	BOOK REVIEWS
362	Macmillan Award Winners
362	News Notes
370	Official Directory
372	EMPLOYMENT OPPORTUNITIES

The views expressed in the various articles are the views of the authors and do not necessarily represent the policy or views of The Canadian Nurses' Association.

Journal Boord: Mrs. A. I. MacLeod, chanman, Sr. M. Fehenas, Misses H. Carpenter, R. Chittick, S. Giroux, E. Gordon, K. MacLaggan, A. Girard, president CNA; Misses M. P. Stiver, M. E. Kerr.

E. Gordon, K. MacLaggan, A. Girard, president C.NA; Misses M. P. Stiver, M. E. Kerr.

Editorial Advisers: Alberta, Miss Irene M. Robertson, 11831-87th Ave., Edmonton; British Columbia, Miss Marion E. Macdonnell, 1807 W. 36th Ave., Vancouver 13; Manitoba, Miss Sheila L. Nixon, Chidren's Hospital, Winnipeg; New Brunswick, Miss Shirley Y. Alcoe, 180 Charlotte St., Fredericton; Newfoundland, Miss Isabel Sutton, 66a Mullock St., St. John's; Nova Scotia, Mrs. Hope Mack, P.O. Box 70, Hantsport; Ontario, Miss Jean Watt, R.N.A.O., 33 Price St., Toronto; Prince Edward Island, Sr. M. David, Charlottetown Hospital; Quebec, Miss Geneviève Lamarre, Höpital de l'Enfant Jésus, Quebec City (French), Sr. M. Assumpta, St. Mary's Hospital, Montreal (English); Saskatchewan, Miss Victoria Antonini, S.R.N.A., 401 Northern Crown Bldg., Regina.

Executive Director: Margaret E. Kerr, M.A., R.N.

Assistant Editors: Jean E. MacGregor, B.N., R.N.; Gabrielle D. Côté, M.A., R.N.

Circulation Manager: Winnifred MacLean. Production Assistant: Elizabeth M. Hanlon.

Advertising Assistant: Ruth H. Baumel.

1522 Sherbrooke Street West, Montreal 25, Quebec

Between Ourselves

Just as we have invited you to share our joy over each new section of the Journal as it has been added, so now we realize that with the news we bring today there will be for many of you a distinct feeling of regret, as at the passing of an old friend. Ever since The Canadian Nurse was first published fifty-four years ago, news columns telling of local activities have been included. Next month they are appearing for the last time.

Several considerations influenced the Executive Committee of the Canadian Nurses' Association, at its recent meeting, to vote that this section should be discontinued. The principle reason was the fact that this is the only editorial part of the magazine that would be different when our twin issues commence in June.

Unlike 1905, when there were no provincial nurses' associations as we know them today, we not only have ten very active bodies but many of them have bulletins that are sent out at regular intervals to their membership. It was felt by the Executive that that was the logical organ to carry the accounts of chapter meetings. The roster of alumnae associations from which items of interest have been received regularly has been dwindling very considerably. Another item that has also been discontinued is the publication of the lists of appointees to various public health nursing organizations.

Speaking of the recent Executive Committee meeting, brief reports of some of the national committee activities will be found in "Nursing across the Nation." The survey of Journal readership revealed that only about a quarter of the nurses of Canada read the items that are published under that caption. Since it is the primary source of information regarding the many aspects of the work being carried on nationally in our name, it should be one of the best-read sections. How else can you know what is going on?

Several hours, at the meetings, were devoted to the discussion of the provincial executive secretaries' reports. We wish that it were possible to share these reports with you in full. They reflect an intense interest in a wide variety of new and vital

developments. Since space does not permit their reproduction in full **Provincial Roundup** points to the principal avenues along which the provincial associations are moving.

One of the speakers at the Editorial Advisers' conference in January was a prominent Montreal newspaperman. His comment regarding the titles of the articles in an average issue was that they did not have enough sparkle, not enough spice in them. He proposed that we should experiment now and then to learn your reaction.

When we were preparing Miss Stockley's account of the instruction she gives **post-laryngectomy patients**, we decided to act on the newspaperman's suggestion. Honestly, are you more intrigued by the title we have used or would you have been just as interested to read had we used the sub-heading as the main caption?

* * *

The sudden failure of the heart in any patient is an agonizing experience for the nurse who is immediately responsible for his care. Inevitably, there is the feeling that perhaps life could have been saved if only someone who knew what to do had reached him soon enough. More often than the average person is willing to believe, there is, unfortunately, nothing that could have been done if some serious heart disease is present.

Cardiac arrest during surgery is even more terrifying to the nurse. It is usually caused by a lack of oxygen in the vital tissues. There are various predisposing factors that may contribute to this anoxia on the operating table: insufficient preoperative dosage of atropine; overdosage of a preanesthetic drug; decreased vital capacity; anemia, anxiety, shock; pulmonary or heart disease.

Whatever the cause, the response must be immediate and effective, not only to restore the heartbeat but also to reestablish the oxygen system before irreversible damage has been done to the brain. Time is the driving factor. Dr. Cruickshank gives three minutes as the limit of safety. So each nurse member of the operating staff must know by heart what is and what is not to be done.

Today's foremost adjunct in the treatment of hemorrhoids and related anorectal conditions

New Stainless PAZO

Ointment and Suppositories

The effectiveness of New Stainless Pazo for symptomatic relief of the pain and swelling of hemorrhoids, and other disorders of the proctologic area, has been established in clinical tests. Patients appreciate the comforting relief and, in cases where home treatment is indicated, the ease of administration, and the stainless quality of Pazo.

New Stainless Pazo Ointment and Suppositories are now available at Pharmacies throughout Canada. For a Professional Sample, and a copy of "A Report on Two Clinical Studies of Anorectal Conditions in 122 Cases" mail the coupon below.

DEPT. N, Grove Division of BRISTOL-MYERS CO. OF CANADA LTD., 120 North Queen Street, Box 185, Toronto 18, Ontario.

NAMF _____

ADDRESS

CITY____PROV.___

1820



New Products

Edited by DEAN F. N. HUGHES

Published Through Courtesy of Canadian Pharmaceutical Journal

CENTRINE

Indications—Peptic ulcer, pylorospasm, hypertrophic gastritis, vomiting of pregnancy.

Administration—Tablets: 0.5 mg. (1 tablet) 3 or 4 times daily.

Solution: initially 2 to 5 drops before meals and at bedtime increasing by one or more drops depending on response. For infants use dosage schedules as for atropine. Injection: 1 cc. (0.5 mg.) repeated if necessary in 3 or 4 hours.

Description—Aminopentamide (alpha, alpha - diphenyl - gamma-dimethylaminovaler-

amide), parasympatholytic antispasmodic

Manufacturer—Bristol Laboratories of Canada Limited, Montreal.

CETOGEN

Indications—The treatment of headache, neuralgia, colds, in children.

Administration—One tablet with a little water 2 or 3 times a day as prescribed. **Description**—Each tablet contains: Cetogen $\frac{7}{8}$ gr. phenacetin $\frac{5}{8}$ gr. and caffeine citrate 1/8 gr

Cetogen with Codeine: Cetogen with codeine 1/30 gr. per tablet.

CIDALON

Indications—The eradication of scabies, head lice, crab lice, ticks.

Administration—Apply as directed

Description—An emulsion containing isobornylthiocyano-acetate 4%

Manufacturer-Canadian Pharmacal Co. Ltd., London.

CHOLEDYI.

Indications—Whenever the cardiovascular, diuretic, and bronchodilator effects of theophylline (or its double salt, aminophylline) are indicated: edema, angina, asthma and premenstrual tension.

Administration—Adults: Initiate with 200 mg. q.i.d.; adjust dosage to individual requirements. Children: 100 mg. t.i.d. or q.i.d

Description—Choline theophyllinate.

Manufacturer—Warner-Chilcott Laboratories Co. Ltd., Toronto

CORTATE

Indications—Addison's disease asthenia associated with adrenal cortical deficiency radiation sickness.

Administration—2 to 6 mg. as prescribed.

Description—Preparation of desoxycorticosterone acetate. Manufacturer—Schering Corporation Limited, Montreal 9

CO-SALT

Indications—As a salt substitute in conditions requiring low salt diets, e.g., congestive heart failure, hypertension.

Description—Salt substitute containing: Choline, potassium chloride, ammonium

chloride, tricalcium phosphate. Contains no sodium or lithium: Manufacturer—U.S. Vitamin Corporation of Canada Limited, Montreal

DULSANA COMPOUND

Indications—For the symptomatic relief of cough in pharyngitis, laryngitis, tracheitis bronchitis, pneumonia bronchiectasis bronchial asthma, whooping cough, smoker's cough and the "cough habit of nervous origin."

Administration—Adults: One or two teaspoonfuls (5-10 cc.) 3 or 4 times daily, as required. Children: 6-12 years: one-half to one teaspoonful (2.5-5 cc.) 3 or 4 times daily,

as required: children under 6 years as recommended by the physician.

Description—Each 5 cc. teaspoonful contains: Paracarbinoxamine maleate 2 mg., ephedrine hydrochloride 4 mg., codeine phosphate 10 mg., ammonium chloride 100 mg., chloroform 25 mg., menthol 0.25 mg., flavored syrup base q.s.

Manufacturer-Charles E. Frosst & Co., Montreal

SAL-INFANT Suppositories

Indications—For analgesia and antipyretic effect in children when an alternative to oral administration is desired.

Administration—Children under 5 years: 1/2 to one ounce or twice daily according to body weight. Five years and over: one suppository one to 3 times daily

Description—Each suppository contains: Acetylsalicylic acid 150 mg in a hydrophilic

Manufacturer-Mowatt & Moore Ltd., Montreal.

The Journal presents pharmaceuticals for information, Nurses understand that only a physician may prescribe.

UNIVERSITY OF BRITISH COLUMBIA COURSES FOR GRADUATE NURSES

1. Leading to the Degree of Bachelor of Science in Nursing (B.S.N.): An integrated program which includes preparation for staff positions in

public health nursing as well as the fundamentals of teaching, supervision and administration and their application to clinical nursing. Students are required to select one advanced clinical nursing course — i.e., Medical-Surgical, Obstetric, Pediatric, or Psychiatric Nursing.

Students with an appropriate Senior Matriculation can complete the Course in approximately two years. Those with Junior Matriculation require approximately three years.

2. Leading to a Diploma in Public Health Nursing:

A ten-month course which prepares for staff positions in public health nursing.

3. Leading to a Diploma in Clinical Teaching and Supervision:

A ten-month course which prepares for hospital positions that entail teaching, supervisory and administrative activities. Students are required to select one of the advanced clinical nursing courses listed above.

N.B.: The School of Nursing also offers, for high school graduates with University Entrance, a Basic Professional Course leading to the degree of B.S.N.

For further information write to the

DIRECTOR, SCHOOL OF NURSING, UNIVERSITY OF BRITISH COLUMBIA, VANCOUVER 8, BRITISH COLUMBIA.

FLORINEF TABLETS

Indications—For the treatment of Addison's disease and adrenocortical hyperplasia ct

the adrenogenital type

Administration—Addison's disease—A daily oral dosage range of 0.1 to 0.3 mg., has produced satisfactory salt retention. Supplementary parenteral administration of sodium-retaining hormones is not necessary. Adrenocortical hyperplasia of the adrenogenital type -Satisfactory inhibition of endogenous adrenocortical hypersecretion has been achieved with daily doses of 1.0 to 2.0 mg. This dosage range has been found to reduce and maintain the 17-ketosteroid excretion at or near normal levels.

Description-Fludrocortisone acetate for oral use, tablets 0.1 mg. Manufacturer—E. R. Squibb & Sons of Canada Ltd., Montreal

METASPAS TABLETS

Indications—Wide spectrum synthetic antispasmodic agent in: functional diarrhea, dysmenorrhea, pre-and intermenstrual syndromes, false labor and during actual labor, post-partum; spasmodic cough, vomiting, nausea, motion sickness, drug intolerance, surgical premedication, exploratory instrumental procedures.

Administration—Adults: 3 to 9 tablets daily in divided doses of 1 to 3 tablets.

Children: 1/2 to 2 tablets daily in the same manner

Infants: (under 1 year): $\frac{1}{4}$ to $\frac{1}{2}$ tablet daily according to age. The daily dose diluted in a small quantity of water in the morning could be divided for several administrations

Contraindications—Like most atropine-like products, is contraindicated in glaucoma. Description—Each tablet contains 10 mg. of beta (N-piperidine)-ethyl-cyclohexyl-1, cyclohexane carboxylate hydrochloride, dihexyverine hydrochloride).

Manufacturer—Thomas Leeming & Co. Inc., Montreal.

PROMANYL

Indications—As an ataractic in: alcoholism, acute hallucinosis and disturbed psychotics, drug addiction.

Administration—In doses as prescribed and in accordance with patient's condition and response. Total daily dose should not exceed 1 Gm.

Description—Promazine HCl tablets, 25 mg., 50 mg., 100 mg.
Manufacturer—Paul Maney Laboratories Canada Ltd., Toronto 14

McMASTER UNIVERSITY School of Nursing

1 DEGREE COURSE IN BASIC NURSING (B.Sc.N.)

A Four-Year Course designed to prepare students for all branches of community and hospital nursing practice and leading to the degree, Bachelor of Science in Nursing (B.Sc.N.). It includes studies in the humanities, basic sciences and nursing. Bursaries, loans and scholarships are available.

II DEGREE COURSE IN SCIENCE TEACHING FOR GRADUATE NURSES (B.Ed.N)

A Two-Year Course designed to prepare graduate nurses to teach basic sciences in schools of nursing and leading to the degree, Bachelor of Education in Nursing (B.Ed.N.) It includes studies in the humanities, the physical, social and biological sciences, teaching and nursing education. Bursaries of Six Hundred Dollars each are offered in both years of this Course.

For additional information, write to:

School of Nursing,
McMaster University, Hamilton, Ontario.

MONTREAL NEUROLOGICAL INSTITUTE McGILL UNIVERSITY

GRADUATE COURSE

in

NEUROLOGICAL AND NEUROSURGICAL NURSING AND OPERATING ROOM TECHNIQUE

Classes: Feb. 1 & Oct. 1

One half staff salary is paid during course. Students may live in or out.

For information apply:

MISS E. C. FLANAGAN, B.A., R.N.

Director of Nursing,

3801 University St.

Montreal, Que.

THE MOUNTAIN SANATORIUM

HAMILTON, ONTARIO

TWO-MONTH
POSTGRADUATE COURSE
IN THE IMMUNOLOGY,
PREVENTION & TREATMENT
OF TUBERCULOSIS

This course is especially valuable to those contemplating Public Health, Industrial, or Tuberculosis Nursing.

For further information apply to:

Director of Nursing, Mountain Sanatorium Hamilton, Ontario.

DALHOUSIE UNIVERSITY

School of Nursing

COURSES OFFERED

1959 - 1960

1. Degree Course in Basic Professional Nursing

Candidates for the degree of Bachelor of Nursing are required to complete 2 years of university work before entering the clinical field, and one year of university work following the basic clinical period of 30 months. On completion of the course the student receives the **Degree** of Bachelor of Nursing and the **Professional Diploma** in either Teaching in Schools of Nursing or Public Health Nursing.

2. Degree Course for Graduate Nurses

Graduate nurses who wish to obtain the degree of Bachelor of Nursing are required to complete the three years of university work.

- 3. Diploma Courses for Graduate Nurses
 - (a) Public Health Nursing
 - (b) Teaching in Schools of Nursing

For further information apply to:

DIRECTOR, SCHOOL OF NURSING DALHOUSIE UNIVERSITY, HALIFAX, N.S.

PSYCHIATRIC COURSE

for

REGISTERED NURSES

THE NOVA SCOTIA HOSPITAL offers to qualified Registered Nurses a sixmonth certificate course in *Psychiatric Nursing*.

- · Classes in March and September.
- · Remuneration.
- Preference given to Nova Scotia applicants.

For further information apply to:

Superintendent of Nurses Nova Scotia Hospital Drawer 350 Dartmouth, Nova Scotia

NOVA SCOTIA SANATORIUM KENTVILLE N.S.

Offers to Graduate Nurses a Six-Month Course in *Tuberculosis Nursing*, including Immunology, Prevention, Medical & Surgical Treatment.

- 1. Full series of lectures by Medical and Surgical staff.
- 2. Demonstrations and Clinics.
- 3. Experience in Thoracic Operating Room and Postoperative Unit.
- 4. Full maintenance, salary & all staff privileges.
- 5. Classes start May 1st and November 1st

For information apply to:

SUPT. OF NURSES, NOVA SCOTIA SANATORIUM, KENTVILLE, N.S.

THE WINNIPEG GENERAL HOSPITAL

Offers to qualified Registered Graduate Nurses the following opportunities for advanced preparation:

- 1. A six month Clinical Course in Obstetrics.
- 2. A six month Clinical Course in Operating Room Principles and Advanced Practice.

These courses commence in January and September of each year. Maintenance is provided. A reasonable stipend is given after the first month. Enrolment is limited to a maximum of six students in each course.

For further information please write to:

DIRECTOR OF NURSING GENERAL HOSPITAL WINNIPEG, MANITOBA

THE NATIONAL HOSPITAL QUEEN SQUARE

London, W.C.1

and

MAIDA VALE HOSPITAL London W.9, England

(Institute of Neurology, University of London)

Postgraduate Nursing Education for Medical Neurology & Brain Surgery

One year courses are open to Nurses on the General Register with good educational background.

3 mo. full time instruction in the school under guidance of the Sister Tutor assisted by a teaching staff of senior neurologists & neuro-surgeons.

8-mo. clinical experience, 1 mo. vacation.

Certificate & badge of the hospital awarded to successful students. Staff nurses' salary paid throughout the year. This work has a special appeal to nurses interested in research & the humanitarian aspect of nursing.

For further particulars apply to the Matron,
THE NATIONAL HOSPITAL

CHILDREN'S HOSPITAL OF WASHINGTON, D.C.

OFFERS

Registered Nurses a 16-wk. supplementary program in pediatric nursing. Admission dates, May 6, September 1, 1959, January 5, May 3, August 30, 1960.

For complete information write to:

DIRECTOR OF NURSING, 2125-13th STREET, N.W., WASHINGTON 9, D.C.



CASH'S NAMES

Permanent, easy identification. Easily sewn on or attached with No-So Cement. From dealers or CASH'S Belleville 5, Ont.

CASH'S: 3 Doz. \$1.80; 9 Doz. \$3.00; NO-SO NAMES: 6 Doz. \$2.40; 12 Doz. \$3.50; 35¢ per tube

THE JOHNS HOPKINS HOSPITAL

SCHOOL of NURSING

Offers to qualified Registered Nurses a 16-week supplementary course in

OPERATIVE ASEPTIC TECHNIC

with instruction and practice in the general surgical, neurosurgical, plastic orthopedic, gynecologic, ophthalmologic, urologic and ear, nose and throat operating room services. Maintenance and stipend are provided.

For information write to:

DIRECTOR, SCHOOL OF NURSING
THE JOHNS HOPKINS HOSPITAL
BALTIMORE 5, MARYLAND, U.S.A.



PROGRAMS FOR GRADUATE NURSES

Teaching and Supervision

To meet the needs of nurses wishing to prepare for positions of responsibility in either teaching or supervision in Schools of Nursing.

Public Health Nursing

To meet the needs of nurses wishing university preparation for staff work in public health nursing agencies.

Administration of Hospital Nursing Service

To meet the needs of nurses preparing for head nurse, supervisory or matron positions.

This program is supported by the W. K. Kellogg Foundation.

Diplomas are granted on successful completion of the above programs and credits earned may be applied toward the degree of Bachelor of Science in Nursing.

PROGRAMS FOR HIGH SCHOOL GRADUATES

Leading to the Degree in Nursing

Students with senior matriculation may pursue a combined academic and professional program leading to the degree of Bachelor of Science in Nursing. In the final year students will elect to study Teaching and Supervision or Public Health Nursing. This broad educational background followed by graduate professional experience enables nurses to progress rapidly into positions of responsibility.

Leading to the Diploma in Nursing

A three year hospital program is conducted for students meeting the entrance requirements of the University.

For further information or inquiries about scholarships, write to:

DIRECTOR, SCHOOL OF NURSING, UNIVERSITY OF SASKATCHEWAN, SASKATOON, SASKATCHEWAN

The New York Polyclinic

MEDICAL SCHOOL AND HOSPITAL • Organized 1881

The Pioneer Postgraduate Medical Institution in America

Announces the following Courses (Six Months Duration) for qualified Graduate Nurses

OPERATING ROOM NURSING
MEDICAL SURGICAL NURSING
OUT PATIENT DEPARTMENT NURSING

Courses include lectures by the Faculty of the Medical School and the Nursing Department

Stipend of \$50.00 per month and full maintenance is provided

For information address:

Director of Nursing Education, 345 W. 50th St., New York, 19, N.Y.

WILLS EYE HOSPITAL Philadelphia, Penna.

The largest eye hospital in the United States, offers a six-month course in Nursing Care of the Eye to Graduates of Accredited Nursing Schools. Operating Room Training is scheduled in the course.

- \$205 per month for the first four months. \$215 per month for the last two months.
- REGISTRATION FEE is \$20
- Course starts March 15 & September 15. Ophthalmic Nurses in great demand for hospital eye departments, operating rooms & ophthalmologists' offices.

For information write to:

Director of Nurses, Wills Eye Hospital, 1601 Spring Garden Street, Philadelphia 30, Penna.

COURSES FOR GRADUATE NURSES

In various clinical fields, beginning June 1, August 24, November 16, 1959, and February 8, 1960.

Room, meals, laundering of uniforms, and honorarium provided.

Apply to:

DIRECTOR,
COOK COUNTY SCHOOL
OF NURSING,
DEPT. C., 1900 WEST POLK ST.,
CHICAGO 12, ILLINOIS

ROYAL VICTORIA HOSPITAL

SCHOOL OF NURSING MONTREAL, QUEBEC

Postgraduate Courses

 (a) Six month clinical course in Obstetrical Nursing.

Classes -- September and February.

- (b) Two month clinical course in Gynecological Nursing.
 - Classes following the six month course in Obstetrical Nursing.
- (c) Eight week course in Care of the Premature Infant.
- Six month course in Operating Room Technique and Management.

Classes — September and March.

 Six month course in Theory and Practice in Psychiatric Nursing.

Classes - September and March.

Complete maintenance or living-out allowance is provided for the full course.

Salary — a generous allowance for the last hallf of the course.

Graduate nurses must be registered and in good standing in their own Provinces.

For information and details of the courses, apply to:—

Miss H. M. Lamont, B.N. Director of Nursing, Royal Victoria Hospital, Montreal, P.Q. DON'T COUNT IT

AN EXTRAVAGANCE WHEN YOU

BUY THE BEST.

THE SATISFACTION YOU WILL ENJOY WILL MORE THAN REPAY YOU.



GOOD UNIFORMS ARE

MADE AND SOLD BY

BLAND & CO. 2048 Union Ave., Montreal, Can.



Why Carnation Merits Your Recommendation

No other form of cow's milk supplies more complete nourishment for infant feeding. A Carnation Evaporated Milk formula provides:

- All the food values of pasteurized whole milk, in a more digestible form.
- All the butterfat of whole milk, so important for normal energy.
- Increased Vitamin D-800 units per pint of Carnation.
- Known bacteriological safety.
- · Safeguards of uniformity.

Carnation protects your recommendation—warrants your specification.





THE CANADIAN NURSE

L'Infirmière Canadienne

A MONTHLY JOURNAL FOR THE NURSES OF CANADA PUBLISHED BY THE CANADIAN NURSES' ASSOCIATION

VOLUME 55

NUMBER 4

MONTREAL, APRIL 1959

The Dignity of Service

We are now approaching the season of the year when a great many of the schools of nursing across Canada will be holding their formal graduation exercises. Hundreds of social affairs—parties, receptions, dances—will be held to help the new graduates celebrate the successful conclusion of three years of very active learning experiences. Countless gifts from well-wishers will mark the occasion. Prizes will be awarded; farewells will be said; then the schools will settle down to another year of relative calm.

At most of the graduation exercises, some outstanding representative of the community, some well-loved member of the hospital staff, or perhaps some leader among the nursing profession will be invited to deliver an address to the graduating class. Periodically, these guest speakers are perplexed as to what ground they should cover, what theme they should develop. This seems an appropriate time, therefore, to crystallize a few of the highlights of nursing philosophy into a form that may be helpful to the speakers. Going further, it is our hope that this brief summary may prove a stimulus not only to the new graduates but also to the thousands who have graduated before them.

The one word that seems to sum up most adequately the whole philosophy of nursing is "service." If questioned, most nurses would reply that they entered their school in the first place because they wanted "to help people who were ill." From their earliest days as preclinical students until their last interview with their director of nursing, the principal accent has been on service — to their patients, their families, the community. Every form the service may take be it as simple as a sip of water to a thirsty patient, or as complex as the preparation of an operating theatre for surgery — carries with it a dignity that belies such terms as menial, drudgery. Service may be tiring. Sometimes it is trying. But always, thoughtful service to others is rewarding.

Directors of nursing are very conscious of the importance of the relationship between the service provided by their staff and the students, and public esteem. Though the semi-military character of the early nursing school

days has been considerably diminished, a degree of discipline is essential. In order to produce the highest level of service this discipline must be intelligently enforced and accepted. An appreciation of the need for and value of this discipline should be an integral part of every young graduate's professional equipment. School days may be over but there must be no relaxation in her adherence to the discipline that has become a part of her life.

In addition to discipline, nursing philosophy recognizes the need for initiative, the ability to think through problems, poise, emotional maturity, and a ready adaptability to change. These qualities do not suddenly blossom at graduation. They have been cultivated carefully, day by day, all through the undergraduate period.

They are the result of practical experience in every branch of nursing available in the hospital. Coupled with a sound sense of service they make possible the maintenance of the high standards that are the hallmark of Canadian nursing.

"Service" means many different things to different people. The attitude of the general public toward nursing is molded to a considerable extent by the individual nurses that the men and women, who make up the public, know personally. So, on every new graduate is laid the responsibility of developing good public relations wherever she goes by serving with efficiency, integrity and, above all, with dignity as she goes about her daily tasks.

Two Letters of Interest

AR TOO LONG HAS GONE BY before I seem to have had an opportunity to write and tell you the way in which the most generous gift from the Canadian Nurses' Association has been expended.

I now want you to know that we have made two purchases with the money. A very attractive carpet has been laid in the office of the Nursing Service Division, and we have also acquired an antique silver tea-pot. Before we had your gift it had been decided that the office of the Nursing Service Division (otherwise Miss Beck's office) should have rugs but should not be close carpeted. The advantage of a carpet over rugs hardly needs to be stressed, and due to your gift, the office is now greatly improved both in appearance and comfort.

When I was with you and you mentioned the possibility of expending the donation on a tea-set, I explained that the South African Nursing Association had already given us a donation with which a Wedgewood tea-set had been purchased, but we did need a more elegant tea-pot; and the antique silver one which we have now purchased certainly adds dignity to the set and is used on many occasions when we entertain visitors at this Headquarters.

I hope you will express once again to your Executive Committee when the opportunity arises our deep appreciation of your gift and the thoughtfulness which promoted it, and we are so happy to have this evidence of your confidence and affection within our Headquarters.

With greetings and good wishes to all of you,

Yours sincerely,

DAISY C. BRIDGES,
General Secretary.

General Secretary.

* * *

at at this meeting a build-

I am aware that at this meeting a building fund was established so that the Canadian Nurses' Association might in the future have suitable headquarters, to be known as C.N.A. House. It seems fitting that the founder of the Association should have some part in realizing the dream of the Association and I would ask that the honorarium for the Mary Agnes Snively Memorial Address for 1958 be credited to this fund.

Please be assured that the Association would give me pleasure by permitting me to play this small part in the future of the Canadian Nurses' Association.

Sincerely yours,

W. S. STANBURY, M.D., National Commissioner.

High slim heels are not suitable for women who drive a car. This type of heel can easily slip off brake or accelerator.

- Dept. of National Health and Welfare

Cardiac Arrest

LIONEL F. G. CRUICKSHANK, M.B. CNB., (Edinburgh), D.A. (Eng.), F.F.A.R.C.S.E.

W HEN THE DREADFUL WORDS "cardiac arrest" are mentioned during the coffee break, are you one of the nurses who prays that it will not occur during your next case, who flies into a panic, or hopes that somebody else will know the answers?

What are the facts? Most centres agree that the incidence is from 1 in 2,000 to 1 in 5,000 cases. It is more common under the age of ten years, approximately 20%; more in men than in women. About 13 per cent occur outside the operating room in various other departments.

The causes are many but the main

ones are:

 Anoxia and/or carbon dioxide excess.

- 2. Reflexes which affect the heart.
- 3. Anesthetic agents, e.g., chloroform and trilene.
 - 4. Hypotension.
 - 5. Cases with electrolyte imbalance.

For how many operations did you say that you were the scrub nurse? How often did you see one of the above causes present in these cases? None! Well, your next case may be the big one. How are you going to rate so far as your medical ability is concerned?

Are there any warning signs that might raise suspicion that things are going wrong? Watch out for the

following signals:

1. Change in rate or type of respiration.

2. Persistent cyanosis.

3. Very slow or rapid heart rate.

4. An unexplained drop in blood pressure.

5. A worried anesthetist.

In any drill there must be a constant component and time is the factor for the beginning, duration and end of a cardiac arrest drill. If the brain can receive oxygenated blood within three or four minutes of the arrest then about 90 per cent of cases should

Dr. Cruickshank is one of the senior anesthetists at the Winnipeg General Hospital.

be successfully resuscitated. After four minutes, the figure drops to about 6 per cent successful with the word "vegetable" being applicable to some of the remainder.

Every act of every person is related to time. The time is a sequence of three minutes, which after all are only 180 seconds, and there are very few to spare. The drill can be compared to a square dance. People come to the dance, take various steps and leave again but the time or tempo is controlled by a caller and so the dance is kept in rhythm. If there is no caller then the dance will fail and so will the cardiac arrest drill because nobody will know what the other people are doing and the whole performance looks like a disturbed crowd of ants.

Let us imagine that a patient is in an operating room with plenty of staff and all necessary equipment. Supposing the anesthetist announces cardiac arrest.

During the first minute:

The surgeon

Stops operating.

Checks for pulse or heart beat if working inside the abdomen or chest.

Does nothing otherwise.

The anesthetist

Stops the anesthetic.

Places patient in Trendelenberg position at 5-10 degree tilt.

Gives oxygen at 10 litres a minute with controlled respiration.

The interne

Checks with stethoscope for heart beat and leaves the chest bare.

Arranges the intravenous with pressure apparatus attached.

The scrub nurse

Looks to see that the following are present: antiseptic paint, knife and cardiac arrest set.

The waiting nurse

Calls the time at 30 second intervals. Helps the interne with the I.V.

During the second minute:

The surgeon

Picks up the knife.

Asks the scrub nurse to open cardiac arrest set.

The anesthetist

Continues as before and intubates if necessary.

The interne

Re-scrubs.

The scrub nurse

Paints the chest.

Opens cardiac arrest set.

The waiting nurse

Calls the time.

Gives the scrub nurse the cardiac arrest set.

During the third minute:

The surgeon

Nicks the chest to see if there is any bleeding.

Incises the fourth left intercostal space and begins cardiac massage.

The anesthetist

Advises the surgeon regarding drugs.

The interne

Helps the surgeon.

The scrub nurse

Fills the syringes with required drugs.

The waiting nurse

Calls the time.

The surgeon will massage the heart with a milking motion, at the rate of 60 times a minute. He will probably open the pericardium. If the massage is being properly carried out, a palpable radial pulse and a systemic blood pressure of about 60 mm. Hg. should be present. The surgeon, after a period of massage, will announce that the heart is in arrest or fibrillation. The treatment differs for each and different drugs are required. The cardiac arrest set-must contain all of them.

For arrest the drugs required are: ½ cc. ampoules of adrenaline 1:1000 10 cc. ampoules of novocaine 1% ampoules of atropine 1/75 gr. 10 cc. ampoules of calcium chloride

10%

Fibrillation requires:

10 cc. novocaine ampoules 1%

Potassium chloride ampoules 40 mg.

A defibriltator that will give a voltage of up to 200, carries an amperage of 1.5 to 2.5 and allows the shock to be given for at least up to a total of 1 second.

These drugs are injected into the ventricles of the heart by the surgeon. He will ask for the one he requires and its strength. He will also control the voltage and time of the defibrillator. The nurse does not need to concern herself with the action of the drugs, only that they are present in the cardiac arrest set.

The set should also contain a knife, a few hemostats, a pair of scissors and syringes with needles and ampoules of normal saline.

If the cardiac arrest occurs and only a nurse is present, she should start artificial respiration and keep track of the time. When help arrives, people will know what treatment to begin according to the time sequence of the drill.

Once the heart has started again, the following must be established for the after-care of the patient:

An artificial respirator or ventilator Water-seal drainage for the chest

Clear airway and tracheotomy, if necessary

Fluid balance because of cerebral edema

Feeding - gastric and I.V.

Antibiotics

Hypothermia because of central anoxia

E.K.G. tracings

Blood pressure apparatus

Cardiac glucosides

In conclusion, the main factor is time. To be able to use the time properly, practice is required. All personnel should know the duties of each member of a cardiac arrest team so that all can be interchangeable. Every month a cardiac arrest practice should be carried out so that there is no need for fear or panic but in order to assure a steady, always ready team.

To be adult it is necessary to possess: The wisdom to be dissatisfied with the way things are; the boldness to attempt to change them; and the patience to do it in the company of others who disagree as to how it should be done. — Dr. Kenneth D. Benne

Nursing is not a thing of provinces, it is not even a thing of nations; it is as broad as civilization and as deep as human need.

— ETHEL JOHNS, The Canadian Nurse, June, 1916.

Congenital Heart Surgery

A. T. MILDENBERGER

A RECENT STATISTICAL REPORT on 30,036 unselected autopsies in Minnesota indicated that one to two per cent of these persons had been born with a heart defect. Further statistics from a Colorado survey in 1952 indicated that roughly 25,000 to 50,000 infants are born in the United States yearly with congenital heart defects. If we assume that the same ratio applies to Canadian births, then one or two infants out of every 100 births in Canada is affected with a heart malformation.

The cause of the incomplete or improper development of the heart is not known. In some cases it has been attributed to German measles or some other systemic infection of the mother during pregnancy. In many infants there are early signs of heart defect. In others the condition may exist for months or years without becoming apparent. Although incidence is relatively beyond control, corrective surgery is becoming more and more successful. Types of congenital heart disease vary considerably but basically the nursing care is the same for surgery of all types.

EARLY HISTORY

In the case of little Jean Howard, heart murmurs had been detected since birth, but no other symptoms warned the parents of impending danger. Alert and active despite a tiny, slow-growing body, Jeannie did not tire noticeably, did not have fainting spells, and was not subject to undue respiratory infections. However, when the child was two years old she was hospitalized with pneumonia. An x-ray revealed an enlarged heart.

After recovery from the pneumonia a heart catheterization was performed. The catheter did not pass through any defects, but the blood samples drawn from the right auricle were highly oxygenated and indicated a left-to-right shunt. Cardiac catheterization

Miss Mildenberger is a graduate of St. Elizabeth's Hospital, Humboldt, Sask.

and other tests, although narrowing the cause of heart distress to several types of defect, do not determine the exact anomaly nor the extent of the malformation.

Surgery was considered necessary for Jean. She was referred to University of Minnesota Hospitals where the extra-corporeal circulation method had been successfully practised in surgical correction of numerous cardiac defects since March 1954. Jean was sent home to await further plans. She had been placed on digitalis "to prevent heart failure."

In the interim between March and July, Jeannie's parents concentrated on expenses for the operation. The Howards, who had lost their other child shortly after its birth, were determined to overcome all obstacles.

In July, Jeannie again entered her local hospital, this time for a physical check-up and a repeat catheterization of the heart. Now a "very marked precordial bulge" was present. Her chest was considered out of proportion to the rest of her body. Although wellnourished, her weight was low at 211/2 pounds. On this occasion, the catheterizing tube passed through the atrial defect from the right upper chamber to the left upper chamber. Moderate pulmonary hypertension was noted. It was estimated that 5/6ths of the blood volume was passing through the interatrial defect to be recirculated through the lungs rather than circulated through the body. Though surgery was considered a great risk, much more delay of the operation might be too late. The plans proceeded for immediate surgery.

About six to eight donors, group A Rh positive blood, were to be found by the parents. The donors had to be available within 24 hours prior to the scheduled surgery. Red Cross blood, which is preserved using citrates as an anticoagulant, was not suitable for this type of surgery.

SURGICAL TREATMENT

Immediately prior to surgery Jean-

nie's weight had increased to 23 pounds. Throughout a week of observation her pulse ranged from 100-126, respirations from 20-48, and temperature from 99-100². Daily fluid intake averaged 700 cc. Up and about during this period, the child was alternately happy and irritable. She liked company and showed great curiosity. She enjoyed helping the nurses whenever possible.

Preoperative orders included continuation of digitoxin and daily injections of Vidaylin and Vipenta that were given intramuscularly. Numerous blood tests, as well as a routine urinalysis and a chest plate were requested. A week after admission surgery was performed.

Nothing per ora was given after 4:00 A.M. on the morning of operation. Preoperative sedation, given hypodermically at 9:30 A.M., consisted of seconal gr. $\frac{1}{2}$ and atropine gr. $\frac{1}{400}$. Sodium pentothal anesthesia was used initially, and oxygen was administered continually by mask. A cut-down of the saphenous vein was done, then a transverse, sternal chest incision was made. After the chest opening was complete, cannulae were inserted into the venae cavae and aorta. They were connected to the oxygenator machine. When the circulation bypass was underway, and the heart was "dry," an incision was made into the heart exposing an ostium primum interatrial septal defect and a cleft mitral valve.

An interatrial defect is not the same thing as a patent foramen ovale. Although the foramen ovale frequently does not close after birth the valve on the left side prevents the blood from flowing left to right. Since pressure is greater on the left side the blood cannot flow through the patency from right to left. In the case of persistent ostium primum, this primary growth of the septum had been arrested in the fetus leaving a gap between it and the septum secundum. Thus, as much as 90 per cent of the blood volume is shunted from the left to the right atrium because of the difference in pressure.

The cleft in the mitral valve was sutured, followed by repair of the interatrial defect with an Ivalon sponge patch. Body circulation was restored through the heart, two chest tubes were inserted for drainage, and the

chest incision was closed. The oxygenator was used for thirty-one minutes.

POSTOPERATIVE CARE

Three hours after the beginning of surgery, the child now semiconscious, was moved to the postanesthesia room. She was placed in a croupette and oxygen was administered at three litres per minute. To help loosen the thick mucus in her throat, Alevaire was given by nebulizer for 10 minutes each hour. Vital signs were checked q.15 minutes, temperature q. ½ hour, unless elevated.

She was transferred from the postanesthesia room to the Heart Hospital on the second day, and kept in an oxygen tent continuously until the third day. Then the gradual weaning began with as much as two-hour periods out of the tent at a time.

Blood transfusion was continued at the rate of blood loss as measured every half hour from the drainage bottles. (The blood loss during surgery, 600 cc. had been replaced in the operating room.) To aid chest drainage, a mechanical "stripper" was used to milk the tubes. Penicillin, 200,000 units was ordered every six hours, Streptomycin .125 gm. every 12 hours. Intravenous fluids to the amount of 250 cc. were to be given in 24 hours.

When the first private nurse came on duty at 3:00 p.m., Jeannie was already quite alert and moving about restlessly. Her hands had been tied to the bed railings to keep her from pulling out the tubes. She had also started to cross her legs with her knees drawn up — a peculiar characteristic of children with heart defects. Although irritable Jeannie responded well to the frequent questions of doctors, interns and nurse.

The child's color was good until around 4:00 P.M., when she began to show circumoral cyanosis. This was gradually relieved after a large amount of thick mucus was suctioned from her nose, and a stomach tube had been passed, aspirating 70 cc. of air and 5 cc. of gastric secretion. Her pulse was 140, blood pressure 140, and temperature 1012. Ice bags were used to bring the temperature down to 99.

Blood loss through the drains amounted to 100 cc. between 2:00 P.M. and 4:00 P.M., gradually lessening so that both tubes were removed on the

second postoperative day.

A chest plate, taken about two hours after surgery, revealed some pleural reaction and aspiration pneumonitis at the right base. The chest tubes were draining well and there was no evidence of gross pneumothorax, consolidation or effusion. Repeated six hours later, the x-ray showed the right lower lobe infiltration to be cleared. Moderate gaseous distention of the stomach was noted. A stomach tube was again passed and 60 cc. of air removed.

Since it was prone to a sudden drop in rate, the apical pulse was taken q.15 minutes for several days until fairly stable, then it was taken every half hour of the day. Isuprel (isopropylarterenol N.N.R.) 5 mg., was given whenever the pulse dropped to 100. Administered rectally, it was first given at 9:00 p.m. on the day of surgery, and on the second day was ordered q. 2 h. to combat the effects of heart block. The pulse fluctuated from 104-124 on the first evening, and from 122-142 the next day.

Isuprel has the action of epinephrine in stimulating the sympathetic nervous system, and increasing the heart rhythm and blood pressure. It also possesses the anti-allergic actions of epinephrine.

On the second day after surgery, only two doses of Isuprel were required, but on the third day the pulse dropped low four times. An attempt was made on the fifth day to cut the dosage in half, but this did not prove satisfactory. The cardiac stimulant was not required after the seventh day since the heart block was finally relieved

The pulse quality remained good throughout, with regularity of rhythm. Elevation of pulse and respirations appeared to coincide with the crying spells that generally accompanied the administration of injections or other disturbance.

Jeannie was cooperative in moving about and was turned face down at frequent intervals. She coughed well when asked to. After the first morning she sat up to take fluids, and after the second morning was held by the nurse or her mother for short periods.

On the tenth day she took her first

steps.

Digitoxin .035 mg. was continued orally, q.d. The cut-down was discontinued and oral fluids started on the morning of the first postoperative day. A small amount of solid food was taken on the second day — potatoes, bread, jello and milk. Her mother was allowed to feed Jeannie one or two meals daily. Although some emesis occasionally followed meals, by the sixth day the child's appetite was good, and two days later her oral intake had almost doubled at 1500 cc. Her weight was 22½ pounds. The nausea and vomiting were considered to be due to toxic effects from the digitalis since they ceased after the drug was discontinued.

Although the systolic blood pressure rose to 140 or higher during the first few days, it stabilized by the fourth day (114-120), and did not fluctuate

as the pulse rate did.

Prior to surgery the patient's white blood cell count was 15,000. The day before surgery it had decreased to 10,300 and on the second postoperative day had risen to 20,750. An elevated white blood cell count is expected as a stress reaction and as a result of tissue damage. The hemoglobin remained around 12.3 gm. which is within normal limits.

During the first days after surgery the child voided incontinently. However, urinary output was considered satisfactory and when able to be measured was about ½ to ½ of the fluid intake. Initial defecation was stimulated with a glycerin suppository on the first postoperative day. Thereafter her bowels moved fairly regularly—soft, formed stool.

Described as precocious by one of her nurses, little Jean was undemanding and easily entertained with stories or by being held and talked to. According to present recovery rates, Jean may be leading a fairly normal life within two months, although in a case of extensive pulmonary hypertension, a year's postoperative follow-up will indicate more accurately if the heart changes have been corrected.

SUMMARY

As in chest surgery of any kind,

the nurse must be thoroughly acquainted with emergency equipment in case of respiratory or cardiac failure. A knowledge of the mechanics of the various suction pumps is essential. Unless the chest tubes are kept absolutely airtight pneumothorax may result. The tubes must be clamped off before measuring the drainage.

Because narcotics are considered too depressing on the cough centre, the patient's comfort and freedom from worry is dependent upon the nurse's care. If the patient is not forced to cough often an accumulation of mucus may block off the trachea and cause lung collapse. Tracheal suction apparatus must be on hand for prophylactic use and in case of emergency.

Careful observation and accurate recording of vital signs are necessary in order to detect any sudden change that may come without warning. A rapid pulse drop may readily occur during meals, from exposure to cold, or when having a bowel movement. Similarly, a stomach overburdened with gas or forced food may cause respiratory embarrassment.

An understanding of the patient's particular heart defect is important in order to distinguish the expected symptoms from the unexpected. In all surgical cases, the radial pulse is unilaterally difficult to obtain. In cyanotic heart disease there is more blood loss following surgery than is the case with acvanotic heart disease.

Brrrp! Brrrp!

M. STOCKLEY

Teaching Esophageal Speech

RECENTLY, I had an opportunity to attend a week of esophageal speech instruction as an observer. This project was planned by the Ontario Cancer Society in Toronto to advance esophageal speech among Ontario's laryngectomized. Mr. Wm. Jackson, a laryngectomee from Manitoba, and I were the only two "non-Ontario" people attending. The instructor was Mr. J. McClear a largectomized speech therapist from New York.

Almost 90 laryngectomees attended the course. Mr. McClear divided them into six groups. Group 1 consisted of those people who could only belch, but not speak, and also those who could not belch. The remainder were put into graduated groups — group 6 consisting of those most far advanced. They could speak, but would benefit from speech drills in rhythm and inflection.

The people attending from out of

Miss Stockley is a public health nurse with the Case Follow-up Service of the Winnipeg General Hospital.

town were housed in a fine new hostel which is part of the Ontario Cancer Society's rehabilitation program for cancer patients. The modern and pleasing decor of this hostel must be seen to be appreciated. It is really more than a home away from home.

Since February 1958, Mr. Jackson and I have been holding esophageal speech classes in a room of the Outpatients' Department of the Winnipeg General Hospital. Mr. Jackson, who has a full-time job as a night watchman, volunteered his services. There is no charge for these classes. It is a service we hope will help the carcinoma patients to be rehabilitated. The majority of our pupils to date have been from rural Manitoba. Learning to speak again has necessitated that they stay in the city after discharge from hospital. If they have friends here, the stay is no problem. If not, we try to find room and board for them within walking distance of the hospital.

Esophageal speech is, in itself, a muscular skill. As with most muscular skills, some people are capable of acquiring them quickly, others require more time. Fifty per cent of the learn-

ing process is psychological, and includes the will to succeed. The other 50 per cent is persistent practice and the immediate application of the new muscular skill. The breath is swallowed through the esophagus, in lieu of the missing larynx. It is brought back up through the esophagus where it vibrates at the entrance thus permit-

ting the formation of words. The pupil is first told of the necessity for complete relaxation while learning. If he is tense, it will be almost impossible to "belch" and a belch is the beginning of acquiring this muscular skill. The tongue is placed against the upper front teeth as if you were saying "T." The pupil mouths "T" three or four times, then "S," then "T," closes the teeth and lips and swallows. A faint thump may be heard as the air goes down. The air may not return immediately. As it does, repeat the "T" and "S" swallow and a belch will eventually come up. Soon the pupil is able to feel when the air is coming up, and shapes his lips to sound "ah." With persistent practice he can produce "ah" any time. He has now mastered the swallowing of air and the belch. It is only a matter of practice until quite distinct words are produced.

Graduated vocal drills help to put rhythm and inflection into his speech. It is not the loudness of the belch that counts, but the quality. Perhaps as you read this you think such a procedure would produce almost guttural sounds. Far from it! A very pleasing voice may be produced with practice. It becomes a habit with these people to lock air and this way talk endlessly! There need be no exaggerated facial contortions when swallowing the needed air. It becomes as natural as any of our daily habits of walking or eating. By the way, if you should ever be teaching any of these people, eat your breakfast at least two hours before class, and then eat a very light lunch - otherwise you will be belching your

bacon and eggs all morning!

My experience has been that a "Speech Therapy" trained laryngectomized person can do more to help these people than anyone. Mr. Jackson and I visit prospective laryngectomees in the hospital, after being contacted by their doctor. You must realize

that the patient does experience some psychological trauma, and the fact that a person who has been through this, is speaking and working again, helps the patient tremendously. Similar visits are carried out postoperatively, and as soon as the doctor gives his permission, esophageal speech classes are started.

We try by every means to prevent the patient from feeling sorry for himself. True, without a larynx, he is incapacitated to some extent, but is he not able to ambulate as well as before, care for his personal needs, and enjoy most of the things he enjoyed before? For a short time he can communicate by writing. Everyone is confident he can learn to speak again, and such support from his family and friends is greatly needed during the speech training period.

We always feel a little sad when a pupil is unable to learn to speak again. It is an accepted practice that should this occur, the therapist and the patient's doctor discuss the case. If it is felt by both people that this pupil will not be able to acquire this new muscular skill, then a mechanical aid is suggested. There are various kinds—some are run on a battery, others have a vibrating reed. Of course there is no possibility of inflection in this type of speech—it is almost a monotone. However, he can be understood and that is what counts.

Many people ask how long it will take to learn to talk again. The only answer we can give is that it is a muscular skill, and, as with all muscular skills, takes some people longer than others to acquire. If the pupil is able to belch at will after three lessons, then speaking is only a matter of practice away.

All patients are referred to us by their doctors. If the patient is from another town and anxious to attend our classes, we wish a note from his doctor, stating he is well enough to attend the classes.

We hope to establish a "Lost Chord Club" in Winnipeg. This will be a common meeting ground for all the laryngectomees. Here, at monthly meetings they will make new friends, and help one another on the road to the complete return of the power to vocalize their thoughts.

A New Medication Setup

P. Morley, B.Sc.N.

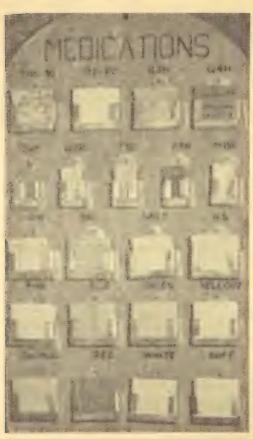
WE HAVE RECENTLY REVISED our setup for medication administration and thought that some of our colleagues might be interested in our solution.

One pertinent problem was to provide an adequate way of displaying medication tickets so that they would be easily accessible at administration times. We prepared a board which hangs on the medicine cupboard door which we find is very useful for the purpose.

It is inexpensively constructed of plywood with 21 pocket-like holders of untarnishable, light weight metal. Thirteen of these pockets are for tickets in current use, the remainder for a

supply of extra tickets.

Mrs. Morley is an instructor at St. Joseph's Hospital in Guelph, Ontario.



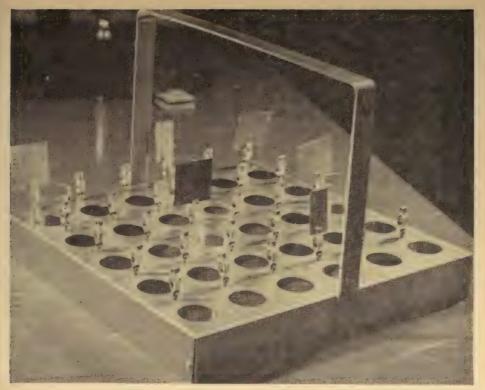
The next step was the construction of a medicine tray that would ensure safe administration. Previously, we were using a flat tray with the tickets under mica. We found that the medicine glasses often slipped and became dislodged from their accompanying ticket.

Our solution to the problem was the construction of an aluminum tray shown in the accompanying photograph. As you will note the glasses are firmly held each in its own socket. The medication ticket is displayed clearly, held by a clip bolted permanently through the base of the tray.

When we had progressed thus far, we felt that a similar setup could be devised for the administration of parenteral medication. This tray is also of aluminum with individual slots and ticket holders for each medication as illustrated. Note the extra bar which holds the syringe in place and the shelf on which the needle rests in the sterile fluff.

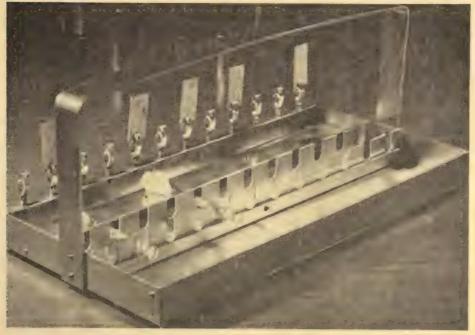
We realized that there would be a considerable saving of nursing hours if both trays could be taken to the ward simultaneously. The administration therefore ordered a 4-wheeled stainless cart which would accommo date both our trays which were then fitted with rubber feet to eliminate noise. The above setup has proven safe to the patient and efficient for the nurse. We feel that if anyone is interested, this pattern can be duplicated by any local metalwork factory.

Very recently our pharmacist supplied the hospital with plastic counters for narcotics and barbiturates. These are commercially available (as narcoticounters) and are possibly in use in many hospitals. They are a tremendous saving in nursing hours since the number on hand can be seen at a glance. The approximate time saved in counting, at each change of shifts, we have estimated as being between 5 and 10 minutes. Considering three shifts a day and 365 days a year this represents a considerable saving of hospital time.



TRAY FOR ORAL MEDICATIONS

Photographs Courtesy of St. Joseph's Hospital, Guelph.



TRAY FOR PARENTERAL MEDICATIONS

L'Infirmière Educatrice et Conseillère

YVETTE NOTEBAERT, B.Sc.

CONTRACTE HOMME a ses intérêts —) c'est là que son attention doit être captée." Mary P. Follet dans son livre intitulé "Creative Experience", s'exprime ainsi lorsqu'elle parle du citoyen moyen. Elle ne croit pas à son apathie ou à son indifférence. L'infirmière éducatrice et conseillère mise en face d'une réflexion aussi lourde de sens ne peut que chercher à découvrir avec toute la sincérité possible comment, par quels moyens, elle arrivera à enseigner et conseiller efficacement. Si la citation affirme que tout homme a ses intérêts, elle implique aussi le fait qu'il faudra découvrir, comment on arrivera à ce noyau central que sont les intérêts, sans lesquels aucun enseignement véritable ne peut exister.

La radio, la télévision, le film, les revues, tous ces moyens d'éducation ont contribué à propager des connaissances. Cependant, cette diffusion massive a besoin pour aider les individus. de renseignements supplémentaires et quelquefois même de rectifications. Il demeure donc que l'infirmière devra avoir un bagage de connaissances solides et à date, une attitude qui facilite les échanges et une technique souple. L'infirmière éducatrice aura donc une matière à enseigner. Aujourd'hui puisque nous avons choisi de parler de la future maman, la matière à enseigner peut se condenser sur quatre points importants. Ils seront au cours de la journée développés devant vous par mes compagnes. Ces points sont:

1. La surveillance médicale et en nursing

2. La nutrition

3. Repos—confort—détente—exercices

4. Visite à domicile

La matière c'est donc la somme des connaissances spécifiques que l'infirmière possède. Ces connaissances qu'elle a acquises par l'étude et l'expérience doivent être transmises à d'autres — pour être utilisées avec sagesse, elles doivent être enseignées avec mé-

Conférence donnée à la journée d'étude des infirmières du Service de santé de la Cité de Montréal. thode. Autrement, tout enseignement demeure stérile, car en définitive ce n'est pas ce que l'on dit aux gens qui compte c'est ce qu'ils acceptent. fait de dire à une future maman qu'elle doit prendre une alimentation saine. qu'elle doit boire du lait ne veut pas dire qu'on lui a enseigné. Si on n'a pas réussi à déclencher chez elle le désir de changer, de faire un effort: parce que tout changement implique un effort. Apprendre quelque chose veut dire changer. Décider de prendre du lait quand on ne le faisait pas, de voir le médecin quand on n'en voyait pas la nécessité immédiate, suppose qu'un enseignement a eu lieu. Là où on a éveillé et facilité le désir de connaître, d'apprendre, de changer, on a véritablement enseigné.

L'infirmière éducatrice doit d'abord créer un climat propice qui favorise l'éclosion de l'intérêt. Un peu comme a dit un auteur, "comme un jardinier prépare le sol et laisse produire." Ce climat propice se crée par l'attitude calme et attentive, le ton de la voix : une voix basse et lente est plus susceptible de capter l'attention qu'une voix aiguë et forte. On ne peut pas enseigner directement à une autre personne, on peut éveiller l'intérêt, le soutenir, et le diriger.

Pour être en mesure de faire un enseignement, véritable, une infirmière doit aussi connaître et comprendre les besoins fondamentaux de l'individu. Besoin d'être aimé, accepté, besoin de sécurité pour en citer que quelquesuns. Permettez-moi pour illustrer ce point de vous raconter ce fait rapporté par une infirmière en hygiène publique. Elle dut un jour visiter une mère de sept enfants. Pauvre, harassée, découragée, aigrie, elle reçut mal l'infirmière. Pour elle, tout étranger qui entrait dans la maison, apportait un peu plus de difficulté, de complication, de trouble. Celle-ci la laissa parler, lui demanda très peu et promit de revenir si elle le voulait. A la visite suivante, la mère recut l'infirmière peut-être un peu timidement mais avec courtoisie.

Elle s'excusa même de son attitude et avoua qu'on l'écoutait rarement. La chance qu'elle avait eue de parler lui avait aidé. Pour elle, être acceptée avait été d'être écoutée. Combien de fois chacune de nous n'avons-nous pas écouté seulement — et pourtant c'était là peut-être le point de départ d'un intérêt qui devait se développer — peut-être lentement il est vrai mais le

sol avait été préparé. L'infirmière doit aussi tenir compte dans son rôle d'éducatrice des capacités différentes des individus. Capacité de comprendre, de s'exprimer, de réagir. George Bernard Shaw dit qu'il faut "se réjouir des différences des individus." Sans peut-être endosser complètement la boutade de monsieur Shaw on peut certainement accepter qu'elle est un facteur dont il faut tenir compte. La méthode d'enseigner devra varier selon les individus. Elle devra être plus élaborée avec les plus aptes à comprendre, simple et pratique avec les moins doués ou les plus lents.

Tout enseignement vrai ne s'opère pas seulement sur un plan intellectuel, il ne devient vraiment solide que si cet enseignement touche en nous le plan émotif, ou plus expressément les besoins mais les besoins perçus par la personne à qui on veut enseigner. Il faut chercher à découvrir ce que la personne veut savoir, puis ce qu'elle a besoin de savoir. Tous veulent savoir comment prévenir la maladie, bien peu cherchent à connaître les moyens de se maintenir en santé physique et mentale.

Un homme d'affaires à qui on conseille la nécessité de la détente, du repos, de l'exercice peut faire la sourde oreille mais si un ami fait une crise cardiaque on a bien des chances que les conseils soient suivis: la peur de la maladie ai-

Avec des connaissances de base, une attitude réceptive, nous arrivons maintenant à la technique qui peut être utilisée pour faciliter l'enseignement. Cette technique consiste à: Observer, écouter, questionner, répondre. Avant de donner les conseils que nous croyons utiles, nécessaires, même absolument indispensables à notre point de vue, il faut recueillir les renseignements qui nous guideront sur ce qu'il faudra dire et comment le dire.

Observer — Que faut-il observer chez la future maman? Son attitude:

est-elle intéressée, déprimée? Sa peau est-elle pâle, colorée, moite, sèche? Les mains, les pieds y a-t-il oedème? A-t-elle l'air heureux, anxieuse? Est-elle volubile ou laconique? Toutes ces observations sont comme les morceaux d'un puzzle. Chacun apporte quelque chose à l'image totale.

Ecouter — Ici aussi l'infirmière trouvera d'autres précieux renseignements qui la guideront dans son enseignement. D'autres morceaux du puzzle qui s'ajoutent. Ecouter ne veut pas dire seulement laisser parler. Il faut écouter avec un intérêt véritable et une sympathie réaliste. La future maman qui nous parle de ses peurs, de ses craintes, pose des jalons que nous devrons suivre si nous voulons l'aider. Il faudra quelquefois endiguer le flot des confidences des loquaces et peut-être encourager les craintives, les moins communicatives.

Questionner — L'art de questionner est complexe. La question elle-même n'est qu'un élément. L'attitude, le ton de la voix, la mimique faciale, le geste, tout concourt à donner de la valeur à une question. La future maman réagit à ces divers éléments et peut décider de répondre ou d'évader une question selon qu'elle a perçu un intérêt véritable sur sa santé, un encouragement à parler — un blâme — un rejet.

Il y a des questions que l'on peut qualifier questions-clefs: Qu'est-ce que? Pourquoi? Comment?

Ces trois questions nous apportent

des réponses directes.

Comment vous sentez-vous? Au lieu de vous sentez-vous bien? La question ainsi conçue force la personne à donner des explications qui aideront l'infirmière à sélectionner son enseignement.

Qu'est-ce que vous prenez pour votre déjeûner au lieu de, vous prenez un bon déjeûner?

Pourquoi ne prenez-vous pas de lait au lieu de, il faut prendre du lait?

Ces questions forcent la mère à vous indiquer où sont ses véritables besoins et ceci nous amène à la réponse qu'on doit lui faire. Toute réponse doit être simple, compréhensive à la portée de la future maman. Un silence même peut être une réponse. Il s'agit donc de trouver le bon mot ou le bon silence au bon moment comme l'a déjà dit un auteur. Les entrevues peuvent quand même être schématisées mais il doit

exister une grande flexibilité. Si à l'ordre du jour on croyait parler alimentation et qu'on trouve une maman inquiète, tendue, qui vous questionne sur les marques de naissance, l'accouchement, il est plus sage de l'aider là où elle indique ses besoins, quitte à revenir plus tard au sujet qui avait été

Cependant ces techniques en ellesmêmes peuvent rester inopérantes si elles ne sont pas accompagnées d'une attitude propice et par ce je veux dire qu'une personne qui emploierait scrupuleusement ces techniques sans être elle-même prise dans le courant atteindrait peu de résultat. B. S. Speroff, dans un article intitulé "Empathy is Important to Nursing,", dit:

L'empathie est la faculté d'un individu de se mettre à la place d'un autre, d'établir un rapport et d'anticiper ses réactions, ses émotions, son comportement . . . rien n'est plus efficace que de comprendre les actions et les réactions des

L'expression populaire "se mettre dans les bottes de l'autre," traduit bien ce sentiment. L'infirmière sympathique exerce ce rôle consciemment et volontairement et par ce elle demeure capable d'aider parce qu'elle n'est pas entraînée dans un courant émotif non contrôlé. L'intuition, la sympathie sont des sentiments qui préparent, facilitent et complètent l'expérience. L'infirmière "a la chance et doit faire de l'empathie une des techniques qu'elle utilisera le plus souvent." Elle doit s'identifier aux personnes si elle veut les aider efficacement.

C'est par cette empathie que toute personne peut acquérir et cultiver que les lignes de communication peuvent être établies entre individus. La phraséologie moderne appelle empathie ce qui a existé de tout temps. "Le coeur sympathique" dont parle Alonzo Myers est capable de partager le point de vue de toute autre personne. L'empathie plus la connaissance de soi-même, de ses propres réactions et émotions et le sens de l'humain sont les facteurs de la personnalité qui entrent en ligne de compte dans toutes relations humaines - entre l'infirmière et la maman ils deviennent indispensables si on veut véritablement aider.

Il existe ce que j'appellerais les trois "M" du rôle d'éducatrice:

La Matière La Motivation La Modalité

Ces trois démonstratifs que j'emploie ne sont pas orthodoxes en ce sens que l'on ne les trouve pas dans les manuels d'enseignement. Je les ai employés ici pour essayer de faire une synthèse. Tout enseignement véritable, authentique doit comporter, je le crois, ces trois facteurs. Ils doivent tous être présents mais dosés selon les besoins. Voici un peu comment je pourrais essayer de concrétiser pour vous.

La matière ou connaissances spécifiques: Quelle que soit la valeur des connaissances que l'on veut enseigner s'il n'y a pas de motivation l'enseignement demeurera peu efficace. Un peu comme si on présentait un plat succulent à un homme sans appétit. Parler d'alimentation saine à la maison qui souffre de

nausées persistantes!!!

La motivation ou désir de savoir: Quelle que soit la motivation ou le désir d'apprendre d'un individu si on ne lui présente pas une matière solide il y aura peu d'enseignement, un peu comme si on offrait à un homme qui a bon appétit un potage seulement. La future maman qui questionne sur le rapport de la bonne alimentation et de la nutrition de l'enfant attend des réponses à point. Il faut essayer de mettre à sa portée les connaissances qui pourront satisfaire son désir de connaître.

La modalité ou adaptation de l'enseignement à l'individu - sans la motivation c'est un peu comme si on offrait un plat de viande à un homme qui ne peut digérer que le potage. Par exemple, le repos, l'exercice, la détente devront être traités et adaptés selon le cas si on parle à une future maman d'un premier bébé — ou à une future maman qui attend son 4e ou 5e enfant.

Toute comparaison est boiteuse, celle-ci l'est aussi mais j'ai essayé de vous expliquer à ma façon comment je comprenais cet enseignement. En résumé: les connaissances techniques, véritables, et à date doivent, pour être utilisées par l'individu rencontrer un désir d'apprendre ou une motivation. Cette motivation si elle n'est pas présente peut être stimulée, réveillée par les techniques déjà énoncées. La modalité fera adopter les connaissances aux besoins de l'individu lorsque celui-ci démontre ses besoins.

Le rôle d'éducatrice est d'enseigner. Le véritable enseignement résulte en de nouvelles connaissances pour l'élève. Si l'élève n'a pas appris de connaissances nouvelles, il n'y a pas eu d'enseignement. La porte est restée close — le véritable éducateur ouvre

les portes.

Le rôle de la conseillère ne consiste pas seulement d'aider à résoudre les problèmes, il consiste surtout à aider à prévenir les problèmes. Ce n'est pas non plus donner un conseil, une solution sans qu'on l'ait sollicitée. Ces conseils donnés produisent habituellement peu de changement. Le premier rôle de la conseillère est d'aider à édifier la confiance que la famille a en elle-même, de soutenir ses efforts pour prendre ces décisions. Elle doit encourager la famille à faire elle-même ses plans pour l'avenir. Une solution prise par la famille avec l'aide de la conseillère sera plus efficace parce que perçue par la famille comme étant possible, même si la solution ne semble pas celle que la conseillère aurait suggérée. D'échelon en échelon la famille arrivera peut-être au stage vu par la conseillère. Ruth Gilbert dans son livre "The Public Health Nurse and her Patient"3 dit et je traduis:

Il n'est pas facile de procéder lentement, de s'arrêter pour penser, d'être consciente de nos propres réactions, de vouloir établir une relation avec les personnes plutôt que de les diriger. Mais de plus en plus nous réalisons que c'est la seule voie qui permet de travailler d'une façon constructive avec les gens.

La conseillère avisée reconnaît les limites des individus et les accepte tels qu'ils sont. Elle ne doit pas formuler de jugements de valeur parce que ces jugements peuvent être teintés par des expériences personnelles, des préjugés, quelquefois des codes trop rigides. Tout contact professionnel doit laisser à l'individu interviewé le sentiment de sa dignité. Cet individu fut-il irresponsable, etc. Si l'émotion de recul ou de

colère peut être contrôlée, il reste peut-être une bonne chance de toucher une corde sensible et peut-être redon-

ner du courage.

Le rôle de l'éducatrice et de la conseillère est chargé de dynamisme. Il va au-délà des informations, des règles, des techniques. Il se joue sur le vaste théâtre des relations humaines et des rencontres. Permettez-moi de vous citer pour terminer ce qu'un poète hindou dit au sujet de l'éducateur.

Aucun homme ne peut rien vous révéler sinon ce qui repose déjà à demi endormi dans l'aube de votre connais-

Le maître qui marche à l'ombre du temple, parmi ses disciples, ne donne pas de sa sagesse mais plutôt de sa foi et de son amour. S'il est vraiment sage, il ne vous invite pas à entrer dans la maison de sa sagesse, mais vous conduit plutôt au seuil de votre propre esprit.

Car la vision d'un homme ne prête pas ses ailes à un autre homme.

BIBLIOGRAPHIE

- 1. Follet, Mary P. Creative Experience. New York, Longmans, Green et Cie, 1924.
- 2. Gibran, Kahlil. Le Prophète. 2ième édition 1956 - Cahiers des Poètes Catholiques - Casterman - Tournoi -
- 3. Gilbert, Ruth. The Public Health Nurse and her Patient. The Commonwealth Fund, Harvard University Press, Cambridge, Mass., 1951.
- 4. Kelly, Earl C. The Workshop Way of Learning. Harper Brothers, New York, 1951.
- 5. Rogers, Carl. Client Centered Therapy. Houghton-Mifflin Cie, The Riverside Press, Cambridge, Mass.
- 6. Rogers, Carl. Counselling and Psychotherapy. Houghton-Mifflin Cie, The Riverside Press, Cambridge, Mass.
- 7. Speroff, B. J. Empathy is Important to Nursing. Nursing Outlook. June.

Students are not in a class by themselves, living in a world of their own. Students come to the schools of nursing out of Canadian homes. They bring with them the attitudes towards life and work that their

environment has given to them. The weakness in their attitudes reflects the want of struggle and striving that may be coming to mark western civilization as a whole.

RESEARCH

The Nature of Research

MURIEL UPRICHARD, M.A., PH.D.

It has been said that research is "any structured effort to solve a problem." Every nurse solves a great many problems every day, but few of these solutions are arrived at through the "research process." In fact, most nurses feel that they cannot solve their problems through research either because they do not know how to go about it or because they cannot delay action while waiting for the long process that is involved.

There is a good deal of truth in both of these reasons. Many nursing problems do require immediate action; research does take time, patience, knowledge and skill and few nurses have mastered the tools of research. Nevertheless, only short term answers to specific problems can be supplied by opinion and rule of thumb. The long term basic problems of nursing await the application of research techniques. Before such techniques can be used the great body of nurses must have some understanding of the nature of the research process and must be able to take up and maintain a "research attitude" or a "research frame of mind." This is an essential prerequisite, not only of the research worker, but also of the group with whom or through whom the research project is carried on.

This research attitude is rather intangible and defies exact description, but any time a person stands back from a problem and says, "Now, why didn't that work?" or "What causes this difficulty?," they are, to some extent, taking up a "research attitude."

Dr. Uprichard is assistant Professor in the School of Nursing at the University of Toronto. This is the second in a series of articles on research.

If research in nursing is to be done at all, by few or by many nurses, it is essential that a greater number of nurses understand the nature of research process and be able to assume an objective attitude towards their problems. For this reason, an attempt is made here to describe the nature of the research process.

Types of Research

There are two types of research—pure and applied. Pure research seeks for new knowledge through a process of systematic investigation. It does not seek to solve any specific problem, but rather attempts to widen the field of knowledge. So far as I know, research of this type has not been done yet in nursing although it is badly needed if nursing is to give the kind of care that the advancing science and

practice of medicine require.

Applied research seeks the solution to a specific problem through systematic investigation. Much social research is applied research, and nursing research to date has been applied social research. This type of research has many difficulties. The basic one is that, as it is about people and with people, there are many uncontrollable variables. The research worker herself is a human being who reacts to the situation and so may tend to influence the result. It is for this reason that the pure scientist often feels that there is no such thing as social research. Despite this difficulty, progress has and can be made. The degree of progress will depend partly on the availability of a few highly skilled and trained nurses to do research for and in nursing. It is equally dependent upon the development of a greater degree of understanding of the meaning of research by

the whole body of nurses.

Applied research falls into two categories: the work done by "experts" working either singly or in teams, and "action" research done by the people on the job who are themselves concerned with the problem. Some problems, of course, can be solved only by the trained and objective outsider moving into the problem area. Many problems, however, can be solved or alleviated by "action" research. This is the type of research that is most immediately useful in a service agency. You are all aware of the tendency for our present urgent problems to be solved on the basis of opinion, assumption, or the most casual enquiry from one or two staff members. This cannot lead to long-term solutions or good staff relations. On the other hand, a well organized and cooperative piece of "action" research can do wonders for the morale of an agency as well as contributing to the solution of the problem in hand.

No research of any kind, no matter how limited, can be done without adequate time. As I began by saying, research is a "structured effort to solve a problem." The creation of this structure takes time, effort, thought and objectivity. It cannot be achieved unless some people can be relieved of the immediate, urgent pressure of the dayby-day and hour-by-hour demands for nursing service. Despite this, it is important that as many nursing agencies as possible undertake a certain amount of action research, because it is only the efforts of many nurses that can create the "climate of objectivity" which will make large-scale nursing

research possible.

STEPS IN THE RESEARCH PROCESS

There are five steps in the research process. These are: first, defining the problem; second, gathering data; third, developing an hypothesis; fourth, testing the hypothesis; and fifth, reporting the result. Let us examine each of these steps.

Defining the Problem: It may seem obvious that before a problem can be solved, it must be assessed and defined. However, this is not as obvious as it

appears. All too often we try to solve our problems without really deciding what the problem is. We do something to alleviate the situation immediately but without getting at the real cause of the difficulty, and trying to eliminate or modify it. The very first steps are to sit back from the problem, look at it quietly and then to state it precisely in words. This process of verbalizing the problem usually clarifies it.

At this same time, we should face and accept those factors which we cannot change. For example, you may have a problem in nursing service that is related in some way to the inadequacy of the physical plant of your hospital. If you cannot change the physical plant then there is no use spending a good deal of your time discussing how nice it would be if only you could burn the building down and start all over again. The inevitable difficulties should be faced and accepted, and you should go on to a solution of your problem from there.

It is amazing how many problems can be solved by this step alone. Simply sitting back in order to think, to verbalize, to discuss the problem, to consciously recognize and accept the inevitable factors, sometimes will clarify the whole situation to the point of indicating means of solution or alleviation. While this is not research, it is one practical use of the first step of the research method.

Collecting Data: The second step in the research process is the collection of data. Few problems are so unique that no one has experienced them previously. Therefore, it is a good plan, saving of time and energy and fruitful of ideas, to search nursing and related literature and to consult experts and others working in the particular field about possible solutions that have previously been found and applied. Direct observation is one useful method of collecting data in such a field as nursing.

Analyzing the Data: It is from an analysis of the data that an hypothesis is made regarding a possible solution to the problem in hand. An hypothesis is a "hunch" that some fact may be true or some method valid or some solution effective. Then this hypothesis must be tested.

Testing the Hypothesis: This step is

the heart of the research process. It is a step that requires a great deal of courage and patience. If it fails, the process must begin again. The data must be reassessed or new data collected, another hypothesis developed and then tested. This process of testing, rejecting, trying again until you do find a successful method is the essence of research. It is not necessary to be discouraged about a rejected hypothesis because very often it will bring up further questions, and sometimes better questions, or it may bring to light some discovery which is quite revealing in itself. In fact, many great discoveries have been made from rejected hypotheses. In any case the rejection itself is important, in that, at the very least you know that this is a blind alley so far as your particular question is concerned.

Applying the Solution: Once having found a solution, it should be applied to the situation. Unfortunately, many pieces of action research are successfully carried through, but nothing is done with the findings. This leads to discouragement on the part of the research workers and inhibits further attempts to solve problems patiently and objectively.

Reporting the Results: Finally, the fifth step is to report the results. One of the things that is holding nursing back very seriously at the present time is that so very few of the solutions found to problems are written up for other people to read and to share. Every day problems are solved in nursing, either by the research process or by the process of trial and error, but very few of these solutions are considered important enough to be written up even for the staff concerned when, actually, many of them deserve publication. Consequently, different groups of nurses across Canada are tackling the same problems in isolation from one another and without the immense benefits of collaboration. The publication of ideas, hypotheses, opinions and solutions is essential if progress is to be made. It is only through such a meeting of minds that nursing can be defined and a body of nursing knowledge organized.

University of Toronto Research Program

We at the University of Toronto

have been attempting to establish a research program. Our basic interest is the improvement of patient care in both the hospital and the public health field. We began this project with a great deal of discussion regarding the nature of the total nursing problem and finally decided that the first step was to attempt to secure information about what is being done now in regard to one specific hospital problem and one specific public health problem. During the past year we made a very small study of just what happened to a group of patients in a general hospital, 24 hours around the clock, for a period of two weeks, and a study of what the nurses in a public health agency actually did in regard to home visits to newborn infants over a period of about three weeks. In subsequent issues other authors will discuss these two specific projects.

Before these articles appear there are one or two other observations to be made. First, we recognize that these two efforts have been very minor just a beginning on what might be done. Second, we received a tremendous amount of encouragement from the people in both the hospital and public health agency concerned. Moreover, the latter was able to assist the project with funds. This enthusiasm and effort leads us to believe that nurses do want to improve their patient care and are ready to make their facilities and services available to research workers.

Finally we recognize that engagement in this type of research takes great courage. It demands being willing to see ourselves as others see us. In this regard, it is important to bear in mind that there is nothing personal in any research project. Among a group of professional people it is taken for granted that each one is doing the very best she can with the amount of knowledge, ability and resources available to her.

We hope that this effort to initiate a research program will find response in many other areas and that, within the foreseeable future, we will be engaged in a nation-wide cooperative effort to use research to raise the standard of nursing service.

Better Utilization of the Students' Time

in the Clinical Field

SISTER MARY FELICITAS, M.S.N.

GOOD NURSING SERVICE!
SOUND NURSING EDUCATION!

NE COULD TAKE TWO MEANINGS from this title: better utilization of time for education; better utilization for service. The philosophy and aims of the school of nursing will dictate where the emphasis will be placed. Our school of nursing has, as its stated objective, the education of the student. The hospital, which serves as the clinical facility where the student can apply nursing principles has, for its purpose, the care of the patient. The clinical field is an essential element in the educative process of a student in nursing. How can we utilize these rich resources of experience to their fullest

The advances in medicine during the past twenty years, have resulted in phenomenal changes in nursing practice. On the one hand, doctors relegated more and more of their procedures to nurses, as their own professional knowledge widened, and new demands outreached their available time. Many of you will recall when the taking of blood pressures and giving of intramuscular injections were strictly medical procedures. Presently, in many localities, administration of intravenous solutions, removal of sutures, and even blood transfusions are accepted as part of nursing practice. On the other hand, nurses have been reluctant to relinquish duties and responsibilities which have been theirs, whether to other professions such as dietitians, social workers and physiotherapists, or, in the matter of simpler techniques, to the less skilled or auxiliary workers.

But still doctors are demanding: "Why can't nurses be taught some of the present minor medical techniques?

Sister Mary Felicitas is the director of the school of nursing, St. Mary's Hospital, Montreal. She gave this address at an annual meeting of the Alberta Association of Registered Nurses. They are too time-consuming for us!" Others in turn cry out: "Why do you over-educate the nurse? Does she need so much theory to give a patient a bath, make beds, and so forth? Nurses of twenty years ago were just as efficient, sometimes more so, and they did not have all the sciences you now teach." There are times when this attitude is found even among members of the nursing profession.

Yet, in addition to tending to physical needs, we expect the nurse to give total nursing care; to treat the patient as a whole person with spiritual values, psychological reactions, and as an integral part of a specific social milieu.

How are we preparing the nurse so that she may cope with the evolving functions expected of her?

No one will deny that the advances of medical practice have increased the duties and responsibilities of the nurse. Therefore the suggestion of increasing number of nurses by decreasing standards is an obvious fallacy. Janet Geister, one of the American nursing leaders, has said: "Expansions in the curriculum aren't ivory tower speculations; they are stark needs."

Such expansions among others, have included psychology, sociology, philosophy, and communication skills. These are basic, if the nurse is to have an understanding of the psychosomatic aspects of illness, and the ability to assist the physician intelligently in his treatment of the patient.

Although realization of these needs has resulted in added courses in the curriculum, this has not always been done systematically, and the numerous "subjects" found in many schools of nursing exemplify them as additions rather than as an integral part of the whole. Dr. Caswell, Dean of Teachers College, Columbia University, points out that in the organization of teacher education programs, there is a trend away from a great many narrow, specific courses, toward program organ-

ization into broader groupings. For example, instead of offering three or four courses in which work in the community is involved, an educational program may group such courses together, beginning with the theoretical aspects of sociology, and carrying through with experience in community work. He also emphasized the correlation of professional education and the tying together of learning experiences into a functional relationship. Speaking of nursing education, he notes the importance of interrelating clinical and theoretical experience. He states that "Clinical experience must be provided in such a way that it will give a student the sense of what a situation is, and thus facilitate the process of sound

generalization." It follows then, that for the student in nursing, theory and practice must go hand in hand, the general principles being taught in the classroom - their application being implemented on the patient unit. Here nursing education is in a happy situation, envied by educators in other fields. For it is a basic principle of psychology that an individual learns what he does, and that the sooner the performance follows the acquisition of knowledge, the deeper and more lasting does it become. Amy Frances Brown, author of "Clinical Instruction," states that the basic principle in selecting learning experiences for students, is that the student must have experiences which give her opportunities to practise the kinds of behavior, and to deal with the kinds of content, implied by the objectives of instruction. An illustration of violation of this principle would occur if we were teaching medical nursing, and the student were assigned to the delivery room for practice.

From this, one deduces that theory precedes practice, or is concurrent with it, and that allowance is made for correlation. This principle, as well as the other principles of learning which I will mention later, must be kept uppermost when over-all student rotations are planned. It is generally accepted that in the "special" areas, such as pediatrics, obstetrics, psychiatry, etc., theory is concurrent with practice. Should more subjects of the curriculum be taught simultaneously with ward teaching? Such a practice would im-

prove the learning situation in many instances!

In the effort to promote correlation and integration, the instructor becomes the key person. She must illustrate the meaning of each experience, and point out its relationship to future experiences. For example, in teaching bedmaking, the instructor can provide observation of patients in the late afternoon, to determine factors which interfere with their comfort, such as wrinkles in the bed linen and resulting skin irritation. Conversation with patients, as to how they feel, and notation of requests for comfort measures, illustrate to the student a meaningful frame wherein to place good bedmaking. Such linking of theory and practice, pointing up the needs and comfort of the patient, focuses attention of the student on the patient rather than on the procedure, and emphasizes principles rather than method.

The principle of "learning by doing" also applies when the student is placed in an unsupervised or inadequately supervised situation. In such instances she frequently picks up bad habits from a variety of workers. In addition to the poor learning which has resulted, consider the loss of time "unlearning" such undesirable habits, and re-learning them correctly, this not always completely. How much more effective it is to give close supervision at all times, especially when the student acquires her beginning experiences in the clinical area, and is setting up patterns which eventually become habitual.

Thus, planned orientation, and close clinical follow-up, are invaluable in making the most of each hour of clinical experience. True, such a program is time-consuming, especially at the outset, but the dividends become greater with each passing day — better patient care results because of thorough understanding of principles and application of them to suit individual needs. An alert instructor knows the patients, and is aware of their needs. In making student assignments, she takes these into consideration, together with the needs and capacities of her student. Again she follows principles of learning, which point out that we proceed from the known to the unknown, from simpler to more complex situations.

Here, also, is an opportunity of recognizing individual differences of students, and assigning their work accordingly. Where better can one apply the different rates of learning than when the student is able to repeat experiences until mastered? Or, if she does this quickly, new vistas can be spread before her by opening wider horizons of comprehensive nursing care.

It is well to remind ourselves that only by guided experience does the student recognize the unspoken needs of the patient, and respond to them through effective use of communication skills. Physical ministrations to the patient are powerful means of reaching him psychologically. With such selection of learning experiences, the student is reasonably sure of succeeding, and this results in personal satisfaction, which is not only gratifying to her, but is an added stimulus providing motivation for further learning.

This type of program implies the presence of an instructor who is herself a competent nurse. In addition to this, she inspires confidence in both the patient and student. She has the ability to teach. She is fully cognizant of the principles of learning, which she puts into practice at every opportunity. She is a cooperative person, who can work well with others, including supervisory personnel, staff, and students. She must be alert — aware of clinical resources. These she utilizes in planning student assignment, according to their status and ability, with such coordination as to make a worthwhile learning situation. Mindful of the needs of the patient, she is concerned in developing an awareness of them in her students, that they may develop skill in the solution of patient problems — that they recognize that patients are people, who react to illness in different ways, even when there is similar diagnosis and treatment.

This instructor is capable of evaluating student progress, and in doing this, includes positive suggestions and encouragement, as well as discussion of weaknesses. She has an understanding of adolescent psychology, and leads her student to form her own insights and to make her own discoveries, thus enabling her to assume more and more personal responsibility

within the framework of relationships with others, guiding her in her growing maturity. The key to all this is in the realization of the sacredness and inviolability of the personality of each individual.

While keeping in mind that the student is there to learn, the instructor realizes that part of education in nursing is concerned with intangibles. She therefore exposes the student to devotedness and generosity which impel the latter to perform tasks for the comfort of the patient above and beyond her immediate function. For example, she will not consider it beneath the dignity of a nurse to tidy up a bedside table, or to perform some household task not ordinarily a part of nursing function, but which is irritating to the patient and removal of which contributes to his comfort and well-being, here and now. Or, to mopping up an accidental "spill" in order to prevent further accident.

Attitudes are caught, not taught. The efforts of educators will be in vain if the student does not see good nursing practice. Quality of nursing care is the criterion for judging both nursing service and nursing education. Therefore, nursing service personnel share responsibility with the school of nursing for providing the setting which will exemplify to students the quality of care expected of them. Sister Charles Marie, supervisor of hospitals for the congregation of the Sisters of Charity of the Incarnate Word, San Antonio, Texas, and one-time professor at Catholic University of America, states succintly:

Nursing service and nursing education are two inseparables. They are mutually dependent parts of a unity called nursing. We cannot hope for a solution of our problems, either in the education of nurses or in the quality of nursing service, until everyone concerned looks at the whole of nursing, that is, both education and service in their relationship to each other, not only in hospital but in the entire health field.

Sister further points out as a logical deduction, that if we improve the nursing care of the patient, we will improve the education of the student, for the less experienced person learns from the one with greater experience, the

student from the teacher, and the student nurse from the graduate nurse. She further elaborates that the primary function of nursing is still the care of the sick. In our expanded concept of what constitutes the spectrum of nursing, the chief component, the focal spot, remains the same — bedside care of the sick and injured wherever they may be found — and from that all other activities find their range. Therefore, good bedside nursing, which is the essential foundation for our nursing education programs, is the source for prevention and other phases of health. We cannot and do not prevent anything until we have a knowledge of its real or potential existence. The well person is a debtor to the sick person, for from the experiences with the sick we learn what to do to keep the well person healthy. We may not minimize the importance of good bedside nursing care as the foundation of professional nursing without incurring the loss of the very reason for our existence as professional nurses responsibility for nursing care rests with nurses, both in the hospital, and out of it!

The graduate nurse too, must be an exemplar to the student. It is easier to imitate what one sees, than merely to do what one is told. Thus, if the graduate directs her efforts, and the efforts of those with whom she works. to that one focal point, the patient, if she does patient-centered nursing, if she gives comprehensive nursing care, constantly aware of the total needs of the patient, she will inspire and assist the student to do likewise. Her attitudes, her example, her application of principles to suit the individual needs of patients, her recognition of their problems, and her tactfulness in dealing with them, are all sources of learning for the student nurse. Most of us can recall such lessons which made indelible impressions!

But, you may counter, the graduate nurse is so busy — she has no time. There are not enough nurses to give quality nursing care! Various suggestions and methods have been devised for the improvement of nursing service areas. These include a reorganization of functions, so that each person in the patient unit is working

at his or her capacity. Not only does this make for greater job satisfaction, but it is also more economical from a budgetary standpoint, as well as being another means for better utilization of the students' time in the clinical field.

Auxiliary workers of various kinds have made a real contribution to nursing service, by taking from the nurse many duties that are not strictly nursing, and by assisting her in those that require less preparation. It still remains the function of the nurse to direct, supervise, coordinate and plan many of these activities, so that better service to the patient will result.

It is not too many years ago that the nurse was expected to "care for the environment of the patient" which included sweeping, dusting, and so forth. I doubt that this practice still exists. But what about routine jobs that fall to the students' lot, from collection and assembling of treatment trays, to making up empty units? There is a time when the student must learn this task, if for no other reason than to be able to supervise others, but these can easily be assigned to an aide as a regular, year-round function. This releases the graduate and the student for the professional aspects of patient care, where their skill and learning can be put to more effective

Ward clerks can play an important role in freeing the nurse from the shackles of paper work and telephones. Such a ward clerk can make out requisitions, copy temperatures and reports, prepare chart headings, and attend to innumerable other matters which take the nurse away from the patient. She may be conceived of as an efficient secretary, assuming secretarial duties for the busy head nurse.

A messenger service installed by the hospital, is also helpful in saving steps, and avoiding the necessity of student or nursing service personnel running errands, and consequently being away from the nursing unit.

SUMMARY

The socio-economic factors which have raised the standards of living and improved working conditions in our country, have also contributed to the provision of expanded health services to the public. As a result, changes have taken place which greatly affect both nursing service and nursing education.

In considering better utilization of the students' time in the clinical field. close correlation of theory and practice is a primary element. Integration of knowledge becomes more complete as principles of learning are understood and applied. The instructor becomes the link, or the "catalyst" which promotes the learning process. Her tools include the effective orientation program, emphasis on principles rather than procedure, and guidance of the learner in conformity with her needs. These she directs toward the ultimate achievement . . . ability to give total nursing care to any patient.

In the realm of nursing service, the inspiring example of the dedicated graduate nurse, together with efficient use of auxiliary personnel, provide a setting for development of potentialities inherent in the nursing student.

What then, must we do to prepare the nurse of tomorrow? This is not easily answered.

Critical survey of our present-day practices, with a projected concept of nursing needs in the next decade, must be our approach to the problem. Educators must be alert to the constant changes in the complex society of which we are a part, that society wherein patients manifest new needs,

because of new and different pressures.

It is inherent to progress periodically to review, assess and plan wisely towards goals which must become well-defined. If this is done cooperatively and democratically between faculty and nursing service groups, the broad field of nursing will be the one to gain. The projected accreditation program, sponsored by our nursing profession, is another step forward in strengthening nursing education and nursing practice.

Experimental programs in nursing education have a definite place in developing a more satisfactory approach to the improvement of nursing education. However, we must not be precipitate! Changing a traditional three-year program to a shorter or longer one, with or without university attachment, does not automatically improve it. Complete and careful study of all factors involved, with a true appraisal of present strengths and weaknesses, is absolutely essential to preserve the former and diminish the latter.

We, the nurses of today, have a great responsibility to the nurses of tomorrow. By our example, by our guidance, by our planning, and above all, by our breadth of vision, do we inspire others to embrace the profession and grow in it to their fullest potentiality. The challenge is ours. God grant that we be courageous enough to accept it.

To relax in our daily life, which is just another way of saying "just take it easy," should be a subject of study for every individual — to assess his or her daily problems, movements, nervous tensions, for whatever adjustments will slow down their tempos and accomplish objectives without winding up, eventually, in nervous breakdowns, serious illnesses or accidents. They will learn, in a surprisingly short time, that with a little organization, research, and foresight, they will attain more and have time left over to enjoy the changing colors and harmonies of life as it flows around them.

A leisurely, chronological order of interesting events gives the zest to life which so greatly helps to satisfy that human craving to be significant which, the great psychologists tell us, is the foremost desire of every person, old or young.

There is a common error prevalent in the thinking that to "take it easy" means to procrastinate in many ways and particularly in the morning rising hour. How many leave only seconds to spare to make the connections necessary to reach the place of employment or the first appointment? There are volumes of evidence to prove the foolhardiness of eating a far too limited breakfast and under tensions created by lack of proper time.

- LE ROY JAMES, in The Hearing Eye

At school starting age in Canada 12 per cent of all children have a vision problem. By sixth grade this has risen to 25 per cent. In high school 35 per cent of all students have visual defects. In the teenage group of Canadians, 2,680,000 are estimated to have vision problems that require professional care.

- Canadian Optometric Services, Inc.

Nursing Profiles

Evelyn Mary Paul became the director of nursing and assistant administrator of the General Hospital, Cornwall, Ont. in September, 1958. Born in Ontario, Miss Paul received her early education there and is a graduate of the hospital she now helps to direct. She holds her Bachelors' degree in science of nursing from the University of Western Ontario.

Her professional career up to the present time has included staff duty at the Children's Memorial Hospital (now the Montreal Children's Hospital) and three years as pediatric supervisor at the Metropolitan Hospital, Windsor. For a short time Miss Paul worked as an occupational nurse at the Canadian division of the Ford plant, Windsor. In 1945 she came back to her home hospital as educational director and in 1951 she was appointed associate director of nursing.

Miss Paul is a past president of the Seaway Chapter, RNAO and of the local Community Nursing Registry. She is the chairman of First Aid services for the city division of the Ontario Red Cross and honorary president of the Women's Auxiliary to the hospital. Although she has a wide variety of hobbies — playing golf, reading,

EVELYN PAUL

sewing — and is a member of the University Women's Club, she finds that professional affairs at the moment, leave her somewhat short of time in which to enjoy these activities. Congratulations and good wishes are extended to her from her colleagues and friends.

Dorothy Anne Wild is assistant director of nursing service at Misericordia Hospital, Edmonton. A native of Alberta of German Canadian parentage, Miss Wild received her early education at schools in Winterburn, her home town, and Wainwright.

A graduate of Misericordia Hospital, class of '38, Miss Wild is presently completing a course of study in nursing education at the University of Alberta in addition to her hospital duties. Following graduation she worked at Seton Hospital, Jasper and the Community Hospital, Bentley, Alta. She was matron of the latter institution for several months before returning to Edmonton to become head nurse on a surgical floor of her home hospital. She held this position from 1943 until she accepted her present appointment.

President of her alumnae association and secretary of the Edmonton chapter, AARN, Miss Wild has a variety of non-professional interests. She is an enthusiastic bridge player, enjoys sewing and knitting, and for outdoor



DOROTHY WILD

recreation prefers skating and giving active spectator support to her favorite baseball and football teams.

A Canadian-born woman, Marjory Hibbard has completed with distinction, the requirements for a doctorate in educational administration from Columbia University. A former resident of St. George, N.B., Dr. Hibbard graduated from Columbia Medical Center School of Nursing. Later she attended the University of Washington, Seattle, and Teachers College, Columbia University.

She spent several years in Puerto Rico reorganizing and expanding the nursing services and the nursing education program of the Presbyterian Hospital, San Juan. She is now professor of nursing and director of graduate school programs in nursing at the University of Colorado.

Late last fall the Red Cross Society of Prince Edward Island appointed **Ella J. Wood** as its director of nursing services.

A 1933 graduate of the P.E.I. Hospital, Charlottetown, Mrs. Wood did postgraduate work in psychiatry at Riverside Hospital, Charlottetown in 1956. She became the supervisor of the Women's Building of the same hospital after completing her studies and remained there until taking over her duties

with the Red Cross Society.

Off duty, her interest centres largely around music. She is a member of the board of directors of the Federation of Canadian Music Festivals and secretary of the provincial Music Festival Association.



ELLA J. WOOD

In Memoriam

Catherine Casey, a graduate of Youville Training School, Ottawa General Hospital in 1906, died in January, 1959.

Lulu Dudgeon who graduated from the General and Marine Hospital, Owen Sound, Ont. in 1922 died on February 17, 1959. Mrs. Dudgeon engaged in private nursing throughout her professional life.

Naomi Evelyn (Ogilvie) Graham who graduated from Grace Hospital, Halifax died in Montreal on January 22, 1959.

Lois Arabella (Ginther) Grundy, a graduate of Vancouver General Hospital in 1925 died on February 8, 1959. Always extremely active in the work of the RNA BC, Mrs. Grundy also gave valuable service with the Red Cross Society during World War II, first as a home nursing in-

structor and later as director of the voluntary nursing service division. Following this, she became assistant in charge of the nursing care provided at the Japanese redistribution centre under the authority of the B.C. Security Commission. From 1942-45 she was the supervisor of nurses employed by Wartime Shipping of Canada in the ship-building yards. In 1949 Mrs. Grundy undertook the organization of an occupational nursing service for the employees of the Robert Simpson Pacific Ltd. in Vancouver (now Simpson-Sears). She had been associated with this service ever since.

Rebecca K. Hepburn who graduated from Wellesley Hospital, Toronto in 1928 died on November 4, 1958. She had engaged in institutional nursing.

Maude Parker who graduated from

Victoria General Hospital, Halifax died on January 7, 1959. For many years she was the superintendent of the New England Baptist Hospital, Boston.

Eleanor Patzalek, a senior student at St. Joseph's School of Nursing, Hamilton, died on February 1, 1959.

Dorothy Maud (Ruffle) Pelley who graduated from St. James Infirmary and Wandworthy Infirmary, Belham, London, Eng. in 1919 died in St. John's, Nfld. on January 22, 1959.

Clare (Campeau) Renaud a graduate of Hotel Dieu Hospital, Windsor in 1913 died recently.

Margaret Isabelle Helen Ross who graduated from Regina General Hospital in 1942, died on January 23, 1959 following a lengthy illness.

Agnes Saunders who graduated from Youville Training School, Ottawa General Hospital in 1928, died in December 1958. She was 61 years of age and was engaged in private nursing at the time of her death.

Jessie (Anderson) Shaw, a graduate of the Toronto General Hospital in 1921, died in October 1958.

Sister Mary Leona of the Sisters of Providence, Kingston died in June, 1958.

Sister Mary of Mercy, a Sister of Provi-

dence and a graduate of St. Vincent de Paul Hospital, Brockville, Ont. died on February 19, 1959. She had devoted many years of her life to her profession as a nursing supervisor in St. Francis Hospital, Smith Falls, Ont., St. Vincent de Paul Hospital, Brockville and St. Mary's Hospital, Montreal.

Lottie Elizabeth (Lawson) Small who graduated from Toronto General Hospital in 1906, died on November 21, 1958 after a long illness.

* * *

Lois Geraldine (Brightman) Swinamer a graduate of Payzant Memorial Hospital, Windsor, N.S. in 1957, died on January 21, 1959. She was 22 years old and had been on the staff of the hospital for a short time after completing her training.

Catherine Jane Tribble, a graduate of St. Luke's General Hospital, Ottawa in 1921 died on February 9, 1959. She had done private nursing for many years.

* * *

Eugenia S. Wasiuta who graduated from the University of Alberta Hospital, Edmonton in 1948 died on August 10, 1958. For a number of years she was an airline stewardess with TCA and then returned to general nursing before ill health forced her retirement.

Florence (McIndoo) Wright who was the director of nursing at Belleville General Hospital 1928-37, died recently in Owen Sound, Ont.

Two groups of investigators have reported a new and promising approach to the treatment of illness caused by blood clot formation. One group used plasmin — an enzyme that occurs naturally in the blood and plays a key role in the chemical processes through which the body normally prevents clot formation. It was found that plasmin dissolved artificially induced coronary clots in experimental animals within four to eight hours, restoring normal blood supply to the heart muscle. The substance was later tested on three human patients who had suffered heart attacks with similar results.

The second group worked with streptokinase, an enzyme that stimulates plasmin production in the body. Tests were carried out on 24 patients with heart attacks and the investigators were convinced that this method of treatment was safe. Both groups emphasized, however, that further trials are essential before clot-dissolving therapy for heart attacks can be recommended for general use.

- The American Heart

* * *

Baking soda is not merely a useful household commodity but in case of fire it is an excellent fire extinguisher. A handful thrown onto a pan of burning fat, or into the stove when a chimney takes fire, will help to control the flames.

- Dept. of National Health and Welfare

Where there is much desire to learn there of necessity will be much arguing, much writing, many opinions; for opinion in good men is but knowledge in the making.

- JOHN MILTON

The CNA Retirement Plan Becomes a Reality

NORMAN R. BEAUDIN, C.L.U.

THE CANADIAN NURSES' Association Retirement Plan came into operation in November, 1958. Shortly after the distribution of the attractive and informative booklets to all members, application cards began to flow into National Office at a very encouraging rate clearly indicating that members of the Association were anxious to take advantage of this method of providing for security in later years. Any member who has not as yet secured a copy of the Retirement Plan booklet should contact Miss M. Lorena Mc-Coll, Assistant Secretary, CNA, 270 Laurier Ave. West, Ottawa.

In reviewing the application cards that have been received some errors were apparent. CNA members making application should pay special attention to the following points.

ALLOCATION OF CONTRIBUTION

The first \$100 of the individual contributions must be directed to the insured fund. If the applicant wishes to make a contribution over and above the minimum \$100 contribution a year she must indicate how she wishes to apportion the excess contribution. If she wishes she may direct that all her contributions will go into the insured guaranteed fund. If this is the case she should put in 100 per cent in the place indicated on the back of the application card. If she prefers to have her excess contribution over the first \$100 a year directed to the common stock fund, she should put in 0 per cent in the indicated space. Should she choose to split her excess contribution between the insured fund and the common stock fund then she would indicate 50 per cent in the same required space.

To give an example: if a nurse earns \$3.000 a year and she wishes to take advantage of the full 10 per cent of salary free from income tax then she

Mr. Beaudin is CNA Pension Committee Adviser with the National Life Insurance Company of Canada.

would undertake to contribute \$300 a year to the Plan. Since the first \$100 must be directed to the insured fund, she would then have \$200 a year to direct as she chooses to the insured fund or the common stock fund or both.

In the first year of membership she might elect to split her contributions equally between both funds. She would indicate this by filling in 50 per cent in the proper space on her application card. On receipt of her application card arrangements would be made to have her first \$100 of contribution automatically directed to the insured fund along with an additional \$100 of the yearly contribution. The remaining \$100 would be directed to the common stock fund. In total, she would then have \$200 going into the insured fund and \$100 going into the common stock fund.

Performance figures of the two funds will be published from time to time. If the member elects to make changes in her allocations she may do so once a year at the beginning of each year.

BENEFICIARY ARRANGEMENTS

It is not necessary to name a specific beneficiary. An applicant may desire that the death proceeds be paid to her estate. If this is her wish she should write in the word "Estate" in the space provided on the front of the application card. If a specific person or persons is named as beneficiary, relationship of the beneficiary should be shown along with the current address. Obviously, it is most imthat changes in addresses portant should be reported to the CNA office as soon as possible. Both sides of the application card should be signed by the applicant, properly witnessed and dated.

BANK ARRANGEMENTS

The selection of the Bank of Montreal for contribution deposits to the Plan is very flexible. If a member already has an account with the Bank of Montreal in her area, she arranges to open a separate Retirement Savings Account with this same bank after she has received instructions and her C.N. A.R.P. certificate number from National Office. If she does not have an account with the Bank of Montreal, but there are one or more branches of the bank in her city or town, she will select the branch of her choice and arrange to open her special savings account.

Where a branch of the Bank of Montreal is not available the member will notify the CNA through the special form attached to her instruction letter and the CNA will arrange for a special Bank of Montreal account in Ottawa. Additional instructions will be given to the member as to how this particular account will operate.

TAX SAVINGS

In the case of applications received before December 31, 1958 whatever contributions were made to the plan prior to February 10, 1959, (providing a minimum of \$100 was deposited) will be allowed for 1958 income tax purposes. Those members who apply for membership in 1959 will, of course, be able to claim their contributions as a reduction for 1959 income tax on the total of contributions made up until February 10, 1960.

Obviously, it is in the best interest of each applicant to register her application as soon as possible in 1959 in order to accumulate her maximum deductions up to 10 per cent of her earnings. It is also to her advantage to make her first \$100 contribution

as soon as possible.

It is interesting to note the tax savings involved through membership in the C.N.A.R.P. The accompanying table illustrates the amount of saving depending on the income category of each applicant.

Your CNA Retirement Plan is of great value to you! Join now! You can't make a better investment and

also enjoy special tax savings.

Tax Savings by Contributing 10 Per Cent of Earnings to C.N.A.R.P.

Yearly Income	Taxable Income	Contributions	Tax Savings
\$3,000	\$2,000	\$300	\$51
\$4,000	\$3,000	\$400	\$76
\$5,000	\$4,000	\$500	\$85

Scope Broadened

Of special interest to nurses employed in some of the smaller organizations or services is a change in policy respecting Plan B of the CNA Retirement Plan. Heretofore, employer-employee contributions to Plan B were limited to nurses only. The following amendment to that pattern, approved by the Executive Committee of the CNA makes possible the inclusion of all employees in an organization in Plan B.

"That Plan B of the C.N.A. Retirement Plan be amended to allow the inclusion of other personnel in addition to registered nurses; and that such amendment should apply to doctors, hospitals, health organizations, nursing associations, or any other person or organization employing one or more members of the Canadian Nurses' Association."

because some one says it's good for us or just because we like it, one thing is certain. Fifteen seconds of watching birds fluttering among the trees is fifteen minutes of time saved. Afterwards the troublesome memo, which twenty minutes of dogged conscientious effort has failed to produce, gets itself written in five minutes.

—Canadian Welfare

Effective, Convenient Evacuations Without castor oil or enemas

Numerous clinical trials have been published wherein DULCOLAX has proved completely capable of replacing castor oil and enemas for radiological preparation. As effective as it is in this instance so is DULCOLAX equally effective for routine hospital use on all wards.

Wherever enemas are used they may be replaced by the use of this innocuous, self-eliminating evacuant. Use of DULCOLAX will result in great time-saving for hospital personnel through its ease of administration and through patient cooperation and acceptance.

DULCOLAX may be used safely, effectively and routinely wherever castor oil, enemas or any form of laxative is indicated in hospital use. There have been no specific contra-indications to DULCOLAX reported in the literature.

REFERENCES

Fraser, R. G., Journal of Canadian Ass. of Rad., Dec. 1958; Clark, A. N. G., British Medical Journal, 2:866, Oct. 12, 1957; Raymond, O., Nogrady, B., Vézina, J. A., Scientific Exhibit presented at the Twenty-Second Annual Meeting of the Canadian Ass. of Rad., Saskatoon, Sask., Jan. 1959.

AVERAGE DOSAGE:

Two tablets taken at bedtime for action the following morning, or taken before breakfast for action in one to six hours. One suppository is usually effective in from 15 minutes to one hour.

SUPPLIED:

5 mg. enteric-coated tablets, bottles of 30 and 100.

10 mg. suppositories, boxes of 6 and 50.

Under license from C. H. Boehringer Sohn, Ingelheim.



The Adviser to Schools of Nursing

MARGUERITE E. SCHUMACHER, M.A.

BEFORE PROCEEDING to outline the functions and activities of the adviser to schools of nursing in Alberta, two questions come to mind. Where is the office of the adviser located?

To whom is she responsible?

The office is attached to the University School of Nursing which is located in St. Joseph's College. The adviser is responsible to the University Committee on Nursing Education who in turn is responsible to the General Faculty Council.

What does she do? The functions seem to fall into three major cate-

gories:

1. Visiting schools of nursing and af-

filiating agencies.

2. Participating in projects or studies for the purpose of continually maintaining and improving the standards of nursing.

3. Keeping informed of the trends in nursing education and applying them as they are related to the needs of Alberta.

Let us break each area down and examine the details.

1. Visits to the schools of nursing and affiliating agencies: Since 'my appointment, 24 visits have been made to the 12 schools of nursing and their affiliating agencies. These visits have varied in length from one to five days depending on the size of the school or agency and the purpose of the visit.

Most of the first visits were for the purpose of an orientation to the existing programs in Alberta. These visits were usually short and no specific report was made. Visits made now, are done with two main pur-

poses in mind:

1. To assist the faculty in evaluating the program as it relates to the philosophy and objectives of the school.

2. To ascertain that the school is meeting the minimum standards as outlined in Regulations Governing Schools of Nursing of Alberta.

Miss Schumacher, who is Adviser to Schools of Nursing in Alberta, presented this paper at the convention of Associated Hospitals of Alberta last October. During a visit what can the school expect from the adviser? She may help in bringing about a change that the school had contemplated but perhaps had rather hesitated to make. The adviser may stimulate interest in a specific activity. She may share information or suggest methods for carrying out a plan or a program. And finally, she may be able to interpret or clarify policies initiated by the university or other nursing groups. However, the adviser serves in an advisory capacity only, having no direct responsibility for carrying out plans or programs.

What procedures are followed during a visit? Minutes of the meetings of the student organization are reviewed. What the faculty involved in the educational program thought, and what they did and are doing can be traced in the minutes of the meetings. How much responsibility the student organization is assuming for student conduct and student activity, can also be seen through the minutes of

their meetings.

Time is spent studying the school calendar, the master plan and subsidiary plans for the educational program, the course outlines and examinations. The educational policies are reviewed and a sampling of the student achievement records is examined.

The adviser attends nursing clinics, nursing classes, and committee meetings which are taking place at the time. Schools are requested not to arrange for special classes or clinics as it is the regular day-to-day activities which are important to observe.

The core of nursing is at the bedside. No matter how sound the educational program may seem to be on paper, or how progressive the methods of formal teaching might be, in the final analysis the student learns to become a nurse at the bedside of the patient. This, then, is the area which demands careful consideration and study.

Facts must be gathered regarding clinical facilities. The criteria for as-

for Diaper Rash

... Safely necommend



DIAPARENE

Clinically proven, effective*



- DIAPARENE OINTMENT—medicated, soothing ointment to clear up the most obstinate case of diaper rash.
- DIAPARENE POWDER—highly absorbent corn starch base, gently medicated, guards against prickly heat and chafing. Prevents ammonia odour and diaper rash.
- DIAPARENE RINSE—(tablet or liquid)—added to final wash water premedicates diaper preventing diaper rash and ammonia odour upon contact with urine.

Most new babies require protection against annoying diaper rash. DIAPARENE in these three forms assures complete prevention and treatment night and day.

DIAPARENE antibacterial preparations for complete baby skin care

*Niedelman, M. L. and Bleier, A.; Jour. Ped., 37:5, 762, Nov. 1950 Fischer, C. C. and Lipschutz, A.; Am. Jour. Dis. Child, 89:5, 596, May 1955 Benson, R. A., et al; Arch. Ped., 73:250 - 8, July 1956

DIAPARENE samples and literature available on request to:

HOMEMAKERS' PRODUCTS (Canada) LIMITED
36 Caledonia Road Toronto 10, Ontario

sessing the adequacy of a clinical service for student experience will include:

Daily average number of patients Variety of disease conditions Acuteness of the illness treated in the service

Number of staff nurses Number of other ward workers Number of administrative personnel

Visits are made to the clinical areas. Conferences are held with the clinical instructors, supervisors, and head nurses. Nursing clinics are attended and the student program for that particular area is discussed with the clinical instructor.

During the whole period at the school, the adviser holds individual or group conferences with the administrative heads, the faculty members, the members of the nursing service staff, and the students.

Physical facilities and equipment are considered both in the school building and in the hospital. Adequate physical facilities must be provided to permit the achievement of the school's stated objectives.

A report is drafted and discussed with the director of nursing and associate director of education. Any member of the faculty or staff is welcome to attend the meeting if the director so desires.

Following this conference the report is finalized and submitted to the chairman of the University Committee

on Nursing Education.

2. The adviser's participation in projects or studies for the purpose of continually improving the standards of nursing: Our main project is to evaluate and revise our policies and standards for schools of nursing in Alberta. This endeavor is being shared by the Alberta Association of Registered Nurses and the University Committee on Nursing Education.

The kind of nurse we need today is one who is prepared, through general and professional education within the social structure of the community in which she lives, to share as a member of the health team in the care of the sick, the prevention of disease, and the promotion of health.

To meet this challenge we must

continually evaluate our nursing progress to determine whether our schools are producing graduates qualified to provide the services needed by the community. When we think of the community today we must think of it as not confined to the borders of Alberta, but to the world at large. In this era of hydrogen bombs, moon rockets, and missiles, it is imperative that our graduates be qualified to meet some of the needs of society beyond our provincial territory. It is hoped that as we are revising our curriculum other needs may be identified and other studies initiated.

Sound educational programs are costly. At first, hospitals opened schools of nursing as a means of providing nursing service to the patient, not realizing the added responsibilities they were assuming as educational institutions. Today, a hospital with a school of nursing realizes that this is a financial undertaking not to be considered lightly. In evaluating the cost of nursing education we must keep before us that the quality of education for nurses controls the kind of care our patients will receive tomorrow. What does it actually cost to educate a student to become a graduate nurse in the province of Alberta? The answer? We do not know.

Saskatchewan has done a cost study of basic nursing education programs in ten of their schools of nursing. The average yearly net cost found in the study varied from where there was a net profit on the student of over \$300 per year to a net cost to the hospital of over \$700 per year.

Saskatchewan found the cost study to be another tool to assist them in the improvement of nursing education. From the data it was possible to identify some of the areas of weakness in the educational program of the nursing student. It also showed whether or not the program of the school was offering a high standard of education and whether or not it was a practical operation in a financial sense.

The financial outlay for such a project for this province would be high

^{1.} Records of the Working Conference on Nursing Education sponsored by the WHO, held in Geneva in March 1952.



but the results in terms of better care for the people of Alberta would more

than offset the expenditure.

3. The need to keep informed of the trends in nursing and nursing education in order to apply them to our situation: It is by relating ourselves to others that we are assured of promoting and maintaining a high quality of service. This may be done in various ways including attending conferences, institutes, or workshops whenever the opportunity presents itself.

Lambertsen in her latest book Edu-

cation for Nursing Leadership states that "the unique function of a profession is not static or defined narrowly in terms of activities. The broad generalization of professional function allows for expanding concepts of this function . . ."

This statement can well be applied to the functions and activities of the adviser. They cannot become static nor defined too narrowly but must be flexible enough to allow her freedom to meet the obligations of today and tomorrow.

A Mine for \$5.00

MANY CANADIANS affect a lofty scorn over the seeming ignorance of people in other countries regarding our land. Just how much does the average Canadian actually know about Canada? After spending many years in public and high school where they are introduced to Canadiana in various courses, one would suppose that nurses would have very considerable knowledge about their own country. Even a simple quiz program reveals the very opposite to be true.

Using the Canada Year Book, 1957-58 as our authentic source of information, our "mine for \$5.00," we suggest that you answer the following questions to the best of your ability before you turn the pages and look up the answers, which are on page 346.

- 1. Which is the highest mountain in Canada? Mount Robson, Mount Waddington, Mount Logan, Mount Jacques Cartier.
- 2. What percentage of the land area of Canada is forested? 25%, 46%, 67%, 81%.
- 3. What percentage of the land area is classed as "occupied farm land"? 8%, 15%, 25%, 33%.
- 4. The first National Park was established at Banff in 1885. How many National Parks are there now? 10, 30, 60, 100?
- 5. The Senate has how many members? 72, 90, 102, 120.
- 6. We are all familiar with the National Film Board. Which Minister of the Crown is responsible for it? Citizenship and Immigration, Finance, Secretary of State, Trade and Commerce.
- 7. Of the 1248 graduate nurses who emigrated to Canada in 1956 what number went to your province?

- 8. Under the terms of the British North America Act, health and welfare is the special responsibility of the provinces. Nevertheless, the Federal Government is responsible for the health of certain groups. Can you name at least four of these groups?
- 9. The rates for family allowances for children were changed in 1957. What sums are now paid monthly in the different age groups?
- 10. Two provinces have organized their own provincial police forces. Which provinces are they?
- 11. The Unemployment Insurance Act came into operation in: 1924, 1933, 1941, 1946.
- 12. One organization has the sole right to issue paper money for circulation in Canada. Name the organization.

Those dozen questions could be added to by the hundreds. There is a comprehensive index that will assist in securing information on almost any aspect of Canadian life desired. All of this is available for only \$5.00. Send a money order to the Queen's Printer, Ottawa, for your own copy.

There is something to be said for the strict regimen of hospitals — for if hospitals were made more comfortable, many patients might not make the necessary mental effort to get well and get home.

— S. J. Harris in *Chicago Daily News*And here we were thinking all along that
the constant lowering in the length of stay
was due to new drugs and new and better

was due to new drugs and new and better procedures.

— Hospitals



Sun, wintry winds, even routine hospital duties can rob skin of its natural oils. Make it dry, rough, and red. That's why so many nurses use Nivea Creme to keep their skin soft, smooth, and supple.

For they know Nivea contains a special ingredient, Eucerite, that closely resembles the natural oils of the skin. The remarkable agent penetrates the skin's top layers to feed and nourish it — keep it fresh and fragrant.

And here's a tip to keep you looking your best on those important dates — Nivea makes an excellent powder base.

NIVEA PHARMACEUTICALS LTD.

5640 PARÉ ST., MONTREAL 9



PREPARED IN YOUR NATIONAL OFFICE, CANADIAN NURSES' ASSOCIATION, OTTAWA

Research in Nursing

A landmark in the history of the CNA was reached with the approval by the Executive Committee of the appointment of a permanent Research Committee. This seven-member committee composed of four nurses and three non-nurses will be headed by Lola Wilson of Regina, Director of the Study of the Aged and Long-Term Illness conducted by the Saskatchewan Provincial Department of Public Health.

The committee will review suggested research projects and will establish priorities and initiate research projects.

Non-nurse members of the committee will represent general education and social sciences.

Certain areas of needed research reviewed by the Ad Hoc Committee on Research have been delegated to the National Standing Committees.

The Committee on Nursing Service

has been asked to -

- 1. Issue a statement of the problems in respect to the social needs of the nurse in both the urban and rural settings, including causes of turnover of nursing staff and of the loss of nurses to the profession and, where possible, make some suggestions as guides to agencies employing nurses for dealing with these problems; and further that two or three references to studies already completed, where simple methods for checking job satisfaction have been established, be noted to assist those who wish to evaluate their own situation.
- 2. Review the various studies of organized home care programs and seek out the implications for nursing in such plans.

The Committee on Nursing Education has been asked —

- 1. To set down
- a) The general philosophy, aims and objectives for basic nursing education diploma programs
- b) The basic concepts of nursing education
- c) The guiding principles in curriculum development.
- 2. To study the question of correlation of the educational program for the preparation of licensed practical nurses (certified nursing assistants) and registered nurses and prepare a statement concerning its findings.

One of the tasks assigned to National Office is the setting up of a Nursing Research Index which will include information concerning nursing studies which have been completed or are presently underway.

Fact Finding Survey

The Committee on Nursing Education has been empowered to proceed with a Fact Finding Survey of the personnel providing instruction in schools of nursing. The purpose is:

- 1. To ascertain the extent to which all those charged directly or indirectly with the education of students are qualified both professionally and personally for their responsibilities as stated in Policy #4 Statement of Policies Regarding Nursing Service and Nursing Education.
 - 2. To make recommendations on the information acquired.

Curriculum Workshop

The next meeting of the CNA Committee on Nursing Education will be

For relief of constipation

a gentle laxative that will not cause cramps, yet is effective for even the most severe cases

"PHENO-ACTIVE"



Available in handy tubes for your purse, and in economy sizes for home use.



Charles E. Frosst & Co. MONTREAL, CANADA

extended to include a workshop on the construction of a national guide for the development of nursing curricula. In preparation for this the provincial committees on nursing education will be asked to make a preliminary study based on an outline proposed by the National Committee.

Pilot Project Surveys Completed

Surveys of the 25 schools of nursing participating in the Pilot Project have been completed and the reports written. At present, these reports are being studied by the Board of Review members, who will meet in Ottawa, May 25-30, to evaluate these programs and to make recommendations. Following this there will be meetings of the Special Committee on the Pilot Project for Evaluation of Schools of Nursing and the Liaison Committee. By the late summer the final report on the Pilot Project should be completed.

Public Relations Activities

Approval by the Executive Com-

mittee of projects suggested by the Committee on Public Relations has been granted. During this biennium, public relations activities will include:

The preparation of a series of pamphlets designed for specific groups (parents, teachers, teen-age and elementary school children), these pamphlets to accompany the Speakers' Manual on Nursing which is presently under preparation.

Joint action with the committees on Nursing Service and Nursing Education in the preparation of a CNA Platform which will include a brief statement of the current plan of activity for each biennial period of the CNA.

Canadian Conference, University Schools of Nursing

Hazel Keeler, as Chairman of the CNA Committee on Nursing Education has been appointed ex-officio a member of the Canadian Conference University Schools of Nursing.

Membership Board of Review

We regret that in the February



let the new KNOX REDUCING BROCKURE save your time for more essential tasks

Just a few moments is all it takes to outline a personal diet for patients with the KNOX Reducing Brochure. Color-coded diets of 1200, 1600 and 1800 calories are based on Food Exchanges¹... eliminate calorie counting... promote accurate adjustment of caloric levels to the individual patient. New, personalized cover helps build patient acceptance for professional instructions.

1. The Food Exchange Lists referred to are based on material in "Meal Planning with Exchange Lists" prepared by Committees of the American Diabetes Association, Inc. and The American Dietetic Association in cooperation with the Chronic Disease Program, Public Health Service, Department of Health, Education and Welfare.

issue of *The Canadian Nurse* the name of Dr. W. Douglas Piercey, Executive Director of the Canadian Hospital

Association, was omitted from the list of members. Dr. Piercey is representing his Association on this Board.

Le Nursing à travers le pays

La recherche en nursing

Un événement marquant dans l'histoire de l'Association des Infirmières Canadiennes l'enrichit d'un nouveau chapitre: "La recherche en nursing." Le Comité exécutif vient de donner son approbation à la formation d'un Comité de recherche composé de sept membres dont trois infirmières, sous la présidence de Mlle Lola Wilson, de Régina. Cette dernière a récemment dirigé une étude sur "Les personnes âgées et les malades chroniques," entreprise par le Ministère de la Santé de la province de Saskatchewan.

Le comité étudiera les projets de recherche qui lui seront soumis, les classera selon leur importance et en dirigera l'exécution. Les quatre membres du comité qui ne sont

ROFESSIONAL COVER encompasses 14 pages of tasty, sted recipes and a color-coded, te-fold "Choice-of-Foods" chart. pas de la profession d'infirmière, y représentent les domaines de l'éducation générale et des sciences sociales.

Certains domaines où la recherche s'impose ont été étudiés par le comité provisoire de recherche, et portés à l'attention du Comité national permanent.

Le Comité du service d'infirmières a été prié de:

1. Rédiger un mémoire sur les problèmes sociaux se rapportant à l'infirmière dans les centres urbains et les régions rurales; entre autres, le roulement des infirmières dans les personnels et le retrait d'infirmières des rangs de la profession. Possiblement aussi, apporter des suggestions susceptibles de guider les employeurs qui ont à faire face à ces problèmes. Indi-



quer pour références des méthodes simples d'évaluations déjà faites, et de satisfaction au travail, afin d'aider ceux qui désireraient faire une telle évaluation dans leur propre établissement.

 Examiner les différentes études poursuivies sur les programmes de soins à domicile et leur répercussion sur la profession d'infirmière.

Au Comité de l'éducation en nursing on a demandé:

- 1. D'établir:
 - a) La philosophie générale, le but et les objectifs du cours de base conduisant au diplôme d'infirmière;
 - b) Les concepts de base de l'éducation en nursing;
 - c) Les principes qui doivent guider l'élaboration du programme d'études.
- 2. D'étudier la question de la corrélation entre le programme d'études servant à la préparation de l'auxiliaire certifiée en nursing, celui de l'infirmière professionnelle, et de rédiger un rapport des résultats de cette étude.

Une des tâches qui a été confiée au Secrétariat national est celle de préparer un catalogue des recherches en nursing, lequel contiendra les renseignements sur les études déjà faites ou en cours.

Relations extérieures

Le Comité exécutif a approuvé les projets recommandés par le Comité des relations extérieures. Au cours des deux prochaines années, ce comité s'occupera de préparer une série de fascicules destinés à différents groupes (parents, éducateurs, adolescents, élèves des cours élémentaires), et qui seront ajoutés au Manuel des conférencières en nursing actuellement en voie de préparation.

Conjointement avec le Comité du service d'infirmières et celui de l'éducation en nursing, le Comité des relations extérieures rédigera un programme des activités courantes de chaque période biennalle de l'A.I.C.

Relevé des faits

Le Comité de l'éducation en nursing a été autorisé à commencer des enquêtes sur la situation du personnel enseignant dans les écoles d'infirmières. Le but de cette enquête est de:

1. S'assurer que les personnes chargées di-



let the new ANOX LOW SALT BROCHURE save your time for even more essential tasks 🌶

Recent clinical research emphasizes the growing usefulness of low sodium diets in a number of critical conditions. You can save much time and repetitious talk by suggesting the new Knox Low Salt Brochure for all patients needing the benefits of a low sodium intake. Diets are based on Food Exchanges¹ and can be easily individualized by selecting one of three caloric levels—1200, 1800 and unrestricted—and by arranging sodium intake at levels of 250, 500 or 1,000 milligrams per day. Separate bibliography of 53 late references available on request.

1. The Food Exchange Lists referred to are based on material in "Meal Planning with Exchange Lists" prepared by Committees of the American Diabetes Association, Inc. and The American Dietetic Association in cooperation with the Chronic Disease Program, Public Health Service, Department of Health, Education and Welfare.

rectement ou indirectement de l'enseignement aux étudiantes possèdent la personnalité et la préparation nécessaires pour s'acquitter de leurs responsabilités, tel qu'il est défini dans le dépliant "Politique concernant l'éducation des infirmières (4)."

2. Faire les recommandations nécessaires, d'après les informations recueillies.

Séance d'études sur le curriculum

La prochaine réunion du Comité de l'éducation en nursing de l'A.I.C. comprendra une séance d'étude portant sur la préparation d'un guide national pour l'élaboration de programmes d'études. Afin de se préparer à cette tâche, l'on demandera aux comités provinciaux d'éducation, de faire une étude préliminaire d'après un plan proposé à cette fin par le comité national.

Conférence canadienne des écoles universitaires d'infirmières

Mlle Hazel Keeler, convocatrice du Comité de l'éducation en nursing de l'A.I.C.,

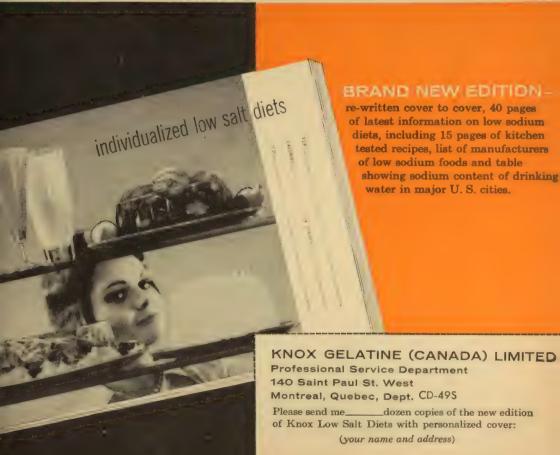
a été nommée, à ce titre, membre ex-officio de la conférence canadienne des écoles universitaires d'infirmières.

Projet d'accréditation

La visite des vingt-cinq écoles participant au projet d'accréditation est terminée, et les rapports en ont été rédigés. Ces rapports sont actuellement étudiés par le Comité de revision qui doit se réunir à Ottawa du 25 au 30 mai, pour procéder à l'évaluation de ces programmes, et apporter les recommandations pertinentes. A la suite de cette réunion, le comité spécial du projet d'accréditation, chargé de l'évaluation des écoles, et le Comité de liaison se réuniront. A la fin de l'été, le rapport final du projet d'accréditation devrait être terminé.

Membre du comité de revision

Nous regrettons d'avoir omis le nom du Dr. W. Douglas Piercy comme membre du Comité de revision; il est le directeur de l'Association canadienne des hôpitaux dont il sera de représentant auprès du comité.



The Male Potential

REGINALD S. BENTLEY, R.N.

Overcrowded as the labor market may often be, this has seldom, if ever, been the case in the nursing profession. Indeed, in all countries where nurses are trained and a recognized professional status is attainable, the reverse is usually the case. Why should this be? Nursing is a very honorable profession looked upon with respect the world over.

There are two possible reasons: It is necessary to recognize the fact that, although nursing offers many rewards, it also presents many discomforts. The number of people who feel sufficient compassion towards their fellow humans to dedicate their whole lives towards caring for them when sick, are limited. What are some of the discomforts associated with the care of the sick? We have shift work. We have work during public holidays. We have unpleasant physical details to attend to. We have work which is often hard and tiring. All these, however, are unalterable factors. No nurse would wish for people to enter the nursing profession who were unwilling to accept such discomforts readily and cheerfully as an integral part of their work.

Then we have an economic factor. We must recognize the fact that although some progress has been made in recent years with respect to general working conditions, not enough change has been made in the wages paid. On the other hand a great deal of progress has been made in other fields of employment in general working conditions and salary increases. This factor is

not unalterable.

I have heard many arguments put forward in the past to justify the low salary paid to the nurse in training. One of these arguments hinges on the statement that due to the low salary paid to the nurse in training, only the finest types are attracted to the profession. This may basically be true. An altruistic outlook is certainly necessary

in anyone intending to work for three years on a students' salary. However, the same people who are registered nurses now, would still be registered nurses had they been paid \$50 per month in addition to their room and board while in training instead of the \$8 or \$10 they are being paid at the present time. Many other girls from poorer homes, poorer in the financial sense that is, would also have been able to enter training. They were deprived of this training because they could not afford to undertake it, having in many cases to help support their families at an early age after having left school.

This brings me now to an almost completely neglected source of, quite literally, manpower. Why is it that in Canada with a population of approximately 17,000,000, we have only 140 men registered as nurses, the majority of these having been trained in Europe. In England, with a population of approximately 50,000,000, there are presently 6,823 registered male nurses and 10,176 registered male mental nurses. There is some duplication here, since some male nurses have had both general and psychiatric training.

The reason for the insignificant number of male nurses in Canada is not hard to find. We have once more a very definite financial problem involved. Most men, who would be likely to enter training as male nurses, must of necessity be largely self-supporting by the time they reach the age of 19 or 20. This they could hardly be on \$10 per month. Apart from this, the general public has not yet been educated to the idea of the male as a nurse. Why is this the case? Largely, because the registered nurses associations and the general hospitals do not actively desire or encourage men to enter training.

I would like to acknowledge the assistance of Miss Lillian Campion, Nursing Service Secretary, and Mr. Ronald Nears SRN, RMN, chief male nurse, Wadsley Mental Hospital, England for the figures relevant to this article.

Mr. Bentley, is supervisor attendant at the Provincial Training School, Red Deer, Alta.



In England not very many years ago, a certain hospital steadfastly refused to accept men as student nurses, in spite of the fact that a large number of hospitals were readily accepting men into training and finding them satisfactory. After repeated questioning as to the reason for refusal to accept men, the only one advanced was inadequate bathroom facilities.

According to recent figures, there are only 28 schools of nursing in Canada that have signified their willingness to consider male applicants for nursing. This figure speaks for itself. No doubt the number would increase once some impetus was given to the recruitment of men and it became known that men were beginning to come forward as applicants.

In England, before gaining recognition, the men — the pioneers of their day — had a long and sometimes bitter fight with the senior lady members of the nursing profession. These ladies wanted no part of any man en-tering what had been regarded for many years as "holy feminine ground." We find a man's name being entered on the General Register for the first time in 1922. Progress was slow for some time but in the later '30's momentum was gained. In most quarters now, they are well thought of and, in general, have acquired a reputation for gaining high marks and continuing to maintain a high standard of proficiency throughout their nursing career. The word "career" is important when dealing with the factor of the male in the nursing world - he usually makes a career of nursing. His outlook towards nursing is not bounded by the horizon of marriage. The male nurse provides an unusually stable labor force in a profession notable for its high turnover.

If the question, "Does the Canadian nursing profession desire to have men enter training?" is answered in the affirmative, we must next try to find ways and means of stimulating interest and encouraging recruitment. The provincial nurses' associations must be prepared to demand that higher wages be paid to nurses in training. Widespread publicity must be given to the idea of the male as a nurse. As a beginning, encouragement might be given to the present group of male psychiatric nurses. This group of men must have among them a nucleus willing and indeed anxious to take their training as general nurses, if this was made financially possible.

I would like to see the day come when all nurses in general hospitals would automatically, as part of their training, spend a few months in an accredited mental hospital or mental deficiency institution. Without this experience a nurse's education is incomplete. Similarly, integrated training could be carried out whereby male and female aides who work in psychiatric hospitals and institutions for the mentally defective and who wish to specialize in this type of work, could spend a few months in a general hospital. The experience would be mutually beneficial. Once this program was operative, the resultant publicity and gradual acceptance of the man's role in the nursing world would lead to an ever increasing number of men wishing to enter general training and a consequent easing of the perennial problem of the shortage of nurses.

Answers to questions found on page 336.

- 1. Mount Logan in the Yukon: 19,850 feet.
- 2. 46% estimated by the Forestry Branch of the Dept. of Northern Affairs and Natural Resources.
 - 3. 8%.
 - 4. 30 in 1956.
- 5. 102 following the admission of Newfoundland to Confederation in 1949.
- 6. Minister of Citizenship and Immigra-
- 7. Alberta 65, British Columbia 114, Manitoba 51, New Brunswick 11, New-

foundland 21, Nova Scotia 15, Ontario 775, Prince Edward Is. 0, Quebec 173, Saskatchewan 19, not specified 4. No male nurses came to Canada that year.

- 8. War veterans, members of the Armed Forces, newly arrived immigrants, Indians, Eskimos, lepers.
- 9. For each child under 10 years \$6.00. For children over 10 but under 16 years \$8.00.
 - 10. Ontario and Quebec.
 - 11. July 1, 1941.
 - 12. The Bank of Canada.



WITHOUT A WRINKLE

Uniforms of 'Terylene' stay fresh, crisp, neat all day... and they're automatic wash and wear!

How wonderful to work in 'Terylene.' You look smart the livelong day. And how easy to care for 'Terylene.' Wash by hand or machine . . . drip or tumble-dry . . . iron just a little. 'Terylene' shuns wrinkles, stays crisp all by itself, never loses its whiteness. Uniform shown by LaCross, of 100% 'Terylene,' with removable pearlized stud buttons. Sizes 10 to 20, about \$15. In leading stores across Canada. Look

TERYLE



Style No. 2072

this name label

for

A New Treatment for Brittle Nails

CLAIRE HALLIDAY

PERSONS WHOSE FINGERNAILS are splitting or peeling, break easily or have hard ridges, may cure this condition by taking powdered gelatin, an envelope of it every day. Gelatin is a harmless household protein; it is tasteless and is not unpleasant if taken in fruit juice. It may have to be taken for four or five months, but often the nails respond before this.

Four different groups of physicians have experimented with this form of treatment and all have found it successful. However, the first few reports were made on groups of patients who were being treated for conditions other than fragile nails and it was thought that their illness might have caused the nail splitting. When their general health improved, the condition of their

nails also improved.

Because of this lack of clear-cut evidence, two doctors at New York Medical College decided to try the gelatin test with a group of nurses and nurses' aides who worked in the Metropolitan Hospital. Twenty were chosen who were approximately the same age and state of health, with no obvious dietary deficiency, who ate at least one meal at the hospital, who used their hands frequently in detergents and antiseptics, and who all had some nail defect — brittleness, splitting, softness, or ridging. No change was made in their working habits or diet. They were to take the contents of an envelope containing 7.5 grams of gelatin daily, dissolved in any liquid they preferred. They continued to use

nail polish if they were accustomed to it. Color photographs were taken before the treatment began, six or eight weeks after, and at the end of the test.

Of 18 young women who took the gelatin for 11 to 16 weeks, 11 showed good to excellent results. Four more had moderately good results. Others might have had good results if they

had persevered.

None of the doctors knows definitely why taking gelatin frequently overcomes nail defects. It is true that gelatin contains a very high proportion of the amino acids of which protein is made. Moreover, these particular amino acids are of the type, scientists say, that induce "specific dynamic action." After each dose of gelatin, the flow of blood to the extremities is increased for a period of seven hours. This raises the temperature in the toes and fingers some 20 per cent above their usual level. Doctors have found that cold hands and feet were much improved when this substance was taken every day.

Some doctors believe that the nail defects may be due to a local type of malnutrition which results in chronic anemia in the nail beds. If, through the action of the amino acids in the gelatin, the finger tips and nail beds are fed an increased amount of warm blood for seven hours each day, the nails cannot help but benefit from the added nourishment they receive. This seems a reasonable theory, and in the majority of cases the persistent use of this simple ingredient of puddings and jellies does improve the nail's strength and texture.

The Canadian Association of Optometrists has organized Canadian Optometric Services Incorporated to provide comprehensive vision care, at reasonable cost, to organized groups or associations from coast to coast. The cost of the plans will vary depending on the extent and type of coverage but a basic plan providing complete services and ophthalmic materials will be between 65-80 cents per

person or \$1.95 to \$2.10 per month for a family.

— Canadian Optometric Services, Inc.

A group optometric service plan will likely be operating in Saskatchewan within six months. Details of the plan were given to the province's optometrists at the golden jubilee convention held in Regina.





ACE Medical Glove

TWO-FINGER EXAMINATION, INTERCHANGEABLE

MORE SENSITIVE—Developed by a physician, this thin, tough polyethylene glove is flexible and form-fitting to insure better "touch"...greater comfort.

Comfortable for patients, too, because the seams are smoothly welded. MORE ECONOMICAL—No reprocessing cost...requires little storage space...fits either hand.

POWDERED WITH BIO-SORB® DUSTING POWDER—Easy to slip on or strip off. DISPOSABLE—One-time use minimizes

risk of cross-infection...eliminates handling soiled gloves.

FORMERLY-



NOW-

a B-D Product



BECTON, DICKINSON AND COMPANY . RUTHERFORD, NEW JERSEY

IN CANADA: BECTON, DICKINSON & CO., CANADA, LTD., TORONTO 10, ONTARIO

A New Orthopedic Brace

WILLIAM R. GRAYDON

A STURDY, HIGHLY-ADJUSTABLE BRACE, devised by a young Air Force electrical engineer, is creating interest in orthopedic circles due to its economy and simplicity.

"Ortho-Aide," was developed by Lieutenant Robert Rogers, United States Air Force, a project administrator in ballistics missile work, to correct his small daughter's congenital foot abduction. It is designed to correct infant knock-knee, bowlegs, clubfoot, and allied cases of foot and leg malposition.

The "Ortho-Aide" has three major components — an aluminum crosspiece and two slotted plastic frames secured to each other by means of stainless steel machine screws. In addition to holes for permanent heel-to-heel adjustment, each frame has five positions to which the shoe may be fastened solidly, providing a potential angle adjustment of plus or minus 75°.

It affords several specific advantages. Besides the unique adjusting feature, the "Ortho-Aide" comes equipped with light-weight children's shoes up to size 8 — a vital factor in providing greater comfort. By eliminating the need for clamps, straps, and heavy shoes, this device also obviates costly, special fittings of orthopedic appliances.



Once the heel-to-heel position has been prescribed, positioning the shoes to the desired inward or outward angle becomes simple. Since only five possible positions are allowed for fastening each shoe, the correct angle may be remembered easily by parents whenever temporary shoe removal is desirable. The aluminum crosspiece may be bent to any required shape by the attending physician.

The brace has another practical advantage. Although designed primarily as a light-weight night splint for use in crib or playpen, it is sturdy enough to support the weight of a child as she stands or makes her way across a room.



The device is not a cure-all for every type of infant foot and leg deformity, but it appears to incorporate several advantages over earlier equipment. The "Ortho-Aide" already is in limited production. Additional information may be secured by writing to Lt. Robert Rogers, USAF, 742 East Hyde Park Blvd., Inglewood 3, California.

Canada's natural increase in population during 1958 — excess of births over deaths — amounted to about one-third of a million. Fewer people migrated to the country — about 50,000 as compared to 200,000 in 1957. The increase in population since the 1951

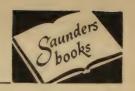
census has averaged 2.8 per cent annually.

— Metropolitan Information Service.

If you keep a thing seven years, you are sure to find a use for it.

- SIR WALTER SCOTT

4 Sparkling New Editions to guide the nurse



over 35,000 terms defined

keen
insight
into
gynecologic
nursing

chemistry geared to the nurse

basic principles in nursing care

Dorland's Pocket Medical Dictionary

New (20th) Edition — This is the most complete, up-to-date and authoritative pocket medical dictionary available today. Six years of research have gone into the terms that are spelled, pronounced and defined here. Hundreds of new terms and redefined words are incorporated . . . tables of arteries, muscles, nerves and bones have been revised.

Abridged from Dorland's Illustrated Medical Dictionary, 698 pages. Thumbindexed. \$4.50.

Miller and Avery's Gynecology and Gynecologic Nursing

New (4th) Edition — The problems as well as the many nursing aspects of gynecology are clearly explained here. The authors describe each gynecologic condition that may arise, its causes, its treatment and effect upon the patient. You'll find 4 new chapters on: Interpersonal Relationships; Gynecology of Infancy and Childhood; Gynecological Geriatrics; and Terminal Care for the Advanced Cancer Patient. New discussions cover: feminine hygiene, care of patient with carcinoma of the vulva, and nursing care of patients receiving X-ray and radium therapy.

By NORMAN F. MILLER, M.D., Professor of Obstetrics and Gynecology, University of Michigan Medical School; and HAZEL AVERY, A.B., R.N., Associate Professor of Nursing and Supervisor, Obstetrics and Gynecologic Nursing, University of Michigan Hospital. 501 pages with 249 illustrations. \$5.50. New (4th) Edition!

Routh's Fundamentals of Inorganic, Organic and Biological Chemistry

New (4th) Edition — You'll find clearly written coverage of the entire field of chemistry in this text. Emphasis is on biochemistry and its wide application to daily nursing procedures. The author stresses rapid developments in radiochemistry, organic, pharmaceutical and biological chemistry. There are discussions on radio therapy and use of nuclear energy in biological research, medicine and industry. New material covers: alkyl radicals — amides — detergents — amphoteric properties of amino acids — absorption of fats — sulfhemoglobin — etc.

By Joseph I. Routh, Ph.D., Professor of Biochemistry, State University of Iowa. 384 pages with 106 illustrations. \$4.00. New (4th) Edition!

Price's The Art, Science & Spirit of Nursing

New (2nd) Edition — This enjoyable text presents a solid foundation for total care of the sick. It represents the best collective thinking of nursing educators throughout the U.S. and Canada. Material has been carefully checked and rewritten for conciseness and clarity. There are new chapters on: Care and Use of Hospital Equipment — Asepsis — Progressive Patient Care; also many new and revised illustrations.

By ALICE N. PRICE, R.N., M.A., formerly Counselor, School of Nursing, Presbyterian Hospital, Chicago; Nursing Consultant, Hill-Rom Co., Batesville, Indiana. About 856 pages with 260 illustrations.

New (2nd) Edition — Just Ready!

Gladly sent to teachers for consideration as texts!

W. B. SAUNDERS COMPANY

West Washington Square

Philadelphia 5, Pa.

Canadian Representative: McAinsh & Co. Ltd., 1251 Yonge St., Toronto 7.

Provincial Roundup

THE EXECUTIVE COMMITTEE of the Canadian Nurses' Association met February 12-14, 1959 at the beautiful Seigniory Club, Montebello, P.Q. The report of the general secretary M. P. Stiver reviewed the activities of National Office for the months that have elapsed since the General Meeting, June 1958 and indicated some of the major projects for the future.

It is of special interest to note that, as of December 31, 1958 the total membership of the CNA had reached 52,777. This represented a 7 per cent

increase over 1957.

National Office has already initiated planning for the 1960 General Meeting in Halifax. Reservations have been made at the Hotel Nova Scotian; post-convention tours are to be planned, and suggestions for the program taken from the 1958 evaluation records are being considered.

At the provincial level, there is a variety of activity as the following

summary will indicate.

ALBERTA

1. Has decided to initiate con-joint examinations for its nursing students. According to the plan, which will become effective in August, 1959, the nurse can neither graduate from her school of nursing nor obtain provincial registration until she has passed the examinations successfully.

It is hoped by this means that the student who must write a supplemental will do so while benefitting from organized study since she must remain in her school of nursing, on salary, until the examination has been passed. Failure in a supplemental beyond three times will mean that the student will revert to the nursing assistant category.

- 2. Took possession of their new office building. (See *The Canadian Nurse*, February, 1959.)
- 3. Revised the provincial bylaws to permit an invitation to each chapter president (or another elected officer) to attend at least one executive meeting annually without voting power.
- 4. Apointed a full-time nurse recruitment officer to visit schools, attend

- P.T.A. meetings, confer with student counsellors etc.
- 5. Went on record as supporting any satisfactory program that would offer assistance and encourage individuals to study rehabilitation care either within the province or elsewhere.

BRITISH COLUMBIA

- 1. Held a conference on nursing that implemented, in part, a recommendation arising from the Canadian Conference on Nursing concerning the need to "improve liaison on local, provincial and national levels."
- 2. Prepared a course outline for instruction of nurses in intravenous therapy. This has already been incorporated into the programs of some schools.
- 3. Is preparing a brief for submission to the B.C. Royal Commission on Education pertinent to the level of student achievement in certain subjects of the high school program, degree of student responsibility shown by high school graduates and the adequacy of high school counselling and guidance services.
- 4. Has planned a study of the courses in nutrition and diet therapy presently given in schools of nursing.

MANITOBA

- 1. Appointed a representative to The Manitoba Hospitals' Council.
- 2. Is preparing information kits for student counsellors and speakers on nursing.
- 3. Carried out a provincial program of evaluation of schools of nursing based on the Policies and Standards for Schools of Nursing in Manitoba.
- 4. Has assisted in sponsoring or been directly responsible for programs designed to assist both active and inactive nurses. One project is an annual institute for the directors of nursing in the rural hospitals planned in cooperation with the Schools of Nursing Education, University of Manitoba and the Advisory Council for Licensed Practical Nurses.

NEW BRUNSWICK

1. Had an enabling clause governing

new Котєх*

...softest ever...prevents suture irritation

NOW A COMPLETE PRE-PACKED LINE FOR MATERNITY CARE!



HERE'S WHY HOSPITALS ACROSS CANADA BUY AND USE

Kotex* Maternity Pads

- leak-proof sides
- WONDERSOFT"* covering
- CELLUCOTTON * absorbency...
- less nursing time greater economy
- fewer pads per confinement
 - *T. M. of Kimberly-Clark Corp.

All add up to greater patient satisfaction, and greater hospital economy!

Order KOTEX Maternity Pads...the complete and modern post-partum protection.

PRODUCTS OF KIMBERLY-CLARK CORP;
Distributed by

6066A

BAUER & BLACK

DIVISION OF THE KENDALL COMPANY (CANADA) LIMITED

the qualifications, training and registration of nursing assistants inserted into the Nurses' Act and passed. Registration of nursing assistants is expected to be in force very shortly.

- 2. Organized a Student Nurses' Association.
- 3. Nominated a representative to the Hospital Services' Council.

Newfoundland

- 1. Is studying the possibility of organizing a Student Nurses' Association.
- 2. Is reviewing its Recommended Personnel Policies.
- 3. Has planned a refresher course to be held this spring and conducted an institute early in the year.

NOVA SCOTIA

- 1. Increased the fee for writing State Board Test Pool examinations from \$10 to \$15.
- 2. Completed "Regulations and Recommendations for Approved Schools of Nursing in Nova Scotia" and a proposed outline for tuberculosis nursing experience with a view to reducing the clinical experience as required by Statute from two months to one month's duration.
- 3. Requested increased residence facilities at the Nova Scotia Hospital, Dartmouth to permit psychiatric experience for all student nurses.
- 4. Requested the appointment of a nurse representative to the Hospital Services Commission.
- 5. Arranged for a joint meeting of the Committee on Nursing Education and directors of nursing and instructors for discussion of mutual problems. Such meetings are to be held at regular intervals.

ONTARIO

- 1. Secured amendments to the Regulations under the Nurses' Registration Act which, among other things, made science a requirement for applicants to schools of nursing from outside the province as well as for Ontario students. The Board of Directors was empowered to require evidence of competence before renewal of registration after a ten-year lapse.
- 2. Carried out a comprehensive study of registration examinations to determine

the type most suitable for the province.

- 3. Arranged for a study of professional nursing registries for the purpose of assessing services rendered, structure and operation.
- 4. Appointed an Advisory Committee on Conferences to study RNAO responsibility in conference planning, developing liaison with other groups, etc.
- 5. Formed a joint committee of RN AO representatives and certified nursing assistant representatives to pave the way toward formation of the Association of Certified Nursing Assistants of Ontario.

PRINCE EDWARD ISLAND

- 1. Has begun to take steps in the formation of a Student Nurses' Association.
- 2. Initiated a psychiatric affiliation program for the nursing students.
- 3. Began formulation of criteria for approved schools of nursing in the province.
- 4. Began the study and revision of registration policies.
- 5. Has taken the Nursing Assistants' Act under consideration with a view to implementation.

QUEBEC

- 1. Adopted the State Board Test Pool examinations for English graduates for a trial period beginning in April, 1959.
- 2. Has started to study the question of changing legislation to include male nurses and nursing assistants.

SASKATCHEWAN

- 1. Purchased a site and arranged for the erection of their own office building.
- 2. Published "A Guide for Planning In-Service Education."
- 3. Began outlining the functions of the operating room supervisor.
- 4. Undertook a project to increase interest in and attendance at annual provincial meetings.
- 5. Held the first annual convention of the Saskatchewan Nursing Assistants' Association.

The only people who never fail are those who never try. — English Digest



"Certainly! He'll want to know about the two New Farmer's Wife Prepared Formulas with Vitamin C added?

Farmer's Wife Infant Formula Milks have been consistently first in every major infant feeding development. Now Farmer's Wife is first again, with a stable form of Vitamin C (5.0 mg. per fl. oz.) in its two new 'Instant' Prepared Formulas:

- 1. Farmer's Wife Red Band Prepared Formula, made from whole milk, with added carbohydrate, and Vitamins C and D. (6.5% Butterfat).
- 2. Farmer's Wife Blue Band Prepared Formula, made from partly

skimmed milk, with added carbohydrate, and Vitamins C and D. (4% Butterfat).

These two new Prepared Formulas eliminate the chance of contamination or error in formula preparation. They save mothers time, trouble and expense.

Farmer's Wife is also available in the original three strengths— Whole Milk, Partly Skimmed and Skimmed Milk.

Farmer's Wife

Prescribed by doctors— Approved by mothers

The Nurse's Life

(As Mirrored in Shakespeare)

JESSICA MUNRO

On Arrival:	"Oh, call back yesterday."	(Richard II)
First Morning:	"Have I not reason to look pale?"	(Richard II)
Donning Uniform:	"Dressed in a little brief authority."	(Measure for
		Measure)
Early Mornings:	"Oh, thou hast damnable iteration."	(Henry IV)
Training School:	"What is the end of study? Let me know."	(Love's Labour Lost)
Ward Duties:	"Nay, make haste; the better foot before."	(King John)
Head Nurse:	"The lady doth protest too much, methinks."	(Hamlet)
The Patient:	" cannot tell what the dickens his name is."	(Merry Wives of Windsor)
Assistant Head Nurse:	"Oh, she misused me past the endurance of	(Much Ado About
	a block."	Nothing)
The Difficult Patient:	"And then I stole all courtesy from heaven	(Henry IV)
-	and dressed myself in such humility."	
Lectures:	"Have you the lion's part written? Pray	Midsummer Night's
	you, if it be, give it me, for I am slow of	Dream)
	study."	
Consultants' Rounds:	" whose words all ears took captive."	(All's Well that Ends Well)
Calculating Dosages:	"Some God direct my judgment, let me see,	(Merchant of Venice)
	I will survey the inscription."	
Directors:	"High stomached are they, and full of ire."	(Richard II)
Breakages:	"Thou art pinch'd for it now."	(The Tempest)
Change of Floors:	"Why, courage, then! What cannot be avoided	(Henry VI)
	"'Twere childish weakness to lament or fear."	
Emergency:	"Here's the smell of blood still."	(Macbeth)
Examinations:	"Neither rhyme nor reason."	(As You Like It)
Operating Room:	"Oh, pardon me, thou bleeding piece of	(Julius Ceasar)
	earth, that I am meek and gentle with these	
	butchers."	
Nurses' Nightmares:	"Oh, I have passed a miserable night, so	(Richard III)
	full of ugly sights, of ghastly dreams."	
Teaching Instructors:	"Have more than thou showest, speak less	(King Lear)
10.	than thou knowest."	
Pay Day:	"I did dream of money bags tonight."	(Merchant of Venice)
Day Off:	"O Romeo, Romeo! Wherefore art thou,	(Romeo and Juliet)
	Romeo?"	
Director's Office:	"Still have I borne it with a patient shrug	(Merchant of Venice)
	for sufferance is the badge of all our trive."	
Final Examinations:	" the end crowns all."	(Troilus and
		Cressida)

Miss Jessica Munro is evening supervisor at New Mount Sinai Hospital, Toronto.

"How shall I know if I do choose the right?" (Merchant of Venice)

We do not want you to be the echoers of a thousand platitudes but originators of new and larger ideas. The primary office of knowledge is to make men alive, to send them out alive at more points, alive on higher levels, alive in more effective ways. An education is not just a matter of having more information than your neighbour possesses; it is not to increase the ability to sell your efforts at a higher figure than unlearned men do. The main purpose of education is to make you a thinker, to make you a creator, with an enlarged capacity for life.

— Sir Arthur Currie

Future Posts:

when you prescribe CARBRITAL

pentobarbital sodium and carbromal - in Kapseals® and Elixir form

you prescribe sleep



PARKE, DAVIS & CO., LTD · MONTREAL, P.Q.

*TRADEMARK CP-94859



ENGLISH OR FRENCH?

Everyone is aware by now of the fact that two separate issues of our Journal will be published each month commencing with the June, 1959 number. This important milestone in the history of the nursing profession in Canada will be marked by several changes. A smart new cover design for both issues has been approved. We are departing from the dark blue color on the cover that has identified our Journal for the past 20 years.

Arrangements have been made respecting publication dates. The Canadian Nurse, as the senior issue, takes precedence. It will come from the press at the beginning of the month. L'Infirmière Canadienne will follow in approximately ten days.

Currently, the separate mailing list for those who desire to receive the French issue is being built up. The A.N.P.Q. is helping us very materially by indicating with an asterisk those of its members who are English and who will, therefore, be put on the mailing list for *The Canadian Nurse*. All other subscribers in the province of Quebec will automatically be placed on the list of those who will receive the French issue. Any

among the latter group who wish to receive the English issue instead are requested to notify the Journal office in writing before April 15, 1959. Please give us your registration number as well as your full name and address to avoid the possibility of errors.

Similarly, L'Infirmière Canadienne will be available to any subscriber who wishes to receive the Journal in French. All that will be necessary is to notify us in writing, again giving the essential information for identification purposes: Your name, address, province of registration and registration number.

Of course, changes can be made later at any time. But every nurse who wishes to make a change in the above-mentioned listing must notify us by **April 15**, **1959** if she wishes to receive the June issue.

Such changes will only be made when they are requested in writing. The address to which all of these letters should be sent is:

The Canadian Nurse Journal, 1522 Sherbrooke Street West, Montreal 25, Quebec.

Book Reviews

The Nursing of Mental Defectives by Charles H. Hallas, S.R.N., R.M.N., R.N. M.D., S.T.D. (Lond.) 182 pages. The Macmillan Company of Canada Limited, 70 Bond Street, Toronto 2: 1958. Price \$3.60.

Reviewed by Miss V. M. Sanders, Supt. of Nursing, The Woodlands School, Vancouver.

In reviewing the text, I am in complete agreement with the statement made by the author that there has been an absence of a suitable textbook on the nursing of mental defectives.

The book contains up-to-date, practical methods and ideas of care. The author has written simply and clearly.

The text in certain areas pertains particularly to schools for the retarded in England. The slight difference of view points is in relation to aspects of mental deficiency, education and rehabilitation.

Chapter 3 outlines briefly and in simplified form the clinical varieties of mental deficiency. This is of great value to graduate nurses, postgraduate students and student nurses. Attention is focused on the patient-staff relationship involved on admission. All aspects regarding the education of the mental defective are explained in detail. Keynotes to success are patience, tolerance, reasonableness, fairness and consistency on the part of the nurse.

It is the aim now in most mental defective schools to grade the patients according to their mental and physical ability. Chapter 10 covers this subject comprehensively.

The psychology of the growing child and his emotional needs are studied. It is important that the nurse for the mentally defective child should have an understanding of a normal child's psychological needs, she must realize that the same needs are experienced by her patient and play the same important part in his psychological development. The book shows how these needs can be handled constructively and sympathetically by the staff caring for these children. The

(Continued on page 360)

In the Good Old Days

(The Canadian Nurse - APRIL, 1919)

The London Daily Mail has offered a prize of £10,000 for the first trans-Atlantic air flight.

French military authorities have in custody a man named Krein who is said to have had a part in the tragedy of Edith Cavell's death. He was in jail at St. Quentin at the beginning of the war and was released by the Germans. He went to Brussels where he entered Miss Cavell's hospital service and helped to work up the case against her.

A writer in the *British Medical Journal* strongly condemns the use of heels on boots as causing flat feet, soldier's heart, myalgia, hammer toes, sprained ankles, asthma and varicose veins.

The application of narrow strips of adhesive plaster directly to wounds was advocated. Under this pressure, constriction and protection, without any antiseptic, the wound heals quickly. Extensive bed sores have done well under this treatment.

Speaking to the Ontario Graduate Nurses' Association, Dr. Norman H. Beal said: "It may be stated without fear of contradiction that the ideal of Service has been vindicated as the highest standard by which human endeavor may be tested. Your service must be somewhat controlled by the motive which prompted you to enter nursing. If you entered it solely as a means of making a living, you are only driving a trade, not practising a profession."

The alumnae association of Moose Jaw Union Hospital is holding a reunion May 15-18 to celebrate its 50th anniversary. An invitation is extended to all graduates of the school to participate in the festivities.

* * *

Forty-one per cent of the population of Canada may be regarded as having normal vision. Of the 59 per cent with a visual anomaly, 30 per cent are receiving adequate care, 14 per cent have uncorrected problems, 10 per cent are laboring under obsolete or improper corrections and 5 per cent have irremediable conditions.

- Canadian Optometric Services, Inc.



increasing concern for today's nurse to have a better understanding of her patient as an individual is reflected throughout this edition.

The Psychology of Early Childhood by Catherine Landreth. 412 pages. McClelland and Stewart Limited, 25 Hollinger Road, Toronto 16. 1958. Price \$6.50.

Reviewed by Sister Mary Dolora, Pediatric Supervisor, St. Joseph's Hospital, Victoria, B.C.

This book was written primarily for students interested in child psychology as a basic science and as a guide to action. Dr. Landreth has succeeded beautifully in fulfilling her objective. The text should prove invaluable and should receive a warm welcome by all those whose work necessitates a knowledge of and insight into the complex and often mystifying "whys" and "wherefores" of a child's behavior.

The field of child psychology is relatively young. It will appreciate this well-organized and comprehensive book as an orderly review of the important research on the behavior of young children. Each chapter is preceded by pertinent questions relevant to the material which stimulate interest and guide the reader in his thinking. The volume begins with a short description of the origins of child psychology and then goes into an enlightening study of what is known about the development of behavior in children up to the age of six years. All aspects of behavior are covered and practical and timely suggestions for influencing it are offered.

The subject is handled with much wisdom and common sense by the author. The material is delightfully and systematically presented. The chapters are complete, concise, weighty and to the point. The chapter on "Prenatal Origins of Behavior" is especially informative and nicely illustrated. Illustrations bring important points into relief. There is a wealth of material in this book that Dr. Landreth has gathered both from experience and research. Everyone who deals with children professionally should include it on their reading list and should try to add it to their library for easy, ready reference.

Nutrition Manual for Nurses by Alberta Dent Shackleton. 212 pages. Edwards Brothers, Inc., Ann Arbor, Michigan. Revised edition. 1957. Price \$3.75. Reviewed by Miss Doreen Johnson, Dietitian in Charge, General Hospital, Brantford. This manual presents a very interesting, complete and up-to-date outline of the nutrition courses given to the student nurses of today. Both lecturer and student will find it of great value. It succeeds admirably in its attempt to present nutrition training along the lines of a "patient-centered" type of learning. Greater emphasis is placed on the patient's background as a member of a community and in learning about and taking into consideration his economic, sociologic and psychologic problems.

The basic or normal nutrition course is clearly outlined. Meanings of terms are most lucid. The ramifications of fat compounds, the sterols and phospholipins could be confusing to the students. Suggestions for practice periods in food preparation are most comprehensive. Many hospitals will find more detail than is necessary for practical purposes.

"Normal Nutrition in Special Conditions," for example, pregnancy, might be presented most beneficially when students had had experience with these patients rather than discussing it in the early days of their basic course. The patient experiences suggested are excellent.

There are numerous student projects outlined throughout the courses. It might be impossible to have all of them carried out, but they are a useful guide. Some of them could be adapted to practical use.

The Nutrition and Diet Therapy course is also very clearly and concisely presented. It avoids repetition by leaving such topics as the nature of a disease, symptoms and complications, to discussion groups rather than to actual lecture material. By treating public health and community nutrition in a separate unit, greater emphasis is placed on a branch of nutrition that is becoming increasingly important, and which, if developed to the fullest degree, promises an era of greater health, prosperity, longevity, and even world peace.

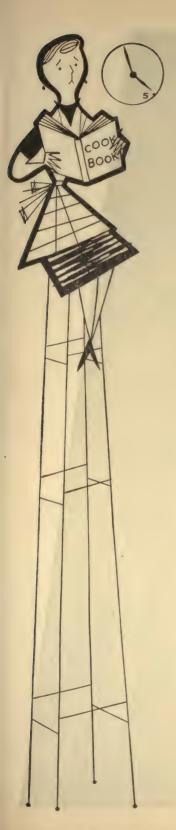
Arthritis, one of the rheumatic group of diseases has afflicted not only prehistoric man but also the animals that preceded him, it has been discovered by medical scientists who have examined the skeletal remains discovered by archeologists.

- Dept. of National Health and Welfare

* * *

Let us treat men and women as if they were real: perhaps they are.

- EMERSON



THIS little housewife had a problem - sweet-tooth Hubby on a sweet-free diet. (And beginning to get nervous about it.) She tried everything. Fancy salads. Bigger helpings, But Hubby's frown darkened by the day. Then one day she read in a magazine about a discovery, a new non-caloric sweetener. One that she could actually cook and bake with - in any food, at any temperature. One which gave the perfect taste of sugar - with no bitter aftertaste in ordinary use. That night there were cookies, pudding, coffee - sweet coffee - and a big, big smile across the table . . . abbott

... and so she started using

Sucaryl®

(Cyclamate, Abbott)

For samples and recipe booklets, write Abbott Laboratories Montreal.

Macmillan Award Winners

Once again, faculty members from hospitals in six provinces have cooperated in assessing the quality of nursing care described in the various nursing student studies that were entered in the 1958 Macmillan Award competition. While the cash prizes were won by Ontario students, all but one of the five "honorable mention" awards went to Western Canada — three of them to the city of Edmonton.

The names of this year's prize-winners follow this brief appeal to students in Eastern Canada, particularly in the Maritime Provinces, to polish up your entries for submission this year. All entries should be sent to The Canadian Nurse Journal, 1522 Sherbrooke Street West, Montreal 25, Que.

The studies by the following students will

be published in our July 1959 issues:

- 1. Prizes of \$25.00 each to:
- (a) Sister Rita McDermid, R.H.S.J., St. Joseph's School of Nursing, Hotel Dieu Hospital, Kingston, Ontario.
- (b) Miss Bernice Myers, Sarnia General Hospital, Sarnia, Ontario.
 - 2. Honorable Mention (Book Prize)
- (a) Miss Annie Kuczmok, University of Alberta Hospital, Edmonton, Alberta.
- (b) Miss Maureen Parrent, Misericordia Hospital, Edmonton, Alberta.
- (c) Miss Doris Haave, Royal Columbian Hospital, New Westminster, British Columbia
- (d) Miss Dorothy C. Johnston, Hamilton General Hospital, Hamilton, Ontario.
- (e) Miss Gloria Sobie, University of Alberta Hospital, Edmonton, Alberta.

News Notes

ALBERTA

Lethbridge chapter elected its new executive at a regular meeting early this year. The officers are: Sr. Hugh Teresina, pres.; Mmes. M. Cummings, M. Bradley, vice-pres.; Mrs. Eberly, sec.; Vera Koppenstein, treas. Drumheller members have a new slate of officers also. Those elected were: Mrs. Swain, pres.; Mrs. Gunn, vice-pres.; Irene Gallagher, sec.-treas. The Annual reports from a number of chapters show that provision of furnishings for the new provincial building was a major project for the past year. Contributions have included \$25 from the Athabasca chapter, \$500 from Edmonton, \$25 from Drumheller and from Grande Prairie, \$100 from Medicine Hat and a pledge for \$700 from the Calgary chapter to provide furnishings for the lounge.

An increasing number of chapters are selecting the award of a bursary to a student entering a school of nursing as one of their major projects. Coleman presents a \$50 bursary to the grade 12 graduate in the Crow's Nest Pass who receives the highest marks and selects nursing as her profession. In addition the members have established a \$50 fund to be used to pay for private nurses

when they are needed and the family is unable to assume the extra expense. Hinton chapter elected a new slate of officers: Mrs. S. Roberts, pres.; Mrs. M. Williams, vice-pres.; Mrs. T. Piwek, sec.-treas.

The members of Jasper's Edith Cavell chapter enrolled for classes in First Aid.

The members of Jasper's Edith Cavell chapter enrolled for classes in First Aid. They have encountered a serious problem in the attempt to find nurses for private or general duty nursing in the local hospital. Due to family commitments the members feel that they can only offer assistance in an absolute emergency. Medicine Hat organized a refresher course with two-hour lectures given twice weekly for over three weeks. Pincher Creek chapter donated an incubator to the hospital, entertained 32 high school girls who were interested in nursing and continued work on the scrap-book devoted to interesting items about medicine and nursing. Ponoka nurses completed arrangements for the bursary to be offered to a prospective nursing student this fall.

Provost elected the following slate of officers: Mrs. Hillis, pres.; Mrs. Lindsay, vice-pres.; Miss Cromarty, sec.-treas.; Mmes. McCarthy, McElhinny and Miss Koite, social committee. In appreciation for the use of the auditorium, Red Deer mem-

3 VERY IMPORTANT PEOPLE

benefit from Spansule* sustained release therapy



the PATIENT

who feels better because his symptoms are under constant control and who is happier because he is not required to swallow pills 3 or 4 times a day.



the NURSE

who finds that the time consuming routine of drug administration has been greatly simplified because 'Spansule' therapy replaces 2, 3 and even 4 rounds of ordinary oral medication.



the DOCTOR

who knows that the patient is receiving prolonged, continuous medication, with less chance of symptomatic "break-through" between doses, and, where rest is important, with fewer annoying interruptions.

S.K.F. preparations which are available in 'Spansule' capsule form include:

COMBID†, DEXAMYL*,
DEXEDRINE*, ESKABARB*,
ESKASERP*, HYPTROL*,

and PRYDONNAL*.



Also available:

SUL-SPANSION* LIQUID



SUL-SPANTAB† TABLETS,

unique <u>sustained-release</u> forms of sulfaethidole, S.K.F.



970



Smith Kline & French • Montreal 9

*Reg. Can. T. M. Off. †Trade Mark

bers donated \$10 to the Patient's Comfort Fund of the Provincial Training School. They also elected the new executive: Mrs. Lacey, pres.; Mrs. Flegal, vice-pres.; Miss Nesbitt, treas.; Mrs. Aronitz, corr. sec.; Miss Petrie, rec. sec. Vermilion chapter offers a \$50 scholarship annually to a student entering nursing but had no applicants in 1958. A special prize of \$10 is given to the local School of Agriculture to be awarded to a girl graduating in the home nursing and physical education course.

DISTRICT 7

EDMONTON

General Hospital

The student nurses received a muchappreciated gift of a washing machine from the doctors last Christmas. The annual Christmas concert, under the direction of Miss O'Byrne was thoroughly enjoyed by the audience. More recently the students presented a musical evening with proceeds going to foreign missions. Capping ceremonies were held in mid-January for 61 students and the proceedings were televised over the local station.

BRITISH COLUMBIA

KAMLOOPS

The closing of the Tranquille Sanatorium had an immediate effect on the membership of the local chapter. Many nurses left the area for employment elsewhere in the province. To permit continuation of various chapter projects, a fee of \$2 annually is to be solicited from each member. The Future Nurses' Club has been placed under the guidance of Patricia Bolitho.

In her annual report the president of the chapter noted that general meetings had had an average attendance of 22 members during the past year. The nursing care study prize was awarded to Shirley Cooper, a student nurse at Royal Inland Hospital. There was considerable variety in the program topics for the meetings. Among the speakers were Dr. D. Osborne who outlined current trends in obstetrical care and Miss M. Salter who gave an illustrated address on nursing among the Eskimos.

VANCOUVER

St. Paul's Hospital

The members of the graduating class of 1959 were guests of honor at a buffet supper at which they were served by members of the alumnae executive. Each guest was presented with a received membership in her sented with a year's membership in her alumnae association. K. Duston and H. Silvanovicz are enrolled in the public health course at U.B.C. R. Wolff has returned from Saskatchewan and is doing private nursing in the city. J. Hanson has gone to Redwood City. California City, California.

NEW BRUNSWICK

MONCTON

A meeting of the local chapter of the NBARN was held early in February in the auditorium of the City Hospital residence.

The meeting was chaired by the president, Margaret Hollenbeck. Thirty-three members were present. Five senior students from the Hotel Dieu L'Assomption Hospital and 27 senior students from the Moncton City Hospital were guests of the chapter. Mrs. Katherine Wright gave a very inter-

esting report of the council meeting of the esting report of the council meeting of the NBARN held in the Conference Room of the provincial office in January. Mrs. Florence Carrel reported on the meeting of the Local Council of Women.

The guest speaker, a well-known citizen of the city, Mr. Jack Keefe, gave a warm and enlightening talk on "Canada and the Crown" He pointed out the many privileges.

Crown." He pointed out the many privileges that we enjoy as Canadians and stressed the importance of loyalty, allegiance, love of our country and the Crown and our responsibility to future generations.

NOVA SCOTIA

DARTMOUTH

Nova Scotia Hospital

Recently, alumnae members undertook the project of supplying special entertainment for the patients twice a month. The pleasure that has been given to the patients as a result has made the effort very satisfying. The executive of the association for this year has been elected and the following members hold offices: Mrs. M. Keddy, pres.; Mrs. K. Manley, vice-pres.; V. Fenwick, sec.; M. Fenwick, treas.; L. Jarvis, entertainment convener; O. Lindsay, Mrs. R. Bonang, ways and means; Mmes. M. Greenough, C. Brown, Sick and Visiting; Mrs. I. Jackson, Publicity; Mmes. E. Gallupe, M. Forsythe, refreshments; Mmes. P. Grimm, E. Allen, G. Webber, Board of Directors. Recently, alumnae members undertook the Directors.

The new 250-bed admission unit was officially opened late last year. The guest speaker was Dr. H. Solomon of Massachusetts who spoke of the characteristics that a hospital should possess in order to hold qualified staff and be a therapeutic success.

ONTARIO

DISTRICT 1

LONDON

Victoria Hospital

The new executive officers of the alumnae Stevenson, pres.; Mrs. J. Thompson, rec. sec.; Mrs. W. Burrell, treas.; Mrs. M. Wake.



to retain vaginal and cervical medications after treatment and between office visits.

to protect against seepage after cervical biopsy or cauterization.

to absorb discharges or abnormal secretions.

Three Absorbencies - REGULAR, SUPER, JUNIOR for varying requirements.

Made of pure surgical absorbent cotton - readily available and economical.

TAMPAX COMFORTABLE · CONVENIENT · SAFE

CANADIAN TAMPAX CORPORATION LIMITED, BRAMPTON, ONT.

GOOD-LITE

PORTABLE LOW COST VISUAL TESTING EQUIPMENT FOR SCHOOLS

1. VISUAL ACUITY

The Good-Lite Model A Translucent Eye Chart combines built-in fluorescent lighting and a washable plastic eye card for CONTROLLED light. Available in Snellen or Childrens "E" card models, \$35.00



2. HYPEROPIA

The Optional Hyperopia Test locates farsightedness quickly and accurately with the addition of +2.00 lenses and a Good-Lite Eye Chart. For use with the Model A (above) or model B Charts (right). The addition of the glasses expands your Good-Lite system to a 2 point test. Hyperopia glasses \$8.00



3. MUSCLE SUPPRESSION AND IMBALANCE

Now, with the addition of the Good-Lite Muscle Test you can extend your present system to a 3 point test. Test picks out children with poor eye muscle coordination. Unmistakably "passes" or "fails."

MUSCLE IMBALANCE TEST \$75.00



THE GOOD-LITE MFG. CO.

corr. sec. The program committee has already arranged for the guest speakers at the various meetings throughout the year. In the near future Dr. Kinch is to discuss developments in the field of obstetrics and Mr. H. J. Andrews, chiropodist, has been asked to speak on the care of the feet. Verna Sloan who was the assistant district director of the local branch of the V.O.N. retired late last year after 29 years of service. Winnifred James was appointed nurse in charge of the Sarnia branch of the V.O.N. Mildred Thomas retired last year after 20 years as a case-worker with the local Family Service Bureau

WINDSOR

Hotel Dieu Hospital

The class of '48 held a reunion at the home of Gloria (Dowling) Banks in mid-January. Veronica (Damphousse) Szndlar is working in a doctor's office in North Detroit. The program at the February meeting was designed to bring the members up-to-date on nursing care techniques. Various aspects of the nursing care of patients with chest surgery were demonstrated by Mrs. D. Sharron, R. Geml, F. Horvath, R. Marentette and A. Bezaire.

DISTRICT 2

WOODSTOCK

Phyllis Bluett was elected as president of the district association at the recent annual meeting. Mrs. Mary Strong, consultant in personnel relations RNAO, was the guest speaker. She gave the members a great deal of interesting information concerning personnel policies. Mr. Wallace Nesbitt, a member of parliament and a delegate to the United Nations, was the guest speaker at the annual dinner.

General Hospital

The following alumnae members were elected to office recently: P. Bluett, hon. pres.; Mrs. C. Tatham, pres.; Mmes. R. Palmer, R. Ludington, vice-pres.; A. Shearer, Mrs. R. Smith, sec. & asst. sec.; M. Vandermark, Mrs. T. Writt, treas. & asst. treas.; Mmes. A. Almond, P. Meadows, corr. sec. & asst. corr. sec.; Mmes W. Allcock, I. Groves, press reporters; Mrs. R. Osborn, Miss S. Moyer, bulletin editors; M. Howse, M. Goad, flower & gift conveners; Mrs. L. Tyler, lunch & program convener.

DISTRICT 3

GUELPH

General Hospital

The alumnae association reported a successful year for 1958 and hoped for the same in 1959. Among the objectives accomplished were a bursary given to a student nurse be-

recent pediatric report:

all constipated babies* all teething babies*(but)

with gastrointestinal upset and malaise

were relieved by

Baby's Own Tablets

with complete easing of straining at stool, gas distress, disturbed sleep, restlessness, crankiness and anorexia.

REMARKABLY SAFE — "Throughout the study . . . in no instance was there any untoward reaction" whatsoever.

BABY'S OWN TABLETS provide Phenolphthalein 3/16 grain, mildly buffered with Precipitated Calcium Carbonate 3/2 grain, and Powdered Sugar q.s. Pleasant, convenient.

*2 months to 24 months of age.

For a sample supply and literature citing references 1-15 write...

Typical Case History

CASE #23. Baby M.P., age 7 months, weight 17¼ lb., had poor bowel movements with excessive straining. Stools were very hard, small, stony masses, and occasionally bloody. Baby was irritable, cranky, restless and cried incessantly. Inspissated fecal masses were palpated in the lower abdomen ('sausage').

BABY'S OWN TABLETS were given, one tablet each night at bedtime.

On examination, one week later, baby was feeling well and happy. Bowel movements were good, no straining or bleeding. Stools were soft and well formed. Abdomen was soft, no masses palpable.

G. T. FULFORD CO., LIMITED, Brockville, Ontario



ginning her professional education and the completion of a \$350 pledge for new class-room equipment. The new executive was elected at the annual meeting this spring. Its members are: M. Ruth Gaw, hon. pres.; Mrs. R. Plummer, pres.; Mmes. E. Matthews, J. H. Reed, vice-pres.; C. Ziegler, treas.; Mrs. G. M. Elliott, sec.; Mrs. C. Gausden, corr. sec.; Mrs. N. McWilliams, asst. corr. sec.; M. Allen, program convener; Mrs. K. Towsend, social convener; L. Ferguson, bursary; M. McFee, cards; Mrs. G. M. Elliott, rep. to The Canadian Nurse; Mrs. R. Maltby, rep. to Canadian Consumer Association; Mrs. G. M. Elliott, rep. to Canadian Mental Health Association. The annual alumnae dinner has again been planned for May.

OWEN SOUND

General and Marine Hospital

The alumnae association recently elected its new slate of officers. The members holding office are: W. M. Cooke, hon. pres.; A. Matches, pres.; Mrs. A. Stranko, vice-pres.; Mrs. H. Lemon, sec.; Mrs. R. Brown, treas. Committees: Finance, I. Johnson, Mmes A. Stranko, M. Keeling; Program, A. Cook, Mrs. D. Fleming; Social, E. Brown, Mmes M. Mundle, W. McKee, W. Hodgson; Buying, Mmes W. McKee, H. Ebel; Gift Shop, J. Bowers, E. Cook, Mrs. I. Davis; Rep. to RNAO, R. Showell; Rep. to Local Council of Women, Mrs. D. McKerroll; Membership, Mrs. D. Bell.

DISTRICT 4

HAMILTON

St. Joseph's Hospital

The alumni association decided upon definite dates for its annual dinner and

the graduation dinner at a recent meeting. The former is to be held on May 6, the latter on May 29, and the location for both will be the Royal Connaught Hotel. Sister Virginia, director of nurses, read a letter from the RNAO stating the rules and regulations governing nurses who seek to renew their registration after a lapse of ten years. The guest speaker on this occasion was "Olivia" of Hamilton, couturier, who discussed various factors in fashion.

DISTRICT 5

TORONTO

General Hospital

The annual meeting of the alumnae association was held early in the year. Members elected to the executive were: Mary Mc-Inroy, pres.; Jean Murray, Mrs. Constance Hobday, vice-pres.; Mrs. Norma Marosse. sec.-treas.; Helen Rendall, Margaret Kellough, Jessie F. Young, Barbara White. councillors; Marjorie E. K. Brown, convener, Trust Fund; Marion Markle, archivist

DISTRICT 6

BELLEVILLE

General Hospital

The student nurses presented a panel discussion entitled "The Introduction of the Social and Community Aspects in the Nursing Curriculum" at a recent meeting of the alumnae association. A field trip to the Canadian National Institute for the Blind, tuberculosis nursing and public health affiliations were among the experiences discussed by the student panel. The capping ceremony for the junior students was held at the Club Canara on February 18 and a formal dance in honor of the same group

took place the following week. The students held their annual Penny Sale on March 25. This is one of their main fundraising projects for the year. Mrs. Violet (Daniels) Tompkins has accepted the position of instructor in pediatrics replacing Doris Smith who has been appointed director of nursing. Miss Margaret L. Peart recently resigned from this position.

DISTRICT 8

OTTAWA

General Hospital

Under the convenership of Mrs. D. Kipp a very successful bazaar was held late last year by the alumnae association. A gift of a bottle warmer was presented to the pediatric department. The new executive has been chosen and includes the following members: Sr. St. Philippe, hon. pres.; Sr. Veronica, hon. vice-pres.; Mrs. J. Mellon, past pres.; P. Conway, pres.; Mrs. P. Lamoureux, Miss H. Pilon, vice-pres.; Mrs. B. Gorond, sec.; Mrs. A. Lapointe, treas.; Sr. Madeline of Jesus, Mrs. R. Hurtubise, Misses R. Therien, A. Rolston, M. Bouchard, M. J. Bonfield, councillors.

SASKATCHEWAN

SASKATOON

Members of the local SRNA chapter heard a stimulating talk by Dr. L. R. Chasmar on "Plastic Surgery and its Progress" at one of their recent meetings. Descriptive slides gave added interest. The group were particularly interested in present-day reconstructive surgery. Cosmetic defects no longer need to cause lasting concern to individuals as a result of the developments in this field.

SWIFT CURRENT

Dr. Robert Irwin addressed chapter members at one of their recent regular meetings held in the nurses' residence of the Union Hospital. His topic was "Advances in Modern Surgery" and included mention of hypothermia in cardiac surgery, new equipment in postoperative care, the various banks — blood, bone, artery etc. — and the use of artificial organs. At the business meetings following Dr. Irwin's talk, a slate of officers for the SRNA Council was chosen for submission to provincial office prior to balloting. Volunteers to attend a civil defence workshop at the Fort Qu'Appelle centre were requested. It was announced that the newly-formed Regional Council would hold a meeting in the hospital classroom with a meeting in the hos

A trousseau is what a girl wears for five years after she gets married.

In MATINÉE you'll find the finest...



A cigarette of elegance... with the finer filament filter

THE MACK TRAINING SCHOOL FOR NURSES

THE ST. CATHARINES
GENERAL HOSPITAL

ST. CATHARINES, ONTARIO.

Will celebrate the 85th. anniversary of its founding

June 12-14, 1959

Please let us know of your plans for home-coming.

A warm invitation is extended to friends from other schools to attend the garden party at the residence on Saturday, June 13, 3-5 P.M.

Official Directory

CANADIAN NURSES' ASSOCIATION

270 Laurier Ave., W., Ottawa

President Miss Alice Girard, Hôpital St. Luc, Lagauchetire St., Montreal, Que. Past President Miss Trenna G. Hunter, Metropolitan Health Com., City Hall, Van-couver, B.C.

First Vice-President Miss Helen Carpenter, 50 St. George St., Toronto 5. Ont.

Second Vice-President Miss E. A. Electa MacLennan, School of Nursing, Dalhousie University, Halifax, N.S.

Third Vice-President Miss Hazel Keeler, University Hospital, Saskatoon, Sask,

General Secretary Miss M. Pearl Stiver, 270 Laurier Ave. W., Ottawa.

OTHER MEMBERS OF EXECUTIVE COMMITTEE

Presidents of Provincial Associations-

Alberta Miss Margaret Street, General Hospital, Calgary. British Columbia Miss Edna Rossiter, Shaughnessy Hospital, Vancouver. Manitoba Mrs. Hilda Mazerall, 10 Wildwood Park, Winnipeg 9. New Brunswick Miss Lois Smith, Provincial Hospital, Lancaster. Newfoundland Miss Janet Story, 337 Southside Rd., St. John's. Nova Scotia Rev. Sister C. Gerard, Halifax Infirmary, Halifax.

Ontario Miss Margaret Morgan, Hamilton General Hospital, Hamilton. Prince Edward Island Mrs. Vera MacDonald, King's County Memorial Hospital, Montague.

Quebec Miss Margaret Wheeler, 4442 Oxford Ave., Montreal.

Saskatchewan Miss Lucy D. Willis, University of Saskatchewan, Medical Bldg., Saskatoon.

Religious Sisters (Regional Representation)—

Maritimes Rev. Sister M. Irene, Charlottetown Hospital, Charlottetown.

Quebec Rev. Sister M. Felicitas, St. Mary's Hospital, Montreal.

Ontario Rev. Sister Madeleine of Jesus, Ottawa General Hospital, Ottawa

Western Canada Rev. Sister M. Laurentia, Providence Hospital, Moose Jaw.

Chairmen of National Committees-

Nursing Service Rev. Sister M. Felicitas, St. Mary's Hospital, Montreal. Nursing Education Miss Hazel Keeler, University Hospital, Saskatoon. Public Relations Miss Ethel M. Gordon, Apt. 110, 150 Argyle Ave., Ottawa 4.

Legislation and By-Laws . Miss E. A. Electa MacLennan, School of Nursing, Dalhouste University, Hallfax.

Finance Miss Helen Carpenter. 50 St. George St., Toronto 5.

Journal Board Mrs. Isobel MacLeod, Montreal General Hospital, Montreal.

EXECUTIVE OFFICERS

Alberta Ass'n of Registered Nurses, Mrs. Clara Van Dusen, 10256 - 112th St., Edmonton.

Registered Nurses' Ass'n of British Columbia, Miss Alice L. Wright, 2524 Cypress St., Van-

Manitoba Ass'n of Registered Nurses, Miss Lillian E. Pettigrew, 247 Balmoral St., Winnipeg.

New Brunswick Ass'n of Registered Nurses, Miss Muriel Archibald, 231 Saunders St., Fredericton. Ass'n of Registered Nurses of Newfoundland, Miss Pauline Laracy, Cabot Bldg., Duckworth St., St. John's.

Begistered Nurses' Ass'n of Nova Scotia, Miss Nancy H. Watson, 73 College St., Halifax. Begistered Nurses' Ass'n of Ontario, Miss Florence H. Walker, 33 Price St., Toronto 5.

Ass'n of Nurses of Prince Edward Island, Mrs. Helen L. Bolger, 188 Prince St., Charlottetown. Association of Nurses of the Province of Quebec, Miss Helena Reimer. 640 Cathcart, St., Montreal. Saskatchewan Registered Nurses' Ass'n, Miss Victoria Antonini. 401 Northern Crown Bldg.. Regina.

ASSOCIATION OFFICERS

Canadian Nurses' Association: 270 Laurier Ave. West. Ottawa. General Secretary-Treasurer, Miss M. Pearl Stiver. Secretary of Nursing Service, Miss F. Lillian Campion. Assistant General Secretary, Miss Rita MacIsaac.

International Council of Nurses: 1 Dean Trench St., Westminster, London S.W. 1. England. General Secretary, Miss Daisy C. Bridges.

Make Nursing

an adventure

with practical advantages

As a Nursing Sister with the Royal Canadian Army Medical Corps, you get the excitement of adventure and travel . . . serving with Canada's Army at home and overseas.

Opportunities exist to work in the various fields of nursing such as teaching and supervision, nursing administration, public health, and operating room techniques and management.

You receive officer's pay, allowances for uniforms, food and accommodation, plus 30 days annual holidays with pay.

You may apply for a Regular Army appointment for a lifetime career, or a Short Service Commission whereby you engage for a period of three, four or five years.



Employment Opportunities

Advertising Rates — \$5.00 for 3 lines or less; \$1.00 for each additional line. U.S.A. & Foreign — \$7.50 for 3 lines or less; \$1.50 for each additional line.

Closing date for copy and cancellations: 1st of the month preceding the month of publication. All letters should be addressed to: The Canadian Nurse Journal, 1522 Sherbrooke St. W., Montreal 25, Quebec.

Director of Nursing for approved J.C.A.H. 108-bed hospital planning a 100-bed addition. No school of nursing at present. Degree in nursing administration preferred but not essential. Successful experience in nursing education would be an advantage. Salary open. Personnel policies include 40-hr. wk. pension plan, sick leave, 4-wk. vacation after 1-year of service, 8-statutory holidays. Apply: Administrator, Civic Hospital, North Bay, Ontario.

Assistant Director of Nursing Service; Pediatric Clinical Teacher for April 1959; Obstetric (1) Medical-Surgical Clinical Teacher (1) for July 1959 in 320-bed teaching hospital. Apply: Director of Nursing, Hotel Dieu Hospital, Kingston, Ontario.

Director of Nursing Education for 500-bed General Hospital with school of nursing. Applicant must have a degree in nursing. Salary commensurate with experience & qualifications. Apply to, Director of Nursing, Royal Jubilee Hospital, Victoria, British Columbia.

District Supervisor (after July 1, 1959) Responsibilities would include the supervision of three (3) small health centres. Existing salary range \$4,140-\$4,740 with a yearly increment of \$150. A certificate in Administration & Supervision in Public Health Nursing & experience in an official agency are essential. Good personnel policies. 5-dy. wk. Superannuation, Ontario Hospital Insurance, Blue Cross & P.S.I. benefits. For further information please apply to Director of Public Health Nursing, City of Ottawa Health Dept., City Hall, 111 Sussex Drive, Ottawa, Ontario.

Night Supervisor (8:00 p.m.-8:00 a.m.) 4 nights weekly for small Tuberculosis Hospital. Write stating age, experience, when available to Director of Nursing, Grace Dart Hospital. 6085 Sherbrooke Street East, Montreal, Que.

Obstetrical Supervisor for 10-bed 12-bassinet unit with 14-bed Woman's Surgical Unit on same floor. Willing to give Obstetrical Nursing lectures, clinics & supervise students. Medical staff teaches Obstetrics. Remuneration according to qualifications & experience. New school & residence under construction. Transportation allows easy access to Edmonton 40-mi. S.W. Travel expenses reimbursed after 1-yr. continuous service. Apply: Director of Nursing, Archer Memorial Hospital, Lamont, Alberta.

Operating Room Supervisor (Immediately) for 86-bed hospital. Good salary, employee benefits & statutory holidays, living accommodation available in residence. Locate in Collingwood & enjoy many winter sports along with excellent skiing in the Blue Mountains Apply, Director of Nursing Services, General & Marine Hospital, Collingwood, Ontario.

Operating Room Supervisor for active General Hospital in Niagara Peninsula. Post-graduate education required or background of supervisory experience. Apply: Director of Nursing, County General Hospital, Welland, Ontario.

Nursing Supervisor for northern hospital. Good salary, good living conditions. Apply: The Matron, Yellowknife District Hospital, Yellowknife, North West Territories.

Supervisors & General Duty Nurses for Clearwater Lake Hospital, The Pas, Manitoba & Manitoba Sanatorium, Ninette. Salary range \$265 - \$295 depending on qualifications & appointment. 3-wk. vacation, 40-hr. wk. 10 statutory holidays, group insurance plan. Interesting nursing with white, Indian & Eskimo patients both in general & tuberculous wards. Apply: Director of Nursing Services, Sanatorium Board of Manitoba, 668 Bannatyne Ave., Winnipeg, Manitoba.

Instructress willing to plan class room program & teach. School enrollment 35-45 students 4 affiliation courses, block system lectures, new school of nursing & residence under construction. Remuneration according to qualifications & experience. Hospital 40-mi. N.E. Edmonton. Transportation permits for interests in Edmonton. Travel expenses reimbursed after 1-yr. continuous service. Apply Director of Nursing, Archer Memorial Hospital, Lamont, Alberta.

Instructor, medical & surgical nursing. Apply, stating qualifications & experience, to Director of Nursing, Women's College Hospital, Toronto 5, Ontario.

Superintendent of Nurses for 28-bed General Hospital. This is a small manufacturing town 40-mi. southwest of Montreal & 8-mi. from summer resort on Lake St. Francis. There is an active social life in the town & community. Pleasant working conditions. Good personnel policies. Present Matron is resigning for health reasons after almost 5-yr, tenure of the position. The qualifications for this position do not necessarily include a degree or special courses. Apply to: Dr. F. G. McCrimmon, Medical Superintendent, County Hospital, P.O. Box 488, Huntingdon, Quebec.

Registered Nurse (1) Immediately for 30-bed hospital. Salary \$260 per mo. gross, health & pension plans available. Straight 8-hr. rotating shifts. 44-hr. wk. 3-wk. vacation with pay after 1-year plus all statutory holidays. Within 1-hr. drive from Waterton National Park, 20 minutes from Lethbridge & 3-hr. from Calgary & Great Falls, Montana. Apply Matron, Municipal Hospital, Magrath, Alberta.

Registered Nurse (1) for 12-bed hospital (close to Banff). Salary \$250 less \$30 maintenance, 8-hr. rotating shifts, 40-hr. wk. 3-wk. vacation after 1 year service. Apply: Matron, Municipal Hospital, Canmore, Alberta.

Lady Superintendent & Administrator for small well equipped General Hospital. In a community of 3,000 people, serving a fairly large rural area — situated close to Ottawa. There is good rail & road communication with the capital & other communities in the Ottawa valley. A small apartment is provided in the hospital. Applicants are requested to provide references with a resumé of past experience & salary expected. Apply: Secretary-Treasurer, The Rosamond Memorial Hospital, Almonte, Ontario.

Superintendent of Nurses for 22-bed modern hospital located in a pleasant active community. Salary range \$310-\$395 per mo. Complete maintenance in comfortable residence available at \$34.50 per mo. Nursing staff consists of Registered Nurses (6) Certified Nursing Assistants (3) Ward Aids (2). Position becomes vacant on May 15, 1959. 1-mo. orientation is desirable. Apply to: Mr. J. R. Huckstep, Secretary-Manager, Union Hospital, Shellbrook, Saskatchewan.

Registered Nurse for 35-bed busy General Hospital offers a variety of experience. 40-hr. wk., rotating periods of duty. Gross salary \$270 per mo. \$35 deducted for maintenance & laundry. 4 semi-annual increments of \$5.00, 3-wk. vacation, 10 statutory holidays, 12 days sick leave each year, cumulative to 30-days. Accommodation in hospital wing—single & double rooms. Viking is 90-mi. southeast of Edmonton, on main highway & railway with daily bus & train service. Apply to Matron-Supt., Municipal Hospital, Viking, Alberta.

Registered Nurses. Excellent opportunities in Private Nursing are available in Bermuda. Rates similar to those in effect in Province of Quebec. For information regarding openings write to Matron, King Edward VII Memorial Hospital, Bermuda.

Registered Nurses (2) as soon as possible for 16-bed hospital. Salary \$280 per mo. gross. \$40 per mo. deducted for board & room. 40-hr. wk. 3-wk. vacation with pay after 1 full year employment 4-wk. after 2 full years. Sick leave one day for each full month of employment plus 1 day for each full 6-mo. employment cumulative to 30 days. Living quarters in hospital. Apply to A. C. Laughlin, Secretary, Wilson Memorial Hospital, Melita, Manitoba.

Registered Nurses: for 50-bed Hospital Obstetrical & General Duty. Rotating shifts, 40-hr wk. Apply: Director of Nursing, Ajax & Pickering General Hospital, Ajax, Ontario.

Registered Nurses (for General Duty & Special Departments) new modern 150-bed hospital. Starting salary \$235, 5-day wk., 8-hr. day, 21-days vacation, 8 statutory holidays & pension plan. Apply: Director of Nursing, St. Joseph's Hospital, Brantford, Ontario. Registered Nurses for General Duty modern 18-bed Private Hospital in Iron Mining town, 180-mi. north of Sault Ste. Marie, Ont. Excellent accommodations & personnel policionstating salary \$255 minimum to \$290 maximum for experience, less \$20 per mo. maintenance. Transportation alowance after 3-mo. service. Apply Superintendent, Miss O.

Keswick, Lady Dunn Hospital, Jamestown, Ontario.

Registered Nurses for general duty in all departments — including operating room, premature & newborn nursery. Good salary & personnel policies. Apply: Director of Nursing, Victoria Hospital, London, Ontario.

Registered Nurses (Several) for immediate & future vacancies in modern 42-bed hospital, Starting salary: \$265 per mo. plus shift allowance. 40-hr. wk. 4 wks. vacation after 1 yr. Apply: Superintendent of Nurses, New Liskeard & District Hospital, New Liskeard, Ontario.

Registered Nurses (2) for general duty. 5-day wk. l-mo. vacation after l-year. Salary \$200 per mo. plus full maintenance. Apply, Saugeen Memorial Hospital, Southampton, Ontario.

Registered Nurses (Toronto Area) for 30-bed hospital for chronic illnesses. Salary \$12 per day; 5-day wk.; 3-wk. vacation per year. Apply: L. Mackie, Director of Nursing, The Villa Private Hospital, Box 490, Thornhill, Ontario.

Registered Nurses (Single) for small new modern hospital 12-mi. from Niagara Falls; **trea**ting medical & surgical patients. State qualifications, salary expected & date available. Apply: Medical Centre Hospital, Virgil, Ontario. Attention Dr. J. Z. Czerevko.

Registered Nurses for Operating Room & general staff positions. Salary \$245 per mo. 5-day wk. Excellent residence accommodation available. Apply: Director of Nursing, County General Hospital, Welland, Ontario.

Infirmières Licenciées demandées. Pour renseignements s'adresser à la Directrice du **N**ursing, Hôtel-Dieu de Saint-Jérôme, Saint-Jérôme, Québec.

Registered Nurses for an accredited 82-bed hospital. Salary: \$255-\$295 per mo. 40-hr. wk. & no split shifts. Living accommodation in nurses' residence & laundry of uniforms provided for \$8.00 to \$12.00 per mo. Apply: Superintendent of Nurses, Union Hospital, Canora, Saskatchewan.

Registered Nurses for general duty work. 40-hr. 5-day wk. Salary according to S.R.N.A. recommendations. Apply Superintendent of Nurses, Victoria Union Hospital, Prince Albert, Saskatchewan.

Registered Nurses (2) for 19-bed hospital. Gross salary \$260 with increments & benefits as per S.R.N.A. Nurses' residence on grounds with T.V. Apply: Union Hospital, Vanguard, Saskatchewan.

Registered Nurses (Openings in all services) for 166-bed JCAH fully accredited General Hospital, expanding to 374-beds by 1960. Top salaries, many extra benefits & opportunities for advancement. Excellent personnel policies. Located on beautiful San Francisco Peninsula, 20 minute drive from the heart of the city. Apply Personnel Director, Peninsula Hospital, Burlingame, California.

Registered Nurses: Positions available in all areas & on all shifts. Ultra modern, new 254-bed General Hospital located in the heart of beautiful sunny Castro Valley, just 30 minutes drive from San Francisco. This is a busy residential community which offers casual California living at its very best. Many excellent schools & colleges within easy commuting distance. Progressive personnel policies include free hospital & surgical insurance, paid sick leave, paid vacations, 7 recognized holidays & other benefits. No split shifts; evening & night duty salary differential, also differential paid for operating room, delivery room & nursery service. Uniforms laundered free. Basic salary for general staff duty, \$320 per mo. Salaries for other positions commensurate with assignments. Please write: Personnel Manager, Eden Hospital, 20103 Lake Chabot Road, Castro Valley, Calif

Registered Nurses for new 157-bed General Hospital located in fast growing City of Fremont approximately 1-hr. from heart of San Francisco. Good salary, vacation, sick leave & hospitalization plan. Contact Director of Nursing Services, Washington Township Hospital, P.O. Box 656, Niles, California.

Registered Nurses for General Duty & Operating Room. Starting salary \$325 per mo. 40-hr. wk. Living quarters available. Modern 74-bed district hospital, midway between San Francisco & Los Angeles, California. Contact Administrator, District Hospital Tulare, California.

Registered Nurses Salary \$325-\$360 in 18-mo., differential on p.m. shift \$1.50, nights \$1.00. Openings in Obstetrical & Medical-Surgical areas. Apply to: Personnel Department, Woman's Hospital, 432 E. Hancock Avenue, Detroit 1, Michigan.

Registered Nurses: Spend your winter in the Sunny Southwest — New Mexico, "The land of Enchantment". Vacancies for staff duty in Medicine, Surgery, Obstetrics, Pediatrics, and Operating Room. Salaries \$285-\$315, days; \$10 differential for evenings & nights; \$15 differential, operating room. No shift rotation. Excellent job benefits. Board and room in nurses' residence, \$43 per month. Free transportation via 1st Class Air travel to Albuquerque and return in exchange for a 1-yr. employment contract. Write or call collect Mrs. Margaret Nelson, Director of Nursing, Presbyterian Hospital Center, 1012 Gold Ave S.E. Albuquerque, New Mexico. Phone 3-5611.

Registered Nurses (2) Practical Nurses (2) for modern 20-bed hospital. Salary-registered \$290 practical \$195 less \$35 maintenance. 40-hr. wk. 4-wk. vacation after 1-year service. Statutory holidays & sick leave. Registered to start April 1, practicals May 1. Apply to Memorial Hospital, Deloraine, Manitoba.

Registered Nurses (2) Licensed Practical Nurse (1) for 15-bed hospital under the United Church of Canada, 90-mi. north of Winnipeg, salary \$270 per mo. gross. Apply to: Superintendent, Elizabeth M. Crowe Memorial Hospital, Eriksdale, Manitoba.

Registered Nurses & Certified Nursing Assistants for new 60-bed addition opening about April 1. Starting salary \$255 & \$180 respectively with regular annual increments for both Excellent personnel policies & residence accommodation available. Assistance with transportation can be arranged. Apply: Superintendent, Kirkland & District Hospital, Kirkland Lake, Ontario.

Registered Nurses for Operating Room with operating room postgraduate courses and/or experience, for 140-bed hospital. Travel allowance paid. For particulars, write Matron. King Edward VII Memorial Hospital, Bermuda.

Registered Nurse for General Duty Staff. Salary \$275 per mo. 4 semi-annual increments. Board & room \$30 per mo. Paid overtime, 42-hr. wk. 1-mo. paid vacation, sick leave 1½-day per mo. accumulative to 90-days. Apply stating age & qualifications, to: Matron, Municipal Hospital, Mayerthorpe, Alberta.

Registered Nurses for General Duty Staff. Salary commences at ± 40 -10-0 per mo. with full maintenance. Transportation allowance. For full particulars apply Matron, King Edward VII Memorial Hospital, Bermuda.

Registered Nurses for General Staff & Operating Room in modern hospital (opened in 1956). Situated in the Nickel Capital of the world, pop. 50 000 Salary: \$260 per mo. with semi-annual merit increments, plus annual bonus plan. Recognition for experience. Excellent personnel policies. Assistance with transportation can be arranged. Apply Director of Nursing, Memorial Hospital, Sudbury, Ontario.

Registered Nurses for General Duty (3) Immediately, for new 14-bed hospital. Salary \$250, increments, etc. according S.R.N.A. Accommodation in residence. Apply: Mrs. A. E. Eye, Matron, Union Hospital, Hudson Bay, Saskatchewan.

Registered General Duty Nurses. Salary: \$230 per mo. 40-hr. wk. Apply Director of Nursing, General Hospital, Cobourg, Ontario.

Registered General Duty Nurses (Immediately) for 100-bed Public Hospital in eastern Ontario. 44-hr. wk., 2-wk. sick leave, 3-wk. annual vacation. Apply, Superintendent, Public Hospital, Smiths Falls, Ontario.

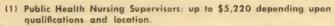
NURSING WITH INDIAN AND NORTHERN HEALTH SERVICES

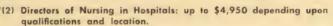


OPPORTUNITIES REGISTERED HOSPITAL NURSES, PUBLIC HEALTH NURSES, AND CERTIFIED AUXILIARY NURSES

for Hospital Positions and Public Health Positions in Outpost Nursing Stations, Health Centres and Field Positions in the Provinces, Eastern Arctic Northwest Territories and the Yukon Territory.

SALARIES





- (3) Public Health Staff Nurses: up to \$3,780 per year depending upon qualifications and location.
- (4) Hospital Staff Nurses: up to \$3,540 per year depending upon qualifications and location.
- (5) Certified Nursing Assistants or Licensed Practical Nurses: up to \$200 per month depending upon qualifications and location.
- Room, Board and Laundry in residence at reasonable rates.
 Statutory holidays. Three weeks' annual leave with pay. Generous sick leave credits. Hospital-Medical and superannuation plans available.
- Special pay and leave allowances for those posted to isolated areas.

For interesting, challenging, satisfying work apply to — Indian and Northern Health Services at one of the following addresses:

- (1) Regional Superintendent, 4824 Fraser Street, Vancouver, B.C.
- (2) Regional Superintendent, 11412-128th Street, Edmonton, Alberta.
- (3) Regional Superintendent, 735 Motherwell Building, Regina, Saskatchewan.
- (4) Regional Superintendent, 803-9 Confederation Life Building, 457 Main Street, Winnipeg, Manitoba.
- (5) Regional Superintendent, 4th Floor, Booth Building, 165 Sparks Street, Ottawa, Ontario.
- (6) Zone Supervisor of Nursing, Box 493, North Bay, Ontario.
- (7) Zone Superintendent of Indian Health Services, P.O. Box 430, Upper Town, 3 Buade Street, Quebec 4, P.Q.

or

Chief, Personnel Division, Department of National Health and Welfare, Ottawa, Ontario.

Registered General Duty Nurses for County Hospital 45-mi. from center of Montreal with excellent bus service. Pleasant working conditions. Nurses' home attached to hospital. Attractive community social life. Theatre, bowling, curling & dancing. 8-mi. from summer resort on Lake St. Francis & 12-mi. from U.S. border. Gross salary \$225. Three \$5.00 increases at 6-mo. intervals to maximum \$240, 44-hr. wk. 8-hr. duty, rotating shifts. Full maintenance available at \$35 per mo. 1-mo. annual vacation, 7 statutory holidays, 2-wk. sick leave, Blue Cross paid. Apply: Mrs. M. G. Curran, R.N., County Hospital, Huntington, Quebec.

Registered General Duty Nurse for 10-bed 3-crib nursery. Salary \$345; 5-day wk. Apply: Geo. P. Pimentel, Los Banos Emergency Hospital, Los Banos, California.

Registered General Duty Nurses for 154-bed General Hospital with expansion program under way. Along the shores of Lake Michigan, 25 mi. from Chicago. Salary: \$340 for days, \$370 for evenings, \$360 for nights, 5 day wk. Good personnel policies. Apply Personnel Director, Highland Park Hospital Foundation, 718 Glenview Ave., Highland Park, Ill.

Registered General Duty Nurses (100-bed) Good bedside nursing required, 40-hr. wk. rotating duties. Excellent personnel policies. You arrange for R.I. State Registration. Apply: Nurse Director, Jane Brown Memorial Hospital, Providence 3, Rhode Island.

Registered & Graduate Nurses for General Duty. Apply, Superintendent of Nurses, Muskoka Hospital, Gravenhurst, Ontario.

General Duty Registered Nurse (Immediately) also one (1) for holiday relief (June 1,-October) for 21-bed new hospital. Starting salary \$250 per mo., \$5.00 per mo. increment every 6-mo. Board & room in new staff residence \$45 per mo. Usual holidays, 5-day wk. Apply: Matron, Lady Minto Gulf Islands Hospital, Ganges, British Columbia.

General Duty Registered Nurses for 100-bed General Hospital in town of 6000 on shore of Lake Huron. Good personnel policies, 5-day wk., residence accommodation available. Please apply to Superintendent, Alexandra Marine & General Hospital, Goderich, Ont.

General Duty Registered Nurse (1) Immediately for 11-bed hospital. For further information, apply: Sister Superior, Notre Dame Hospital, Val Marie, Saskatchewan.

General Duty Nurses for small active hospital. Salary \$250 for unregistered. \$260 registered with yearly increments. Nurses' Home available. For further particulars write, The Administrator, Lady Minto Hospital, Ashcroft, British Columbia.

General Duty Nurses for R. W. Large Memorial Hospital United Church of Canada at Bella Bella 300-mi., north of Vancouver on B.C. Coast. Transportation refunded after 1-yr., Apply to, Matron, R. W. Large Memorial Hospital, Bella Bella, British Columbia.

General Duty Nurses (vacancies available for all floors) & Operating Room Nurse (1) Starting salary \$260 per mo.or \$273 for 2-yr. satisfactory experience, plus \$10 per mo. additional for postgraduate certificate in any of the nursing fields. New 125-bed hospital to be opened early in autumn, new modern nurses' residence ready for occupancy in April of this year. For further information write to: The Director of Nursing, Prince George & District Hospital, Prince George, British Columbia.

General Duty Nurse for well-equipped 80-bed General Hospital. Initial salary \$270, maintenance \$47.50; 40-hr. 5-day wk. 4-wk. vacation with pay. Apply: Sacred Heart Hospital, Smithers, British Columbia.

General Duty Nurses for modern 154-bed General Hospital. Generous personnel policies, nurses' residence. Apply: Director of Nursing, Trail-Tadanac Hospital, Trail, British Columbia.

General Duty Nurses for modern 35-bed hospital situated on beautiful South Shore. Good personnel policies. Excellent living quarters. Apply Superintendent, Fishermen's Memorial Hospital, Lunenburg, Nova Scotia.

General Duty Nurses for an accredited 64-bed hospital. Starting salary: \$250-\$260. Good personnel policies with sick leave benefits, holidays & paid vacations. Apply Director of Nursing, Douglas Memorial Hospital, Fort Erie, Ontario.

General Duty Nurses (California, between Sacramento & San Francisco) for 84-bed general short term JCAH hospital. Starting salary \$325, nurses' home, excellent working conditions. Write, Director of Nurses, Clinic Hospital, Woodland, California.

General Duty Nurses (Immediately) for 50-bed approved hospital located in mountainous portion of Colorado, college town. Salary \$300, 40-hr. wk., sick leave, vacation, periodic increases. Contact: Superintendent, Community Hospital, Alamosa, Colorado.

General Duty Nurses & Certified Nursing Assistants for 86-bed hospital. Living accommodation available. Collingwood is situated on Georgian Bay & is noted as a vacation land in summer with 7-mi. of sand beach, along with great skiing on the Blue Mountains in winter. For further information apply Director of Nursing Services, General & Marine Hospital, Collingwood, Ontario.

General Duty Nurses & Certified Nursing Assistants for 26-bed hospital in Northern Ontario. Starting salary \$275 per mo. & \$195 per mo. Board & room available at \$28.50 per mo. 5½-day wk. 8-hr. duty, annual vacation, 1-day sick leave per mo. after 6-mo. Apply: Mrs. G. Gordon, Superintendent, District Hospital, Nipigon, Ontario.

The Roosevelt Hospital

428 WEST 59th STREET . NEW YORK 19, N.Y.

APPLICATION FOR APPOINTMENT NURSING SERVICE DEPARTMENT

IAWWE (LKIIAI)			
ADDRESS			
BIRTHDAY	MARITAL STATUS		
WHERE REGISTER	ED		
POSITION SOUGH	HT .		
DATE AVAILABLE			
	PROFESSIONAL BACKGROUND		
BASIC NURSING & POSTGRADUATE COURS	ES ADDRESS	DATE OF DIPLOMA OR DEGREE	
EXPER	IENCE (LIST MOST RECENT POSITION	FIRST)	
POSITION	HOSPITAL AND LOCATION	DATE	
TRANSPORTATION	FROM CANADA PAID UPON APPOI	NTMENT TO STAFF	
COMMENTS:			
	IN NUMERICAL ORDER, NURSING S		
☐ MEDICINE ☐ MEDICINE & SURGERY ☐ PEDIATRICS ☐ SURGERY ☐ OPERATING ROOM ☐ GYNECOLOGY			
SEND TO: DIRECTOR, NURSING SERVICE THE ROOSEVELT HOSPITAL			
	WEST, 59th STREET YORK 19, NEW YORK	BOSHTAL	

WOODSTOCK GENERAL HOSPITAL

WOODSTOCK, ONTARIO

REQUIRES INSTRUCTORS FOR

1. SCIENCE 2. MEDICAL CLINICAL. 3. SURGICAL CLINICAL.

4. TEACHING AND SUPERVISION OF CERTIFIED NURSING ASSISTANTS.
HEAD NURSES — SURGICAL AND MEDICAL 3-11 P.M.
GENERAL STAFF NURSES — EMERGENCY, OPERATING ROOM AND ALL
DEPARTMENTS.

GOOD PERSONNEL POLICIES - 5-DAY WEEK.

For further information write:

DIRECTOR OF NURSING, GENERAL HOSPITAL, WOODSTOCK, ONTARIO.

General Duty Nurses & Operating Room Nurses for 434-bed hospital; 40-hr. wk. Statutory holidays. Salary \$250-\$312. Credit for past experience & postgraduate training. Annual increments; cumulative sick leave; 28 days annual vacation; B.C. registration required. Apply Director of Nursing, Royal Columbian Hospital, New Westminster, B.C.

General Duty Nurses, O.R. Scrub Nurse (For Summer Relief) in modern well equipped 100-bed General Hospital in a friendly community. Gross Salary \$260 per mo. for nurses currently registered in Ontario. 8-hr. rotating shifts, 44-hr. wk. 1 day off 1-wk. & 2 the next; 21 days vacation after 1-yr; 7 legal holidays per yr. Apply: Miss Willamene R. Allan, Reg.N. General Hospital, Port Colborne, Ontario.

General Duty Nurses & O.R. Scrub Nurses for 142-bed hospital. Basic salary \$235 per mo. shift differential, 40-hr. wk. good personnel policy. Apply: Director of Nursing, Plummer Memorial Public Hospital, Sault Ste Marie, Ontario.

General Duty Graduate Nurses for an active 76-bed hospital near Calgary & Banff. \$250 gross salary, \$260 for Alberta registered, good personnel policy. Apply to Matron, Brooks Municipal Hospital, Brooks, Alberta.

General Duty Graduate Nurses for new 32-bed General Hospital. Basic salary \$267.50 for B.C. Registered Nurses. For particulars apply: Superintendent Nurse. Castlegar & District Hospital, Castlegar, British Columbia.

McKellar General Hospital, Fort William, Ontario requires General Duty Staff Nurses interested in coming to northwestern Ontario. Basic salary, \$250 per mo. 40-hr. wk. Good personnel policies. Renovation program now complete. Openings in all departments. For further information apply to the Director of Nursing.

Graduate Nurse for General Duty, 26-bed hospital. Salary \$220 per mo. bonus \$10 per mo. if permanent night duty, otherwise rotating 8-hourly periods of duty. Annual increment \$120 per year for 4-yr. 40-hr. wk. 10 statutory holidays, 28-day vacation after 1-yr. 18-day sick leave during year which is cumulative for 3-yr. Laundering of uniforms free, room & board residence \$32 per mo. Comprehensive plan of Medical Services Association, 50% payable by hospital. Situated in the scenic surroundings of Kootney Lake in the heart of the Rocky Mountains & offers excellent opportunities for fishing, boating, water skiing, swimming, golf & any type of outdoor & indoor activities. Applicants should send brief personal information & details of training & experience to: Director of Nursing, Victorian Hospital, Kaslo, British Columbia.

General Duty Graduate Nurses (2). Salary \$280 per mo. with annual increments of \$10 per mo. Room, board & laundry: \$40. 28-day vacation after 1-yr. service. All statutory holidays paid. Customary sick leave. Graduate complement, 5. Apply giving full details to Matron, Slocan Community Hospital, New Denver, B.C.

Graduate Nurses for 70-bed General Hospital. Salary \$260-\$280; 5-day wk., 28 days vacation plus 10 statutory holidays, after 1 yr. Apply: Matron, St. George's Hospital, Alert Bay, British Columbia.

Graduate Nurses; for new 63-bed hospital, 30 miles from Vancouver in the Fraser Valley. For Salary rates & Personnel policies. Apply: Director of Nursing, Maple Ridge Hospital, Haney, British Columbia.

Graduate Nurses for 37-bed hospital, salary \$250 per mo. with annual increments — 28-dy. annual vacation, cumulative sick leave. \$50 monthly board, lodging, laundry. New 50-bed hospital to be erected 1959. Apply: Administrator, Terrace & District Hospital, Box 1297, Terrace, British Columbia.

Graduate Staff Nurse for well equipped 400-bed nonsecterian General Hospital affiliated with Medical School. New salary rates: day shift \$340-\$370 per mo. afternoon & nights \$370-\$400 per mo. Comfortable low cost living accommodation available in attractive residence building Write to: Director of Nursing Service, Mount Sinai Hospital, 2750 West 15th Place, Chicago 8, Illinois.

WHAT DO YOU WANT FROM YOUR NURSING CAREER?



a chance to learn more, and grow into a position of responsibility.



working with top surgeons, physicians, nurses and technicians.



a chance to test yourself in a variety of nursing positions.



friendly supervision, with a spirit of mutual helpfulness.



an opportunity to take part in a progressive, human approach to medical care



modern, comfortable surroundings, brand new cafeteria.



living in an interesting, large city, with an immense variety of entertainment, sports, cultural events.



friendly, interesting companionship in your work.

These are just a few of the advantages of working at Cleveland Clinic Hospital. Others include top starting pay (salaries begin at \$325), 40 hour week, insurance, pension plan, tuition-free graduate education, and many other benefits.

If you are about to graduate from nursing school, and want to plan your career with the utmost care, write for our free booklet, "Nursing at Cleveland Clinic Hospital."

CLEVELAND CLINIC HOSPITAL

2020 EAST 93RD STREET CLEVELAND 6, OHIO

	Please send me your free booklet. "Nursing at Cleveland Clinic Hospital."
	Please send an application form
Name	
Addre	ee

EDUCATIONAL DIRECTOR

FOR SCHOOL OF NURSING

50-students, 1-class a year. Good personnel policies. Salary according to qualifications. Present Director of Nursing was former Educational Director of School. Excellent relationships between hospital administrative staff & nursing school. Cornwall "The Hub of the Seaway" is an attractive, progressive city on international border easily accessible to Montreal & Ottawa.

APPLY:

DIRECTOR OF NURSING, GENERAL HOSPITAL, CORNWALL, ONTARIO

General Staff Nurses for 400-bed Medical & Surgical Sanatorium, fully approved student affiliation & postgraduate program. Full maintenance. Recreational facilities. Vacation with pay. Sick benefits after 1 yr. Blue Cross coverage. Attractive salary; 40-hr. wk. For further particulars apply Supt. of Nurses, Nova Scotia Sanatorium, Kentville, N.S.

General Staff Nurses for 300-bed approved hospital & school of nursing. Salary \$250 per mo. plus \$10 & \$5 for pm & night differential. Annual increment for 3-yr. 8-hr. day; 5-day wk; 3-wk. vacation; pension plan; sick time allowance; 8 statutory holidays; partial payment of health plan. Apply: Director of Nursing, St. Thomas-Elgin General Hospital, St. Thomas, Ontario.

General Staff Nurses for 370-bed approved General Hospital with intern & resident program. \$315 per mo. starting salary. \$15 per mo. merit increases at 12, 24 & 36 mo. 40-hr. wk. 2-wk. paid vacation, paid sick leave, 7 paid holidays. Pleasant coast city in outstanding recreational area. Apply Director of Personnel, Seaside Memorial Hospital, Long Beach 13, California.

General Staff Nurses for fully accredited private teaching hospital, located on Lake Michigan just north of Chicago. 5-day, 40-hr. wk. Salary range \$337.35 to \$363.30. Shift bonus: \$26 afternoons & \$17 nights. Progressive personnel policies. Please indicate type of service preferred. Apply: Director of Nursing, Evanston Hospital, 2650 Ridge Avenue, Evanston, Illinois.

Staff Nurses 600-bed general & tuberculosis teaching institution in central valley City. Accredited State & Junior Colleges in immediate vicinity, Liberal personnel policies. Salary \$320-\$360. Full maintenance available. Write — Director of Nursing Service, Fresno County General Hospital, Fresno 2. California.

Staff Nurses for 300-bed General Hospital. Attractive personnel policies plus differential for specialties, afternoon & night duty. Opportunities for advanced education. Apply to Director of Nursing Service, Kaiser Foundation Hospital, Oakland 11, California.

Staff Nurses for 165-bed pediatric teaching hospital. Salary: \$315-\$348. 40-hr. wk. 6 holidays, 10-day sick leave, vacation. Night or eve. differential, \$2.00 per shift. 3-mo. psychiatric training required for Mo. registration. Apply to, St. Louis Children's Hospital, 500 So. Kingshighway, St. Louis 8, Missouri.

Staff Nurses (All services) Texas teaching hospital. Air conditioned; good personnel policies. Base salary-rotation \$290 per mo. Evenings or night \$304 per mo. Apply: Director of Nursing Service, University of Texas Medical Branch, Galveston, Texas.

Operating Room Nurses (2) with postgraduate or equivalent experience. Head Nurse & General Duty Nurses for new 24-bed nursing unit. Positions available at once. Please apply to: Director of Nursing, General Hospital, Chilliwack, British Columbia.

Public Health Nurse for generalized program in Seaway Development area. Good transportation policy & pension plan. Apply to Mr. L. C. Kennedy, Secretary-Treasurer, Board of Health, Stormont, Dundas & Glengarry Health Unit, County Buildings, Cornwall. Ontario.

Public Health Nurse for Kitchener Department of Health, duties to commence August 1, 1959. Inquiries may be addressed to: Dr. G. E. Duff Wilson, Medical Officer of Health, 9 Ahrens Street East, Kitchener, Ontario.

Public Health Nurses: required in a generalized program in rural & semi-urban area adjacent to metropolitan Toronto. Excellent working conditions including pension plan, group insurance & transportation arrangements. Write: Dr. R. M. King, York County Health Unit, Newmarket, Ontario.

Public Health Nurses for generalized program, rural & urban. Salary range \$3,300-\$4,300; annual increment \$200; pension plan, Blue Cross, 4-wk. vacation, cumulative sick leave. Apply: J. R. Mayers, MD., D.P.H., Director Norfolk County Health Unit, 58 Peel Street, Simcoe, Ontario

DAUPHIN GENERAL HOSPITAL SCHOOL OF NURSING

PERSONNEL WANTED

1. DIRECTOR OF NURSES:

Qualifications Preferred: Degree in Nursing or Postgraduate Course in Nursing Administration with experience in a hospital operating a School of Nursing. Duties to commence as soon as possible.

2. DIRECTOR OF SCHOOL OF NURSING:

This position offers a real challenge for the person who will be chosen. Duties involve the organizing and directing of the School of Nursing. Qualifications preferred: Degree in Nursing including preparation for teaching. Duties to commence not later than July 1, 1959; earlier if at all possible.

3. INSTRUCTOR TO TEACH SCIENCE SUBJECTS:

Degree in nursing or University preparation for teaching in nursing.

Normal complement of Training School — 35 to 40 students. Excellent personnel policies. Salaries open. New and renovated 100-bed hospital in the planning stage. Hospital located in beautiful town of 7,000 immediately north of the Riding Mountain National Park. Four hours from Winnipeg on all-weather highway.

Apply to:

A. J. Schmiedl, Administrator,

DAUPHIN GENERAL HOSPITAL
DAUPHIN, MANITOBA



THE CANADIAN RED CROSS SOCIETY

offers interesting and challenging positions in OUTPOST NURSING PUBLIC HEALTH NURSING BLOOD TRANSFUSION SERVICE

Salaries are in proportion to experience and qualifications.

Transportation arranged under certain circumstances.

Bursaries available for postgraduate studies.

Group insurance, pension plan and other benefits.

For information please contact:

NATIONAL DIRECTOR, NURSING SERVICES,
THE CANADIAN RED CROSS SOCIETY
95 WELLESLEY STREET EAST,
TORONTO 5, ONTARIO

+++++++++++

Registered Nurses willing to serve as volunteer Home Nursing Instructors will be welcomed by the Red Cross Branch in your community.

UNIVERSITY HOSPITAL

SASKATOON, SASKATCHEWAN

Requires

General Staff Nurses for Medical, Surgical, Obstetrical and Pediatric Services. Forty hour week. Salary \$250 to \$290 gross per month. Differential for evening and night duty. Residence accommodation if desired.

Apply to:

DIRECTOR OF NURSING, UNIVERSITY HOSPITAL, SASKATOON, SASKATCHEWAN

Public Health Nurse preferably experienced for generalized program in suburban area. R.N.A.O. salary schedule, transportation provided or suitable car allowance, employer shared hospitalization, 4-wk. vacation. Apply: Dr. J. E. Gimby, M.O.H., 235 Wellington Street W. Sault Ste. Marie, Ontario.

Registered General Duty Nurse for 30-bed hospital. Starting salary \$260 per mo. with \$10 yearly increment. Board & room \$40, 1½ day sick leave per mo. 40-hr. wk. 11 statutory holidays & 28 days vacation after 1-yr. service. Comfortable nurses' residence next door to hospital. Rotating shifts. Please apply to: The Matron, Community Hospital, Grand Forks. British Columbia.

Registered General Duty Nurses for modern hospital, building expansion under way increasing to 100-beds this year. Salary \$250 per mo. to start, \$215 for graduates. Group life, accident & sickness insurance free to employees. Opportunities for advancement Pleasant community. Apply: Director of Nursing, District Memorial Hospital, Leamington. Ontario.

Registered Nurses for General Staff 38-bed General Hospital. Personnel policies good. For further information, contact: Administrator, City Hospital, Red Wing, Minnesota.

General Duty Nurses for 100-bed hospital with a school of nursing. Hospital 40-mi. northeast of Edmonton. Transportation allows for activities in Edmonton when desired. New residence under construction. Travel expenses reimbursed after 1-yr. continuous service Remuneration according to qualifications & experience. Apply: Director of Nursing, Archer Memorial Hospital, Lamont, Alberta.

Medical Surgical Nurses: The oldest hospital in Minneapolis, now located in a totally new 308-bed building, has openings on medical & surgical stations. Hospital has approved internship & residency program, plus accredited school of nursing. Starting salary for Registered Nurse \$305 per-mo. plus premium pay for evening or night shift. Tenure increases. For further information contact: Director of Personnel, St. Barnabas Hospital, 714-9th Avenue South, Minneapolis, Minnesota.

Instructors (Classroom & Clinical) for 200-bed hospital, 85-student school of nursing. Salary \$3,630-\$4,080 per annum, 40-hr. wk. Apply: Director of Nursing Education, St. Michael's Hospital, Lethbridge, Alberta.

Public Health Nurses (Qualified) salary \$3,500-\$4,250; allowance for experience. \$150 annual increments; 5-day week; 4-wk. vacation; sick leave credits; P.S.I. plan; pension plan, car allowance. Financial assistance towards purchase of car. Apply to Mr. A. F. Stewart, Secretary-Treas., Wentworth County Health Unit, Court House, Hamilton, Ontario.

Registered Nurses & Licensed Practical Nurses for new 33-bed General Hospital with well equipped surgery wing, in new mining town, about 250-mi. east of Port Arthur & northwest of White River, Ontario. Starting salary commensurate with experience & qualifications, Apply: stating qualifications, experience, age, marital status, etc. to Mr. W. Harrison, Room 1715, 44 King Street West, Toronto, Phone EMpire 4-1194, or to Administrator, Manitouwadge General Hospital, Manitouwadge, Ontario, Phone TAylor 6-3251.

Registered Nurses for General Duty 52-bed hospital in Central Alberta, on main highway close to Calgary, Edmonton & Banff. Salary \$250 less \$30 for full maintenance, with six (6) \$5.00 increments every 6-mo. 1-mo. vacation after 1-year service. Apply to: Mrs. E. Harvie, Matron, Municipal Hospital, Lacombe, Alberta.

Registered or Graduate Nurse (Immediately) for 45-bed hospital. Salary \$220 per mo. plus maintenance for Registered Nurse, with usual increments after 6-mo. employment & 1-mo vacation after one(1) year employment. Alternating day & afternoon shifts only. Contact Matron, Mrs. I. Sage, Chronic Convalescent Hospital Rimbey, Alberta.

Head Nurses (2) for 140-bed hospital, one (1) for Chronic Ward of 25-bed, one (1) for small Pediatric unit. Apply to: Director of Nursing, Plummer Memorial Public Hospital, Sault Ste. Marie, Ontario.

TORONTO GENERAL HOSPITAL

requires

NURSING STAFF

Variety of Opportunities, Valuable Experience in this large teaching centre. Attractive Personnel Policies. The Toronto General Hospital has opened its new building which contains centralized Operating Rooms; Recovery Rooms; Surgical Supply Service; Obstetrics and Gynecology; Neurology and Neurosurgery; Admitting and Emergency; Rehabilitation and Physical Medicine; Urology and Ophthalmology.

For information write to:

Director of Nursing, Toronto General Hospital, Toronto 2, Ontario.

THE WINNIPEG GENERAL HOSPITAL

IS RECRUITING

- CLINICAL SUPERVISORS
 IN MEDICINE & SURGERY
- 2. GENERAL DUTY NURSES FOR ALL SERVICES

Please send applications direct to:
THE DIRECTOR OF NURSING,
THE WINNIPEG GENERAL
HOSPITAL,
WINNIPEG 3, MANITOBA.

& NURSING ARTS INSTRUCTOR

REQUIRED

FOR THE SCHOOL OF NURSING,
QUEEN ELIZABETH HOSPITAL OF
MONTREAL, PERSONNEL POLICIES
AS RECOMMENDED BY THE
A.N.P.Q.

For information, please write to the

DIRECTOR OF NURSING,
QUEEN ELIZABETH HOSPITAL
OF MONTREAL,
2100 MARLOWE AVE.,
MONTREAL, QUEBEC.

VICTORIAN ORDER OF NURSES FOR CANADA

has Staff and Supervisory positions in various parts of Canada.

Personnel Practices Provide:

- Opportunity for promotion.
 - Transportation while on duty.
 - Vacation with pay.
 - Retirement annuity benefits.

For further information write to:

Director in Chief, Victorian Order of Nurses for Canada 5 Blackburn Ave., Ottawa 2, Ontario

NURSING INSTRUCTOR

for

TUBERCULOSIS AFFILIATION AND IN-SERVICE TRAINING

apply to

DIRECTOR OF NURSING - ROYAL OTTAWA SANATORIUM, OTTAWA, ONTARIO.

General Duty Nurses, Operating Room Nurse, Certified Nursing Assistants for 70-bed General Hospital in a resort area, with an expansion program. Good personnel policies, residence accommodation. Apply to: Miss Katharine King, Director of Nursing, Ross Memorial Hospital, Lindsay, Ontario.

Clinical Instructor, unique hospital school located in rapidly developing industrial area. 100-students, basic program, college affiliated. Splendid opportunity for recent graduate, in friendly atmosphere, devoid of the usual tensions & conflicts. Better than average salary & personnel policies. Apply: Personnel Director, Holzer Hospital, Gallipolis, Ohio.

Educational Director, unusual opportunity in unique well-staffed hospital well known for both scholastic standing & bedside patient care. Excellent work situation, warm, friendly atmosphere, above usual remuneration, excellent housing & personnel policies. Midwest location in rapidly developing industrial area. 3-yr. program, 100-students, completely new facilities, college affiliation. State approved, desire accreditation. Present director retiring. Apply: Box F, The Canadian Nurse Journal, 1522 Sherbrooke Street West, Montreal 25, Que.

Instructor (Qualified) for teaching of psychiatric nursing. Good salary & personnel policies. Apply: Director of Nursing, Victoria Hospital, London, Ontario.

Registered Nurse (Immediately) for small hospital. Salary \$270 less \$35 for accommodation. Vacation after 1-year, all statutory holidays given. Apply: Matron, Medical Nursing Unit, Fisher Branch, Manitoba.

Operating Room Nurses for general operating room work which includes cardiovascular, neurosurgery, genito-urinary & orthopedic surgery. Good salary & personnel policies. Apply: Director of Nursing, Victoria Hospital, London, Ontario.

Operating Room Nurses for eye, ear, nose & throat operating room. Good salary & personnel policies. Apply: Director of Nursing, Victoria Hospital, London, Ontario.

Registered Nurses for General Duty (Immediately) & positions to be filled on staff for new 58-bed hospital, to be opened in the early fall. For information of salary & personnel policies, apply to: The Superintendent, Prince Edward County Hospital, Picton, Ontario.

Junior Public Health Nurse (applications received until May 15) duties under the supervision of our present Senior Public Health Nurse. Starting salary \$3,300 plus \$1,000 car allowance, hospitalization medical & surgical group in effect, to which the municipality contributes 50% of the cost. Duties to commence approximately July 1st. Further information may be obtained by contacting the undersigned. Gordon Cooper, Clerk-Treasurer, Township of Waterloo, 31 Parkway Drive, Kitchener, Ontario.

Public Health Nurses (Qualified) for generalized public health nursing service. Salary range: \$3,727-\$4,216. Starting salary based on experience. Annual increments. 5-day wk. Vacation, shared hospitalization, sick pay & pension plan benefits. Apply: Personnel Department Room 320, City Hall, Toronto Ontario.



Residence, Cook County School of Nursing

NURSES WHO LIVE HERE NEVER STOP LEARNING . . . GROWING

... THEY WORK AT

COOK COUNTY HOSPITAL

... in one of the Largest Most Stimulating Medical Centers in the World

Here's an apportunity to gain unique and valuable experience in a public hospital — world's largest for acute medical conditions. Cook County Hospital offers you the stimulation of working with more than 2,500 other doctors and nurses in one of the world's largest and most exciting medical centers. Housing is available at nominal cost. Salaries begin at \$340-\$372.50 for a $37\frac{1}{2}$ hour week. And you're only minutes from Chicago's fabulous Loop and local universities.

Graduate Nurses! Write today to Director, Cook County School of Nursing, Dept. C., 1900 West Polk Street, Chicago 12, Illinois.

LAMBTON HEALTH UNIT

Sarnia, Ontario

requires

2 PUBLIC HEALTH NURSES

Generalized Program
Urban and Suburban
In the Chemical Valley
On Lake Huron and the
St. Clair River
Population 60,000

- Salary Schedule: \$3,300 to \$4,200 per annum with allowance for experience.
- Annual Increment: \$150.
- Car Expenses Car Loan if required.
- Cumulative Sick Leave, Pension, Group Insurance, P.S.I., other Benefits.
- 3 weeks annual Vacation (4 after 5 years).

Please apply stating age, qualifications, etc., to:

G. L. ANDERSON, M.D., D.P.H. DIRECTOR.

SARNIA, ONTARIO

CERTIFIED NURSING ASSISTANTS

As an employee of our modern well equipped hospital, you may enjoy the excellent opportunities offered as resident of this progressive industrial city.

Positions are available in all services.

SALARY RANGE IS FROM \$2,100 TO \$2,508.

Excellent employee benefits include 40-hour, 5-day week. Shift differential for evening and night shifts. 9 statutory holidays.

Please apply to:
PERSONNEL DIRECTOR
SARNIA GENERAL HOSPITAL,
SARNIA, ONTARIO

SARNIA, ONTARIO CANADA'S CHEMICAL VALLEY

AND

PORTAL TO OUR BEAUTIFUL BLUEWATER COUNTRY

You will enjoy being a part of this progressive, growing community as an employee of the Sarnia General Hospital.

Positions available in all services for REGISTERED NURSES

Excellent Personnel Policies include 40-hour week, 3 weeks paid annual vacation, 9 statutory holidays.

Salary range \$2,938 to 3,640

Please apply to:
PERSONNEL DIRECTOR
SARNIA GENERAL HOSPITAL,
SARNIA. ONTARIO

2 QUALIFIED INSTRUCTORS

REQUIRED FOR 1959-60 TERM

Present Student enrollment, 75.

One class per year. Registration September.

Affiliations — Pediatrics, Psychiatry, Tuberculosis.

New School & Residence.

200-bed General Hospital, fully accredited.

Pleasant City of 38,000.
3 Colleges

Good Salary & Personnel Policies.

Allowance for degree with experience.

For further information apply to:
DIRECTOR OF NURSES,
GENERAL HOSPITAL, GUELPH, ONTARIO

STAFF NURSES

Starting salaries range from \$300-\$330 per mo. depending on previous experience. Nurses agreeing to work 3 continuous months of evenings will receive in addition a bonus of \$15 per wk. Nurses agreeing to work 3 continuous months of nights will receive a bonus of \$10 per wk.

Call or write

MISS BEATRICE STANLEY, DIRECTOR OF NURSING SERVICE, STRONG MEMORIAL HOSPITAL, ROCHESTER, NEW YORK. PHONE GREENFIELD 3-4400

GENERAL DUTY NURSES

(Graduates) for U.S.A.

236-bed hospital. 30 miles from New York City. Apt. style residence. Good salary. Free benefits. Pension plan.

Apply:

DIRECTOR OF NURSING,
MEMORIAL HOSPITAL, MORRISTOWN,
NEW JERSEY, U.S.A.

THE CENTRAL REGISTRY OF GRADUATE NURSES TORONTO

Furnish Nurses

at any hour

DAY or NIGHT

TELEPHONE WAlnut 2-2136

427 Avenue Road, TORONTO 7
JEAN C. BROWN, REG. N.

"STOP! IS THIS WHAT YOU ARE LOOKING FOR?" Applications are invited for positions on the permanent or "vacation relief" Staff of a 50-bed active hospital 35-mi. from Vancouver. R.N.A.B.C. Personnel Policies in effect. Apply to Director of Nursing, Langley Memorial Hospital, Murrayville, British Columbia

POSITION WANTED

Science Instructor for September or October, 1959. Please write to Box F. The Canadian Nurse Journal, 1522 Sherbrooke Street West, Montreal 25, Quebec.

GENERAL DUTY NURSES

FOR ALL DEPARTMENTS

Gross salary \$255 monthly (\$117.50 bi-weekly) if registered in Ontario, \$235 monthly (\$108.20 bi-weekly) until registered. Annual increment \$10 monthly (\$4.60 bi-weekly) for three (3) years. Rotating periods of duty, 40-hr. per wk., 8 statutory holidays. 14-days vacation & 12-days leave for illness with pay after 1-yr. Pension plan available. Ontario Hospital Insurance with Blue Cross supplemental & Physicians' Services Incorporated, partial payment by hospital.

APPLY

DIRECTOR OF NURSING, GENERAL HOSPITAL, OSHAWA, ONTARIO.

REGISTERED NURSES

FOR THE OPERATING ROOM, OBSTETRICAL AND MEDICAL SURGICAL UNITS OF A 350-BED GENERAL HOSPITAL

Gross salary \$250 - \$280 per month if registered in Ontario.

Differential of \$10 for evening and night duty.

40-hour week. Sick leave accumulative to 30 days.

3 weeks vacation and eight statutory holidays.

Apply:

DIRECTOR OF NURSING SERVICES,
METROPOLITAN GENERAL HOSPITAL, WINDSOR, ONTARIO

THE PETERBOROUGH CIVIC HOSPITAL

REQUIRES

NURSES FOR GENERAL DUTY IN ALL SERVICES, INCLUDING OPERATING ROOMS & DELIVERY ROOMS.

For further information write:

THE DIRECTOR OF NURSING
PETERBOROUGH CIVIC HOSPITAL, PETERBOROUGH, ONTARIO

DIRECTOR -- SCHOOL OF NURSING

For a School of 90-students, organized independently of Nursing Services. The school program follows the pattern of 2-years of nursing education plus 1-year of internship.

Salary: \$5,100-\$5,700 per annum.

Requirements: Degree & experience in the administration of a nursing education program.

Apply to: R. Buckner, Administrator,

Metropolitan General Hospital, Windsor, Ontario.

CAMP DIRECTOR

ONTARIO SOCIETY FOR CRIPPLED CHILDREN

requires

A GRADUATE NURSE TO DIRECT A SUMMER CAMP FOR CRIPPLED CHILDREN

For Further Information Apply To:

SUPERVISOR OF CAMPS
ONTARIO SOCIETY FOR CRIPPLED CHILDREN
92 COLLEGE STREET, TORONTO 2. ONTARIO

WANTED

NURSE INSTRUCTRESS

ONTARIO HOSPITAL, PORT ARTHUR

Salary range \$3,360. to \$3,900. per annum. To instruct affiliate nurses from general hospitals taking psychiatric nursing at this hospital. Five-day, forty-hour week. Superannuation and sick leave benefits. Generous vacation allowance. Room and meals optional at nominal charge. Apply to:

MENTAL HEALTH DIVISION PARLIAMENT BUILDINGS TORONTO



ONTARIO DEPARTMENT OF HEALTH

Hon. Matthew B. Dymond, M.D., C.M., Minister

UNIVERSITY OF MINNESOTA HOSPITALS

Minneapolis, Minnesota

Large teaching & research center including all clinical services located on the university campus.

General Staff Nurse positions available at \$316 per mo. with annual increments & opportunities for advancement. Rooms available in attractive & convenient nurses' residence. Arrangements for attendance at university classes may be made. Licensure in Minnesota must be completed before permanent appointments may be made.

APPLY TO: DIRECTOR OF NURSING SERVICE UNIVERSITY OF MINNESOTA HOSPITALS MINNEAPOLIS 14, MINNESOTA

REGISTERED NURSES

AND

CERTIFIED NURSING ASSISTANTS

REQUIRED FOR

44-bed hospital with expansion program, situated in the Niagara Peninsula.

For salary rates & personnel policies,

APPLY TO: DIRECTOR OF NURSING, HALDIMAND WAR MEMORIAL HOSPITAL, DUNNVILLE, ONTARIO.

FOR SCHOOL OF NURSING

105-students, 1-class admitted annually. Good personnel policies. Salary according to qualifications. Instruction & experience given in Medicine, Surgery, Obstetrics, Pediatrics & Geriatrics. Kitchener-Waterloo Hospital has a bed capacity for 500-patients, Kitchener-Waterloo is 68-mi. northwest of Toronto; population of twin-cities approximately 85,000. Opportunities for additional education at Waterloo College.

Apply:

DIRECTOR OF NURSING, KITCHENER-WATERLOO HOSPITAL, KITCHENER, ONTARIO.

HAMILTON HEALTH ASSOCIATION

Mountain Sanatorium (Tuberculosis Division) Brow Infirmary (Convalescent and Chronic Division)

Due to the expansion program of the Hamilton Health Association, applications are invited from General Staff Nurses and Certified Nursing Assistants.

This expansion program provides an excellent opportunity for advancement since it is expected that further units will be opened in the not too distant future.

For information, write to:

THE DIRECTOR OF NURSING, HAMILTON HEALTH ASSOCIATION, BOX 590, HAMILTON, ONTARIO.

THE B. C. CIVIL SERVICE

Requires

PUBLIC HEALTH NURSES GRADE 1

Positions available for qualified Public Health Nurses in various centres in B.C. Salary: \$324 rising to \$389 per month; car provided.

An opportunity for interesting and challenging professional service in this beautiful and fast-developing province.

For information and application forms, write:

THE DIRECTOR, PUBLIC HEALTH NURSING, DEPARTMENT OF HEALTH, VICTORIA, B.C. or THE CHAIRMAN, B.C. CIVIL SERVICE COMMISSION, 544 MICHIGAN STREET, VICTORIA, B.C. Competition No. 59:67

PUBLIC HEALTH NURSE (QUALIFIED)

for generalized program
TOWN OF NEW TORONTO

Salary range \$3,400 - \$3,800, starting salary depending upon experience. 5-day wk. pension benefits, sick leave plan, Ontario Hospital Services, P.S.I. benefits, car allowance provided.

APPLY TO: J. H. MILLER, MUNICIPAL CLERK
TOWN OF NEW TORONTO, 185-5TH STREET, NEW TORONTO, ONTARIO.

REGISTERED NURSES — \$3,000-\$3,540 (According to Qualifications) CERTIFIED NURSING ASSISTANTS — \$2,040-\$2,400

SUNNYBROOK HOSPITAL

WESTMINSTER HOSPITAL LONDON

Employees in both hospitals work a 5-day week.

Application forms available at your nearest Civil Service Commission Office, or main Post Offices, should be forwarded to the CIVIL SERVICE COMMISSION, 25 ST. CLAIR AVENUE EAST, TORONTO 7, as soon as possible.

CHILDREN'S HOSPITAL OF WINNIPEG

New 230-bed hospital
with School of Nursing,
approximately
30 students a year, and affiliates,

requires

SCIENCE INSTRUCTOR AND CLINICAL INSTRUCTOR

Either position may be combined with that of Educational Director, depending on qualifications.

Also

ASSISTANT NIGHT SUPERVISOR

For details write:
DIRECTOR OF NURSING

THE VANCOUVER GENERAL HOSPITAL

Enjoy Western Canada's climate and hospitality

General Staff Nurse applications are invited. 1500-bed Teaching Hospital — heart of British Columbia's medical centre. Attractive personnel policies. Salary \$260-\$300 per month. 5 day — 40 hour week.

Eligibility for registration in B.C. necessary. Please apply to Personnel Department, Vancouver General Hospital, Vancouver, British Columbia.

INSTRUCTORS

Positions in Medical & Surgical clinical areas will be available in September.

Salary range: \$294.50-\$334.50 40-hr. wk.

Upon application, a monthly differential of \$25 is granted for approved postgraduate course at a university. For further information write to:

PERSONNEL DEPARTMENT, VANCOUVER GENERAL HOSPITAL, VANCOUVER 9, BRITISH COLUMBIA

THE ONTARIO SOCIETY FOR CRIPPLED CHILDREN

92 College St., Toronto 2

requires

Experienced Public Health Nurses Good salary range & personnel policies

Apply:

SUPERVISOR OF NURSING SERVICES

NURSING POSITIONS AVAILABLE

Starting salary \$300-\$340 per mo; 40-hr. wk., 4-wk. vacation; 2-wk. sick time allowance; health insurance; living accommodation in nurses' residence; evening & night bonus \$40-\$30 per mo.; tuition aid for advanced education in nearby universities.

Lenox Hill Hospital is a large General Hospital in the heart of Manhattan, easily accessible to the cultural advantages of the large metropolis.

Write:

DIRECTOR OF NURSING, LENOX HILL HOSPITAL 76th STREET & PARK AVENUE (MIDTOWN NEW YORK)

THE SALVATION ARMY BOOTH MEMORIAL HOSPITAL

A new 200-bed voluntary General Hospital, located in Queens, a suburban area of New York City, has many interesting supervisory & staff positions for Registered Nurses, eligible for New York State Licensure.

Beginning staff salary: \$300 per month, plus generous evening & night differential. Progressive personnel policies. Good transportation to educational & cultural facilities.

Apply:

DIRECTOR OF NURSING, BOOTH MEMORIAL HOSPITAL, FLUSHING, NEW YORK.

SUBURBAN TORONTO

GRADUATE NURSES & CERTIFIED NURSING ASSISTANTS

Are invited to enquire re: employment opportunities in a well staffed new 125 bed hospital in suburban west Toronto. General duty salary range: \$255-\$305 per mo. Certified Nursing Assistants \$190-\$210 per mo. Residence accommodation optional. Personnel manual forwarded on request. Enquire to:

DIRECTOR OF NURSING, HUMBER MEMORIAL HOSPITAL, 200 CHURCH STREET, WESTON, TORONTO 15, ONTARIO — CH 4-5551

GRADUATE STAFF NURSES --- YOU WILL LIKE IT HERE

Opportunities for men & women on the service of your choice. A 953-bed teaching hospital with a friendly atmosphere, well planned orientation program, active graduate nurse club, cultural advantages & excellent transportation facilities.

Starting salary: \$325 per mo., 6 holidays, sick leave, 3 wk. vacation.

For further details write:

Director - Nursing Service, University Hospitals of Cleveland, Ohio.

SOUTH PEEL HOSPITAL

COOKSVILLE, ONTARIO

(12 miles west of Toronto)

Hospital opened May 15th, 1958

- Head Nurse with experience required at once, for medical ward (34-bed unit).
- Head Nurse for Pediatric Ward (25-bed unit) by May 15th.

Generous benefits, 40-hour work week.

For further particulars apply:

DIRECTOR OF NURSING, SOUTH PEEL HOSPITAL, COOKSVILLE, ONTARIO.

NEWFOUNDLAND

DEPARTMENT OF HEALTH

GRADUATE NURSES

Applications are invited from qualified nurses for posts in the Department of Health as Staff Nurses for Cottage Hospitals.

Salary is \$2,700 per annum with \$528 deducted for maintenance. Uniforms & laundry services are provided. 24 working days vacation & sick leave with pay.

Applications with full particulars should be addressed to the Director of Nurses,

DEPARTMENT OF HEALTH
ST. JOHN'S, NEWFOUNDLAND



Elastoplast

THE POROUS ADHESIVE

Years of extensive clinical trial and successful use in Great Britain and Canada have shown that *only* Elastoplast Porous Adhesive provides all these advantages:

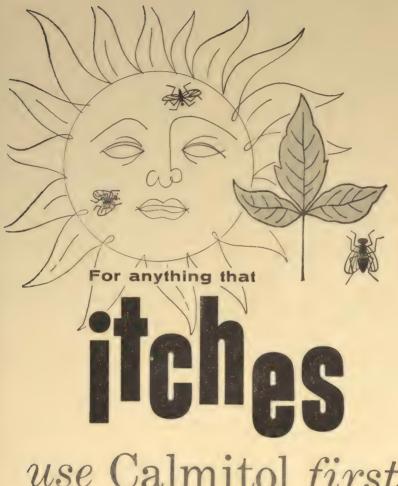
- Adequate Porosity throughout the entire surface of the adhesive that permits free sweat evaporation and reduces skin reaction.
- The proper degree of Stretch and Regain for correct compression and support.
- Fluffy edges to prevent trauma and devitalized skin.

Elastoplast The synonym for quality and reliability in the surgical field



SEN SMITH & NEPHEW, LIMITED

5640 Paré Street, Montreal 9, Que.



use Calmitol first

... for every type of pruritus, CALMITOL® is the fast acting conservative, low-cost, nonsensitizing antipruritic. Supplied: tubes, 1½ oz., and 1-lb. jars of nonirritant, easy-spreading ointment. For severe itching, Calmitol Liquid, 2-oz. bottles.

Write for Samples.

Thos. Leeming & Co. Inc. 286 St. Paul St. W., Montreal.

INDEX TO ADVERTISERS

MAY, 1959

Abbott Laboratories 433	Lac-Mac Ltd
Air Mass Inc 451	Thos. Leening & Co 393
Bland & Co 405	J. B. Lippincott CoCover III
Canadian Industries LtdCover I	S. E. Massengill Co 464
Carnation Co. Ltd	C. V. Mosby Co 459
Chez Cora Ltd	Nivea Pharmaceuticals Ltd 425
Coca Cola Ltd 453	J. T. Posey Co
Charles E. Frosst & Co 397	
	The Ryerson Press 465
Gerber Products of Canada Ltd 437	W. B. Saunders Co 457
Good-Lite 461	
Franklin C. Hollister 445	Savage Shoes
John A. Huston Co. Ltd 427	Smith & Nephew Ltd Cover II
Johnson & Johnson Ltd 429	Swift & Co
Kendall Co. of Canada Ltd 455	Westwood Pharmaceuticals Ltd 423
Knox Gelatine (Canada) Ltd 438, 439, 440, 441	John Wyeth & Bro. (Canada) Ltd

Subscription Rates: Canada & Bermuda: 6 months \$1.75; one year, \$3.00 two years, \$5.00.

Student nurses — one year, \$2.00; three years, \$5.00.

U.S.A. & foreign: one year, \$3.50; two years, \$6.00.

Single copies 35 cents.

In combination with the American Journal of Nursing or Nursing Outlook: one year, \$8.00.

Make cheques and money orders payable to The Canadian Nurse.

Change of address: Four weeks' notice and the old address as well as the new are necessary.

Not responsible for Journals lost in mail due to errors in address.

Authorized as Second-Class Mail, Post Office Department, Ottawa.

Member of Canadian Circulation Audit Board.

Advertising Representatives: W. F. L. Edwards & Co., Ltd., 34 King St. E., Toronto 1, Ont. Walter Slack, 801 Public Ledger Building, Philadelphia 6, Pa.

1522 Sherbrooke Street West, Montreal 25, Quebec

THE CANADIAN NURSE

L'Infirmière Canadienne

VOLUME 55

206 Proming Overson

NUMBER 5

MAY 1959

000	DETWEEN CONSELVES
398	New Products
407	Building on our LikenessesE, E, Rossiter
409	EMOTIONAL PROBLEMS OF THE WORKERK. A. Hamilton, M.B.
414	Mental Health Hazards IN Later Life
417	LES SOINS INFIRMIERS À DONNER AVEC LÉSIONS THERMIQUES
421	NURSING CARE IN A MITRAL COMMISSUROTOMYE. Snidal
424	Cerebellar Artery ThrombosisE. Jutras
428	Coronary Artery Thrombosis V . $Trenholm$
432	A RESEARCH PROJECT IN A PREMATURE NURSERY
440	CLEFT LIPS AND PALATES
442	Nursing across the nation
446	Le Nursing à travers le pays
450	In Memoriam
452	Mongolism
456	How Hospital Personnel Feel About Nursing Care
461	Book Reviews
463	News Notes
467	EMPLOYMENT OPPORTUNITIES

The views expressed in the various articles are the views of the authors and do not necessarily represent the policy or views of THE CANADIAN NURSE nor of the Canadian Nurses' Association.

Journal Board: Mrs. A. I. MacLeod, chairman. Sr. M. Felicitas, Misses H. Carpenter, R. Chittick, S. Giroux, E. Gordon, K. MacLaggan, A. Girard, president CNA; Misses M. P. Stiver, M. E. Kerr. Editorial Advisers: Alberta, Miss Irene M. Robertson, 11831-87th Ave., Edmonton; British Columbia, Miss Marion E. Macdonnell, 1807 W. 36th Ave., Vancouver 13; Manitoba, Miss Sheila L. Nixon, Children's Hospital, Winnipeg; New Brunswick, Miss Shirley Y. Alcoe, 180 Charlotte St., Fredericton; Newfoundland, Miss Isabel Sutton, 66a Mullock St., St. John's; Nova Scotia, Mrs. Hope Mack. P.O. Box 76, Hantsport; Ontario, Miss Jean Watt, R.N.A.O., 33 Price St., Toronto; Prince Edward Island, Sr. M. David, Charlottetown Hospital; Quebec, Miss Geneviève Lamarre, Höpital de l'Enlant Jesus, Quebec City (French), Sr. M. Assumpta, St. Mary's Hospital, Montreal (English); Saskatchewan, Miss Victoria Antonini, S.R.N.A., 401 Northern Crown Bldg., Regina. Regina.

Executive Director: Margaret E. Kerr, M.A., R.N.

Assistant Editor: Jean E. MacGregor, B.N., R.N.; Gabrielle D. Côté, M.A., R.N.

Circulation Manager: Winnifred MacLean. Production Assistant: Elizabeth M. Hanlon.

Advertising Assistant: Ruth H. Baumel

1522 Sherbrooke Street West, Montreal 25, Quebec

Between Ourselves

There is an atmosphere of controlled excitement coupled with feverish activity around the *Journal* offices these days. The circulation department is working at top speed revising the expiry dates of the thousands of subscribers from the nine provinces, changing addresses, checking for registration in two or more provinces and forwarding refunds where indicated. Added to this is the important new responsibility of preparing the mailing list for the nurses of Quebec in readiness for the first issue of the French edition.

It is just thirteen years ago that a new editorial policy was announced in the April issue:

"Ce mois-ci nous avons le plaisir de vous présenter une nouvelle réalisation: une page française. Les articles seront écrits par les infirmières canadiennes-françaises dans leur propre langue."

Miss Suzanne Giroux, official visitor to the French schools of nursing in Quebec voluntarily accepted the dual responsibilities of securing the French language articles and of preparing the translations of "Nursing Across the Nation." She has volunteered to continue the latter activity in our new publication.

Over the years, it has been our endeavor to provide translations of many of the excellent articles appearing first in French, in English in a subsequent issue. Now they will appear simultaneously. Our announced policy is that the two journals will really be one with all of the articles written originally in French appearing in English in The Canadian Nurse, the English articles in French in L'Infirmière Canadienne.

This will open up a whole new world of understanding. No longer will our English readers have to struggle with a French dictionary to comprehend the developments in the French schools of nursing. For those French nurses whose reading knowledge of English is about on a par with yours of French, there will be the satisfaction of learning what their confreres are thinking.

The initiation of this program of translation is another of the reasons why we are so busy. We were delighted to welcome **Gabrielle Dolores Coté** to our editorial staff at the beginning of March. The first of

August another bilingual assistant editor, **Pamela Eleanor Poole** will also be joining us. You will be officially introduced to these capable people in the June issues.

This month we are happy to welcome the president of the Registered Nurses' Association of British Columbia, **Edna Elizabeth** Rossiter, R.R.C., as our guest editor. In that province of majestic mountains, tall trees and tall people, the height of the gracious president is matched by her breadth of vision in professional affairs.

Born in London, England, Miss Rossiter had completed her preliminary education before she moved with her parents to Canada. Immediately after graduating from Royal Jubilee Hospital, Victoria, B.C., she joined the staff there as assistant night supervisor. Two years later she became supervisor of the private floor and assistant in the school of nursing office.

In March 1941, Miss Rossiter enlisted with the Royal Canadian Army Medical Corps. She served as principal matron, Pacific Command for some time before proceeding overseas. There, she was P/M first with No. 24 Canadian General Hospital, then with No. 12. The award of the Royal Red Cross, 1st class, was made in the 1944 New Year's Honor List.

Miss Rossiter secured her certificate in administration in schools of nursing at Mc-Gill School for Graduate Nurses following her return from overseas. She has been matron of Shaughnessy Hospital. (D.V.A.), Vancouver, ever since.

Each year the World Health Organization marks the anniversary of its formation by celebrating World Health Day on April 7th. This year's theme was "Mental Illness and Mental Health in the World of Today."

Mental disorder has become one of the major problems of our time. Though generally more acute in countries of high economic development, every nation in the world has to contend with mental illness. Many articles, by world renowned authorities, were sent to us for publication. As the first that we shall share with you we present **Dr. G. S.**Stevenson's "Mental Health Hazards in Later Life." Even though you are barely in your twenties you will enjoy reading it.

A nurse's busy day frequently leads to inadequate nutrition ...

for prevention or correction of vitamin deficiency...

"BEFORTE"

TABLETS

brand of

VITAMINS B with C and D



Available in bottles of 30 and 100 tablets.

We will be glad to send you a bottle for your personal use. Just send us your name and address.



Charles E. Frosst & Co. Montreal, Canada

New Products

Edited by DEAN F. N. HUGHES

Published Through Courtesy of Canadian Pharmaceutical Journal

BRADOSOL LOZENGES

Indications—Common sore throat, streptococcal sore throat, tonsillitis, pharyngitis, oral thrush (moniliasis), ulcerative stomatitis, Vincent's angina and gingivitis. May also be used to supplement oral hygiene in aged, debilitated or feverish patients and for prophylaxis against septic complications following dental surgery or tonsillectomy.

Administration—One every 2 or 3 hours initially, then at longer intervals as the infec-

tion regresses. Therapy should be continued for one or two days after the infection is

controlled

Description—Lozenges, each containing 1.5 mg. Bradosol (domiphen bromide) in a pleasantly flavored base. Potent antiseptic and germicide, and is effective in very high dilution against the majority of bacterial and fungal organisms responsible for infections of the mouth and throat.

Manufacturer—Ciba Company Ltd., Montreal.

C.R.P.A.

Indications—As a diagnostic aid in determining the presence of inflammatory conditions, e.g., rheumatic fever, pneumococcal pneumonia, staphylococcal osteomyelitis, subacute bacterial endocarditis, infections of the colontyphoid group, streptococcal empyema, virus hepatitis, and similar conditions.

Description—C-reactive protein antiserum developed in rabbits' blood. **Manufacturer**—Schieffelin & Co., Montreal.

CREOSOTE and TERPIN ELIXIRS

Indications—The treatment of acute and chronic bronchitis.

Administration—One to two teaspoonfuls as prescribed.

Description—Each fl. oz. contains: Codeine phosphate 1/4 gr., terpin hydrate 4 gr., creosote 4 m., calcium glycerophosphate 4 gr., sodium gylcerophosphate 4 gr. and chloroform 1 m. Plain: As above without the codeine

CRINOCARDINE SIMPLE

Indications—Suggested for cardiac insufficiency, cardiac pain, anemia.

Administration—One ampoule a day as prescribed for ten days. Severe cases, 2 to 3 ampoules a day.

Description—Each 12 cc. oral ampoule contains: Extract of cardiac muscle 3 Gm., pancreas 1 Gm., liver 2 Gm., kidney 1 Gm. and striated muscle 1 Gm.

Manufacturer—Corporation Pharmaceutique Française Ltée, Montréal

CUPROGLYCOL

Indications—Suggested for treatment of penicillin-resistant staphylococcal infections, e.g. anthrax, furunculosis.

Administration—By intravenous injection only, I ampoule; children, up to 7 years, $\frac{1}{2}$ ampoule; up to 15 years, 1 ampoule per day or every 2 days for 5 to 15 injections as prescribed.

Description—Ampoules of 10 cc. containing copper glycocollate, based on copper

metal 0.025 Gm. in an isotonic solution pH 7.3.

Manufacturer—Corporation Pharmaceutique Française Ltée, Montréal.

GASTROGRAFIN

Indications—Radiography of the intestinal tract, particularly in cases in which barium suspensions would be potentially risky; suspected or present obstruction of the stomach and small intestine; acute bleeeding of the upper or lower intestinal tract and other enteric conditions. Also for examinations for foreign bodies in the pharynx and esophagus and disorders of the swallowing mechanism.

Administration—Oral doses may range from 30 to 90 cc. depending on the nature of the examination and the size of the patient. May be given by mouth, by tube or by rectum.

Description—A lemon-flavored aqueous contrast medium solution of sodium and methylglucamine sulfates with Polysorbate 80 and an antifoaming agent to aid dispersion into mycosal folds.

Manufacturer—E. R. Squibb & Sons of Canada Ltd., Montreal.

MEGIMIDE Solution

Indications—An adjunct to management of barbiturate intoxication and barbiturate

Administration—Intravenously in intermittent doses of 50 mg. every 3 to 5 minutes until return of muscle tone and reflex. Each case requires individual assessment of proper

Description—Each cc. contains 5 mg. beta-ethyl-beta-methylglutarimide in isotonic aqueous solution.

Manufacturer—Abbott Laboratories Ltd., Montreal

The Journal presents pharmaceuticals for information. Nurses understand that only a physician may prescribe.

McMASTER UNIVERSITY School of Nursing

DEGREE COURSE IN BASIC NURSING (B.Sc.N.)

A Four-Year Course designed to prepare students for all branches of community and hospital nursing practice and leading to the degree, Bachelor of Science in Nursing (B.Sc.N.). It includes studies in the humanities, basic sciences and nursing. Bursaries, loans and scholarships are available.

DEGREE COURSE IN SCIENCE TEACHING FOR GRADUATE NURSES (B.Ed.N.)

A Two-Year Course designed to prepare graduate nurses to teach basic sciences in schools of nursing and leading to the degree, Bachelor of Education in Nursing (B.Ed.N.). It includes studies in the humanities, the physical, social and biological sciences, teaching and nursing education. Bursaries of Six Hundred Dollars each are offered in both years of this Course.

For additional information, write to:

School of Nursing, McMaster University, Hamilton, Ontario.

ORISUL.

Indications—Systemic, enteric, biliary and urinary tract infections when due to sulfonamide-susceptible organisms. It may also be used in conjunction with antibiotics.

For long-term therapy. May be used for prophylaxis against secondary infection in patients with chronic illnesses, burns or injuries. It is also of value for antibacterial cover

In most surgical procedures, including abdominal surgery.

Administration—The average dosage in adults is 1.0 Gm. (2 tabs.) twice daily for 2 days, followed by 0.5 Gm. (1 tab.) twice daily for 3-5 days. For prophylaxis or prolonged therapy, 0.5-1.0 Gm., once daily is adequate.

Initial dosage in children is calculated on the basis of 1/4 grain per pound of body weight per day, divided into 2 doses. After 2 days, dosage should be reduced by half.

May be administered intravenously in the same doses as above, with the average

course lasting 5-7 days.

Description—Sulfaphenazol, a low-dosage sulfonamide which combines: (a) a high degree of therapeutic efficacy, (b) high tolerance and (c) the convenience of once or twice daily administration.

Its solubility makes the concomitant use of alkalies unnecessary. Acetylation is consistently within safe limits (10-18%) and the free and conjugated compounds are equally soluble in urine. The antibacterial spectrum and potency are comparable to the most widely used present-day sulfonamides.

Manufacturer—Ciba Company Ltd., Montreal.

PROMATUSSIN Expectorant

Indications—Coughs due to colds, allergy or minor upper respiratory infections. Administration—Adults: One to 2 teaspoonfuls every 4 to 6 hours.

Children: ½ to 1 teaspoonful every 4 to 6 hours.

Description—Each 5 cc. contains: Promethazine HCl 5 mg., dextromethorphan HBr 10 mg., fl. ext. ipecac 0.17 min., potassium guaiacol sulfonate 44 mg., citric acid, sodium citrate, chloroform, glycerin in syrup base.

Manufacturer—John Wyeth & Brother (Canada) Ltd., Walkerville.



SCHOOL for GRADUATE NURSES McGILL UNIVERSITY

PROGRAM FOR GRADUATE NURSES LEADING TO THE DEGREE OF BACHELOR OF NURSING

Two-year program for nurses with McGill Senior Matriculation or its equivalent. Three-year program for nurses with McGill Junior Matriculation or its equivalent. In the first year students elect Public Health Nursing or Teaching and Supervision in one of the following clinical fields: Medical-Surgical Nursing, Psychiatric Nursing, Maternal and Child Health Nursing.

In the second year students elect to study in one of the following fields: Nursing Education, Administration in Hospitals and Schools of Nursing, Administration in Public Health Nursing.

PROGRAM FOR GRADUATE NURSES LEADING TO A DIPLOMA

Students are granted a diploma on the completion of the first year of the degree program. All first-year students elect to study in a particular field as stated above.

PROGRAM IN BASIC NURSING LEADING TO THE DEGREE OF BACHELOR OF SCIENCE IN NURSING

Five-year program for high-school graduates who have passed in the required papers of the McGill Junior School Examination or their equivalents. This program combines academic and professional courses with supervised nursing experience in the McGill teaching hospitals and selected health agencies. This broad background of education, followed by graduate professional experience, prepares the nurses for advanced levels of service in hospitals and community.

For further information write to

DIRECTOR, McGILL SCHOOL FOR GRADUATE NURSES, 1266 PINE AVE. W., MONTREAL 25, QUEBEC.

The Golden Jubilee meeting of the Canadian Public Health Association will be held in conjunction with the annual meeting of La Société d'Hygiène et de Médecine Préventive de la Province de Québec on June 1-3 inclusive, 1959, at the Sheraton-Mount Royal Hotel, Montreal.

Education is what is left after you have forgotten everything you have been taught.

— Canadian Hospital

Praise like gold and diamonds owes its value only to its scarcity.

- Samuel Johnson

CHILDREN'S HOSPITAL OF WASHINGTON, D.C.

OFFERS

Registered Nurses a 16-wk. supplementary program in pediatric nursing. Admission dates, May 6, September 1, 1959, January 5, May 3, August 30, 1960.

For complete information write to: DIRECTOR OF NURSING, 2125-13th STREET, N.W., WASHINGTON 9, D.C.

UNIVERSITY OF BRITISH COLUMBIA COURSES FOR GRADUATE NURSES

1. Leading to the Degree of Bachelor of Science in Nursing (B.S.N.):

An integrated program which includes preparation for staff positions in public health nursing as well as the fundamentals of teaching, supervision and administration and their application to clinical nursing. Students are required to select one advanced clinical nursing course — i.e., Medical-Surgical, Obstetric, Pediatric, or Psychiatric Nursing.

Students with an appropriate Senior Matriculation can complete the Course in approximately two years. Those with Junior Matriculation require approximately three years.

- Leading to a Diploma in Public Health Nursing:
 A ten-month course which prepares for staff positions in public health nursing.
- 3. Leading to a Diploma in Clinical Teaching and Supervision:

 A ten-month course which prepares for hospital positions that entail teaching, supervisory and administrative activities. Students are required to select one of the advanced clinical nursing courses listed above.
- N.B.: The School of Nursing also offers, for high school graduates with University Entrance, a Basic Professional Course leading to the degree of B.S.N.

For further information write to the

DIRECTOR, SCHOOL OF NURSING, UNIVERSITY OF BRITISH COLUMBIA, VANCOUVER 8, BRITISH COLUMBIA.

THE WINNIPEG GENERAL HOSPITAL

Offers to qualified Registered Graduate Nurses the following opportunities for advanced preparation:

- 1. A six month Clinical Course in Obstetrics.
- 2. A six month Clinical Course in Operating Room Principles and Advanced Practice.

These courses commences in January and September of each year. Maintenance is provided. A reasonable stipend is given after the first month. Enrolment is limited to a maximum of six students in each course.

For further information please write to:

DIRECTOR OF NURSING GENERAL HOSPITAL WINNIPEG, MANITOBA

THE MOUNTAIN SANATORIUM

HAMILTON, ONTARIO

TWO-MONTH
POSTGRADUATE COURSE
IN THE IMMUNOLOGY,
PREVENTION & TREATMENT
OF TUBERCULOSIS

This course is especially valuable to those contemplating Public Health, Industrial, or Tuberculosis Nursing.

For further information apply to:

Director of Nursing, Mountain Sanatorium Hamilton, Ontario.

DALHOUSIE UNIVERSITY

School of Nursing

COURSES OFFERED

1959 - 1960

1. Degree Course in Basic Professional Nursing

Candidates for the degree of Bachelor of Nursing are required to complete 2 years of university work before entering the clinical field, and one year of university work following the basic clinical period of 30 months. On completion of the course the student receives the **Degree** of Bachelor of Nursing and the **Professional Diploma** in either Teaching in Schools of Nursing or Public Health Nursing.

2. Degree Course for Graduate Nurses

Graduate nurses who wish to obtain the degree of Bachelor of Nursing are required to complete the three years of university work.

- 3. Diploma Courses for Graduate Nurses
 - (a) Public Health Nursing
 - (b) Teaching in Schools of Nursing

For further information apply to:

DIRECTOR, SCHOOL OF NURSING DALHOUSIE UNIVERSITY, HALIFAX, N.S.

NOVA SCOTIA SANATORIUM KENTVILLE N.S.

Offers to Graduate Nurses a Six-Month Course in *Tuberculosis Nursing*, including Immunology, Prevention, Medical & Surgical Treatment.

- 1. Full series of lectures by Medical and Surgical staff.
- 2. Demonstrations and Clinics.
- 3. Experience in Thoracic Operating Room and Postoperative Unit.
- 4. Full maintenance, salary & all staff privileges.
- 5. Classes start May 1st and November 1st.

For information apply to:

SUPT. OF NURSES, NOVA SCOTIA SANATORIUM, KENTVILLE, N.S.

PSYCHIATRIC COURSE

for

REGISTERED NURSES

THE NOVA SCOTIA HOSPITAL offers to qualified Registered Nurses a sixmonth certificate course in *Psychiatric Nursing*.

- · Classes in March and September.
- Remuneration.
- Preference given to Nova Scotia applicants.

For further information apply to:

Superintendent of Nurses Nova Scotia Hospital Drawer 350 Dartmouth, Nova Scotia



PROGRAMS FOR GRADUATE NURSES

Teaching and Supervision

To meet the needs of nurses wishing to prepare for positions of responsibility in either teaching or supervision in Schools of Nursing.

Public Health Nursing

To meet the needs of nurses wishing university preparation for staff work in public health nursing agencies.

Administration of Hospital Nursing Service

To meet the needs of nurses preparing for head nurse, supervisory or matron positions.

This program is supported by the W. K. Kellogg Foundation.

Diplomas are granted on successful completion of the above programs and credits earned may be applied toward the degree of Bachelor of Science in Nursing.

PROGRAMS FOR HIGH SCHOOL GRADUATES

Leading to the Degree in Nursing

Students with senior matriculation may pursue a combined academic and professional program leading to the degree of Bachelor of Science in Nursing. In the final year students will elect to study Teaching and Supervision or Public Health Nursing. This broad educational background followed by graduate professional experience enables nurses to progress rapidly into positions of responsibility.

Leading to the Diploma in Nursing

A three year hospital program is conducted for students meeting the entrance requirements of the University.

For further information or inquiries about scholarships, write to:

DIRECTOR, SCHOOL OF NURSING, UNIVERSITY OF SASKATCHEWAN, SASKATOON, SASKATCHEWAN

THE NATIONAL HOSPITAL QUEEN SQUARE

London, W.C.1

and

MAIDA VALE HOSPITAL London W.9, England

(Institute of Neurology, University of London)

Postgraduate Nursing Education for Medical Neurology & Brain Surgery

One year courses are open to Nurses on the General Register with good educational background.

3 mo. full time instruction in the school under guidance of the Sister Tutor assisted by a teaching staff of senior neurologists & neuro-surgeons.

8-mo. clinical experience, 1 mo. vacation.

Certificate & badge of the hospital awarded to successful students. Staff nurses' salary paid throughout the year. This work has a special appeal to nurses interested in research & the humanitarian aspect of nursing.

For further particulars apply to the Matron,
THE NATIONAL HOSPITAL

COURSES FOR GRADUATE NURSES

In various clinical fields, beginning June 1, August 24, November 16, 1959, and February 8, 1960.

Room, meals, laundering of uniforms, and honorarium provided.

Apply to:

DIRECTOR,
COOK COUNTY SCHOOL
OF NURSING,
DEPT. C., 1900 WEST POLK ST.,
CHICAGO 12, ILLINOIS

THE JOHNS HOPKINS HOSPITAL

SCHOOL of NURSING

Offers to qualified Registered Nurses a 16-week supplementary course in

OPERATIVE ASEPTIC TECHNIC

with instruction and practice in the general surgical, neurosurgical, plastic orthopedic, gynecologic, ophthalmologic, urologic and ear, nose and throat operating room services. Maintenance and stipend are provided.

For information write to:

DIRECTOR, SCHOOL OF NURSING
THE JOHNS HOPKINS HOSPITAL
BALTIMORE 5, MARYLAND, U.S.A.

WILLS EYE HOSPITAL Philadelphia, Penna.

The largest eye hospital in the United States, offers a six-month course in Nursing Care of the Eye to Graduates of Accredited Nursing Schools. Operating Room Training is scheduled in the course.

- \$205 per month for the first four months. \$215 per month for the last two months.
- REGISTRATION FEE is \$20
- Course starts March 15 & September 15. Ophthalmic Nurses in great demand for hospital eye departments, operating rooms & ophthalmologists' offices.

For information write to:

Director of Nurses, Wills Eye Hospital, 1601 Spring Garden Street. Philadelphia 30, Penna.

ROYAL VICTORIA HOSPITAL

SCHOOL OF NURSING MONTREAL, QUEBEC

Postgraduate Courses

 (a) Six month clinical course in Obstetrical Nursing.

Classes - September and February.

(b) Two month clinical course in Gynecological Nursing.

Classes following the six month course in Obstetrical Nursing.

- (c) Eight week course in Care of the Premature Infant.
- Six month course in Operating Room Technique and Management.

Classes - September and March.

3. Six month course in Theory and Practice in Psychiatric Nursing.

Classes - September and March.

Complete maintenance or living-out allowance is provided for the full course.

Salary — a generous allowance for the last hallf of the course.

Graduate nurses must be registered and in good standing in their own Provinces.

For information and details of the courses, apply to:—

Miss H. M. Lamont, B.N.
Director of Nursing,
Royal Victoria Hospital,
Montreal, P.Q.

DON'T COUNT IT

AN EXTRAVAGANCE WHEN YOU

BUY THE BEST.

THE SATISFACTION YOU WILL ENJOY WILL MORE THAN REPAY YOU.



GOOD UNIFORMS ARE

MADE AND SOLD BY

BLAND & CO. 2048 Union Ave., Montreal, Can.

He's happy!...he's on S-M-A!



S-M-A provides sound infant nutrition

- S-M-A protein is in physiologic proportion. The infant fed S-M-A receives a daily protein intake comparable to that of the breast-fed infant.
- S-M-A fat is high in essential fatty acids. S-M-A supplies 20 calories per ounce, the same as human milk.
- S-M-A provides *physiological* carbohydrate in the form of lactose in an amount (7%) closely adjusted to the average quantity in human milk.
- S-M-A supplies vitamins and minerals in amounts adequate to meet the recognized needs of health and growth.

REG. TRADE MARK WALKERVILLE, ONTARIO S-M-A

Costs less than a penny an ounce

THE CANADIAN NURSE

L'Infirmière Canadienne

A MONTHLY JOURNAL FOR THE NURSES OF CANADA PUBLISHED BY THE CANADIAN NURSES' ASSOCIATION

VOLUME 55

NUMBER 5

MONTREAL, MAY 1959

Building on our Likenesses

W HILE CONSIDERING a theme for this editorial from Canada's most westerly province which celebrated its 100th birthday last year, I recalled a significant line in our President's New Year message to us on "The Meaning of Faith." Speaking of our two great cultural heritages, Miss Girard said, "their likenesses were greater than their differences." It occurred to me that this statement might be applied to the growth and development of nursing in Canada.

Certain geographical and physical differences are immutable. Great mountain ranges divide us, vast prairies lie between, and the provinces vary in size. There are differences in size of population, in economy, in natural resources and potential growth. Certainly, our climate differs, and in age we range from the brashness of youth to the wisdom and experience found in the older provinces.

Across this great country, nursing has gradually developed through the efforts of nursing pioneers and the vision and planning of the nursing leaders of each generation. Differences there may have been in ideas, methods and personnel policies, but these have



EDNA E. ROSSITER

served to produce challenges and stimulation over the years. Our provincial Nursing Acts may differ somewhat but basically we have the same likenesses that unite us and these are far greater than our differences.

We have the same ideals and desires, the same problems and concerns. We work toward optimum health for all people in Canada; to meet the nursing service needs and to provide the educational programs and facilities to produce the kind and quantity of personnel required to carry out our nursing functions.

Social and scientific changes have intensified old problems and created new ones for the nursing profession. We are faced with an ever-increasing demand for nursing service. Consequently, a major concern at present is the reclassifying of nursing functions and the training of the different types of personnel necessary for the total health care of the people.

The nurses who graduated even 20 years ago could hardly have visualized the many changes that have taken place in so short a time. The advances in medical research — the changes in surgical treatment and anesthetics, with the consequent new skills and knowledge required in pre- and post-operative nursing, the number of new medications and treatments in medical nursing — all these demand continual study on the part of all nurses. There have been dramatic changes in psychiatric nursing, in the nursing of children, and in the importance of rehabilitation programs for an increasing number of the older age population. There is greater emphasis on preventive measures. Expanding programs in occupational health services call for new skills.

It was because we believed we could work more effectively through our likenesses, rather than our differences, that changes were made in 1952, after completion of the Structure Study of the Canadian Nurses' Association. The various committees of Public Health, Private Duty and Institutional Nursing were replaced by Nursing Education and Nursing Service Committees, thus uniting us in a common goal and doing away with overlapping and duplication of thinking and effort.

If we are to meet the needs created by continuing advances, we need the cooperation and participation of all nurses. Too few nurses are concerned about the future of their profession or give thought to the changing needs in nursing education and nursing methods. True, they may be carrying out their particular nursing tasks to the best of their ability, but more is expected of us as professional persons.

We must be prepared, for instance, to take a greater part in research to promote more efficient and economical methods of providing nursing care. Let us keep in mind that research can be and is being done by individual nurses as well as by organized groups under the leadership of prepared per-Methods Improvement Resonnel. search, for example, formidable as it may sound, is being undertaken by any individual nurse who experiments with space and equipment to devise a quicker and more efficient way of doing a specific task. If she makes known her findings to other nurses she is making a contribution to nursing as a whole.

We need more nurses to interest themselves in their local nursing organizations, to serve on committees and become executive officers. How else shall we find the nursing leaders of the future who will have the courage and initiative of our pioneer leaders of the past? Only by the support and participation of all nurses can we meet the inevitable changes with confidence, discard what is no longer appropriate in old traditional patterns, and experiment with new approaches in nursing education and service.

Throughout all our concern and planning for the future one steadfast likeness binds us together, one which we hope will never change. Indeed. it is one aspect of nursing that most concerns the people we serve. Whatever our particular field of service let us never forget that first and fore most we are nurses. We must never lose the human attributes essential in a nurse: the sympathetic understand ing of the emotional needs of our patients; the warmth and kindness, patience and encouragement, so essential if we are to fulfill our tasks with success and satisfaction. Then we shall

continue to merit the confidence and respect accorded our profession through the accomplishments of those who have gone before us. EDNA E. ROSSITER, R.R.C. President, Registered Nurses' Association of British Columbia.

Emotional Problems of the Worker

KENNETH A. HAMILTON, M.B., F.R.C.P.

How are these problems recognized, and what can the occupational nurse do for the worker with emotional problems?

WORKERS, LIKE EVERYONE ELSE, have emotional problems. The most important aspect of this subject seems to be how the worker handles such problems and how the occupational nurse may help him to handle them.

Many workers, most of the time will manage their own problems in their own way and for long periods of time will continue to make a good go of their daily lives, both at work and away from it. Such persons are said to have well integrated or mature, independent personalities.

Other workers will be less able to handle their emotional difficulties and will need and will seek help. With help they will be able to keep on with job of working and living at their best level of efficiency. Such personalities lack full maturity and independence.

Still other workers will be extremely prone to have emotional problems and will need much help. These people make demands for help with such frequency as to become nuisances to those upon whom they may come to depend for advice and medical aid. These are the dependent personalities—immature, poorly integrated and likely to report with symptoms, complaints and demands. Their work is less efficient; they get along poorly with their superiors and their fellows. They generate friction both at work and away from it. Ultimately, they quit or lose their jobs. Industrial accidents and prolonged compensation—de-

Dr. Hamilton is chief of medicine for the D.V.A. and is on the staff of University Hospital, Edmonton, Alberta. pendency seem to suit them well.

So the emotional problems that arise demand of the nurse in industry some knowledge of personality and its development. There are many definitions of personality but the best is the simplest — "the person within the body."

GROWTH

The person, with his body, is born totally dependent, physically and mentally, and remains so for many years.

Most humans in our era of physical hygiene and scientific nutrition have little or no difficulty reaching physical maturity and the norm of such physical maturity improves apace. Broken Olympic records and body measurements of the average young adult citizen testify to the validity of this conclusion.

Two aspects of psychological growth concern us — growth of intelligence and growth of the emotions. Most people develop at least an average level of intelligence. This is the arbitrary standard which we call an I.Q. of 100. With this level of intelligence they can keep abreast of the demands of the social and economic organization around them.

Compulsory schooling provides at least a minimally effective adaptation of the intelligence so that nearly every adult can do some sort of job with the intellectual apparatus that he or she possesses. Morons and others of lower grade intelligence are relatively few in number. Many of them can get along

in the world of industry at some routine, simple job that makes little demand upon their ability to figure

things out.

Emotional growth is the aspect of psychological growth that is difficult of accomplishment. It should progress gradually from infancy to maturity but frequently it is arrested at some stage on the way and, as a result,

maturity is never achieved.

The infant is physically dependent. He has great dependency needs that he makes known by angry emotional outbursts. Since he can not use language he has only one way of making it known that he is uncomfortable. His total needs are few —food, warmth and a mother to cling to. He is not concerned about whether he is clean or not, but he does not enjoy hunger or cold or loneliness. He makes known his satisfaction by emotional expression of gratification and pleasure when his needs are met.

As he grows up, little by little he becomes more independent and better able to endure frustration. He is very prone, however, to relapse or regress to an earlier or more infantile emotional reaction and expression. The infant and child are inevitably parasitic and dependent on others. Many adults remain thus and never reach full, independent emotional stature or if they

do, they regress easily.

Immature adults behave after the pattern of children when subjected to frustration and stress. "Under stress people regress" may be a cliché but it says much in few words about human behavior. When the going is heavy, the less mature tend to regress and react as they used to when they were dependent infants or little children.

Infants and little children are normally completely selfish. They have not yet had time to learn to appreciate the rights of others. Some adults stay that way or are prone to regress to such a state of infantile egocentricity.

What, then, is a normal or mature personality? There are four essential

criteria:

- 1. There must be a good work adjustment in which daily work must provide satisfaction, prestige and a sense of usefulness as well as wages.
- 2. There must be the capacity to love someone other than self.

3. There must be a minimum of mental conflict, with ability to come to a decision about any problem without too much hesitation or delay.

4. There must be freedom from symptoms, (organic causes excluded).

The occupational nurse should have a sound appreciation of the concepts of dependency and immaturity. She is the mother figure toward whom those dependent, immature types will unconsciously gravitate and some will try to cling. She must learn the various disguises in which dependency and immaturity are cloaked. She may then be able to help restore independence and maturity and to counteract regression. Let us consider some of the disguises:

A. Somatic symptoms: Many, if not most symptoms, have no basis in terms of cell pathology. They stem from disorders of emotion or feeling. They are precipitated by frustrations, conflicts and other troubles that beset life. Among the most common are:

- 1. Undue fatigue with associated aching of back and limbs. This is usually to be understood in terms of a poor work adjustment as set forth in the first criteria for normal personality. This person may not come out and say he dislikes his job but he cloaks his dislike of it in a somatic symptom. Fatigue and weakness as a presenting complaint will entail blood pressure readings, blood counts and detailed searches for diabetes, hypothyroidism and the like. Such tests must be done, but when they have been shown to be normal, the worker's adjustment to his job should be discussed with him. Such a person needs a sympathetic listener. The alternative is substitution therapy such as iron for a hemoglobin value which might be 10 or 15 per cent below par, thyroid in small, innocuous doses or the allpowerful vitamin pill for some fanciful occult state of malnutrition. Substitution therapy works by means of its suggestion value. Also, during the therapy the listening process helps perhaps more than the medicine as the sympathetic ear takes in the tales of woeful symptoms. A calm, motherly attitude reassures the complainer. In the listening process, it is a good idea for the nurse to encourage the patient to talk about other things than symptoms.
 - 2. Headaches: Few indeed are the

headaches, especially the recurrent ones, that are caused by organic diseases: brain tumors, sinusitis and the like. Most of them are somatic disguises for anger, albeit the headaches are real and painful. Treatment at the plant will entail aspirin, simple or compounded with other analgesic drugs. Headache frequently occurs in a setting of poor work adjustment associated with friction generated by personal conflict with boss or fellow worker on the job or with spouse or mother-in-law in the home. Repeated reporting of headache should lead the nurse to suspect such conflict and use the listening-ear technic. It is presumed that thorough physical examination by the plant doctor will have been done.

3. Dyspepsias, flatulence and the like: The gastrointestinal tract has been called the sounding board of the emotions. Visceral disorders and distresses are commonly induced by intolerable situations at work or at home. These disorders are frequently associated with hyperacidity and constipation. If persistent, the worker should be referred for x-ray examination. The nurse may often be the key to resolution of the conflicts that underlie these states of distressingly disturbed visceral function. Substitution therapy will be the mainstay with the use of antacids and antispasmodic remedies. But the sympathetic listening ear may do more toward the ultimate resolution of the emotional problem and its symptoms.

Space does not permit of more protracted discussion of individual symptoms of emotional disorders but the following may be enumerated: palpitation, tachycardia, dizzy spells, menstrual pains, frequency of urination, cold hands and feet, abnormal sweating and abdominal butterflies.

B. Psychological symptoms:

1. Insomnia: This is the commonest of all symptoms. It spells out anxiety in large letters. It accounts for the prosperity of the tranquillizer and barbiturate trade. It stems from the persistence of childlike fear and insecurity It is a manifestation of neurotic illness and is often a forerunner of depression and other forms of psychosis.

2. Depression: This symptom represents a mood disorder. We all have our good days when we are charged with energy and high spirits. Also, we all have

our blue days when we feel low, lack energy and everything seems hopeless. Depressed persons are low in spirits and energy all the time. They use disguises at first and may say they are weak and that they can hardly drag one foot after the other; they have no energy. When asked how are their spirits, they may be reluctant to admit that they are low and sad. When they finally do so, they frequently burst into tears. They may have been trying to keep up by using alcohol, but the use of that elixir is a subject in itself. They should be recognized, diagnosed and sent for psychiatric aid. The electric shock machine is one of the miracles of the age. Depressions most commonly occur in late middle age. They are almost always associated with insomnia and a sense of guiltiness.

3. Those presenting as character disorders:

(a) Paranoid characters: Of all the common defects of character, the paranoid person is the most frequently encountered. This person is one with a pet idea and he is unduly suspicious of others. He forms the rank and file of the army of cranks and faddists. He is always getting into quarrels about minor affairs. He generates much friction at work and everywhere else. He is possessed of ideas of grandeur, selfimportance and persecution. These ideas do not amount to delusions so he is not psychotic. He should be suspected and referred to a competent diagnostician and should be advised to find another job. He may be told that a job somewhere else would benefit his health but the real benefit will accrue to organization he leaves behind.

(b) Compulsive characters: This mind is dominated by obsessive ideas. Such a one feels compelled to count every fence post as he walks along or to step on every crack or to note the number of every passing automobile. Such compulsive acts are irrational and useless. They are also energy consuming. Often, however, this person feels compelled to do things that are useful and he becomes a compulsive worker. He can't go home at closing time and he has to do things beyond the call of duty. This type can be most valuable to industry and frequently makes good when his job calls for meticulous attention to detail. He will come back to work at night. He can't help it; he wouldn't sleep if he

didn't. He frequently gets promotions and becomes a superintendent — sometimes an intolerable one who can not understand why everybody else should not be like himself.

(c) Schizoid characters: These persons are not actually schizophrenic but their reactions resemble those of schizophrenia. They are queer and isolated by reason of inability to form relationships with others. Their emotional reactions to life situations are inadequate. They are said to be "emotionally impoverished."

There is no disturbance of thinking or perceiving. In other words they have no delusions or hallucinations. They are properly oriented in the world in which they live and work but they do not seem to feel and respond correctly to the social world.

Thus, these schizoid persons have no friends. They have no capacity for libidinal relationships with the opposite sex (for better or for worse!). They are socially retarded and lack interest in other people and their doings. They may do a good job of work in an isolated way and may go through life isolated, queer and odd. Many research workers and problem solvers belong in this category as do a lot of writers, mathematicians and scientists. They may accomplish a lot.

These characters should be left alone as they are working out their problems in their own way; handling their emotional troubles effectively for themselves, albeit in a different sort of way to most people. Sometimes they break down into full-blown schizophrenia when they lose contact with the real nature of the world about them and develop hallucinations and delusions.

(d) Cycloid characters: These persons are attenuated manic-depressives. All of us have fluctuations of mood. We may be elated one day and depressed the next but these persons exhibit exaggerated mood fluctuations. For periods of time they will be happy, gay and very productive at work which they do with much zest and energy. Then the cycle will change and for periods of time there will be loss of zest, slowing up, low spirits, and poor productivity at work.

The nurse in industry should recognize these types. She will be able to salvage many of them in their low

phases. Often they will talk of quitting, saying that they are unworthy of holding down the job. It should be recognized that they will soon swing the other way. Of course, if the slowed up, non-productive phase should last too long, then psychiatric help should be sought for them.

Thus, an occupational nurse must know more than is taught her in a nursing school. She must learn on the job. She can only be really efficient by thinking in terms of personalities and observing her charges as people with all sorts of make-up. As well she must not think only in terms of symptoms, diseases and medical remedies. She needs to sublimate her maternal instincts by thinking of her charges as her family. "Scratch a man and find a child" is another useful cliché.

She must be aware of the disguises that cloak emotional conflict and are present as somatic symptoms. She must be aware of the therapeutic and helpful value of the listening ear. Most people with emotional troubles want to talk. While listening, she should keep silent and listen objectively, without moralizing or interpreting symptoms in terms of diseases. She should be aware of the value of good positive suggestions to help alleviate trouble. She should not make things worse by negative suggestion about dire and dangerous diseases that might lurk behind symptoms.

The nurse may combine substitution therapy with good positive suggestion. "I am sure this will help you," rather than "I am afraid you have something dreadfully wrong with you." She should not hesitate to refer the repeater to her plant physician. However, she can do a great deal of good on her own with the first-timer.

She should be aware of the weak, aching distresses that arise from a task disliked. She should be aware of the immature, dependent person who may tend to cling to her. Sometimes she may have to accept this motherly role if she is to help the worker stay on the job.

EMOTIONAL PROBLEMS AND THE SAFETY PROGRAM

Like diseases, accidents are best prevented. Safety programs have this aim. Their success will depend upon knowledge of the personality types of the workers. There are types known to be accident-prone since 30 per cent of people have 80 per cent of the accidents. Repeaters will exhibit abnormal personality traits and will be classifiable according to types.

Accident-proneness begins in childhood. One child will be able to accomplish a hazardous act with safety while another will get hurt in a situation that is not at all dangerous. Psychiatric study of the latter child will show him to be in a state of psychic conflict which he attempts to solve by

means of an impulsive act.

Infants and children have strong dependency needs and desires. Growing up emotionally and becoming independent is a difficult task. It is hard to give up the babyish wish to be pampered and coddled, to have everything done for one instead of doing for oneself. If an accidental injury should occur, a situation is created in which one is taken care of with sympathy and maternal concern till recovery ensues.

Children with strong dependency needs develop conflicts. They want to be independent and to do the things that other children of like age are able to do. Nevertheless, in the subconscious recesses of the mind there are strong wishes and feelings to remain dependent. Conflict develops between the wish to grow up and be independent and the wish to regress and enjoy the good old times of infancy and dependence. Such conflict may lead to the impulsive doing of daring deeds to prove that one is brave and no coward. The daring act is a rejection of the dependency wishes and it frequently results in an accident.

With the accident comes again the infantile dependency attention, care, and babying that were perhaps unconsciously longed for. The accident was fortuitous — it just happened! It was

the result of fate.

The same sort of thing happens to those who have grown up physically but not emotionally. An accident will reactivate a dependency state. The injured one had no responsibility for it; it was fate or someone else's carelessness that caused it.

The Compensation Board steps in and provides hospital accommodation, nurse, surgeons and physiotherapy. For most independent, mature people a given injury, let us say a fractured mid-tibia, will take an average time for recovery. With certain workers, however, the recovery is much delayed, though the fragments have united and the swelling of the soft tissues has subsided. The delay in return to work is because of subjective symptoms without proportionate, objective, abnormality being found.

At that stage the person is often given more physiotherapy whereas what he probably needs most is a psychiatric evaluation and an uncovering of his motives, perhaps unconscious, for

remaining on the sick list.

What sort of person is the accident-prone? Can be detected before he has an accident in industry? Such persons frequently are overtly hostile. They tend to act out their hostility by impulsive behavior. Their muscular tension is great as in anger and their movements are stiff and jerky. They usually had to suppress their hostile feelings in their childhood because they had stern parents who would permit of no hostile expression. Their psychological apparatus permits of no active expression of hostility toward anyone else but themselves and they act unwisely and impulsively and get themselves hurt.

After the injury, the muscle tension and suppressed hostility subside. They have punished themselves for their hostile feelings by suffering a painful injury. On the road to recovery, this person's hostility often returns at the convalescent stage.

I do not know how this type can benefit much from a safety program unless the safety measures are forced upon him with the rigidity of military discipline. Even then, there will be breaks in the compulsory drill that will permit of the impulsive act.

There is nothing so easy but that it becomes difficult when you do it with reluctance.

— Terence

A decent provision for the poor is the true test of civilization.

⁻ Samuel Johnson

Mental Health Hazards in Later Life

GEORGE S. STEVENSON, M.D.

THERE IS NO TIME during a person's life when he is certain to be free of hazards to his mental health. Yet these hazards, inevitable though they are, do not affect everyone alike. Most of them exist in hidden form long before they become evident. The dangers are hidden both in the mind of the person and in the circumstances of life that surround him. An event such as separating from his home may, in one person, be a hazard at the age of 20. With another this is not the case, especially if he comes from a family that is used to separating easily.

Whether people overcome their psychological difficulties or fall before them, depends on the experience they have accumulated, especially during childhood but also in after years. The broader the experience, the better equipped they are to get safely past the hazards they are bound to meet.

Childhood is the time when we learn what is expected of us as adults and what we can expect of others. We learn, more or less well, how to deal with life's problems. We learn what our responsibilities are in relation to older and younger people, toward our work and our communities. We learn what is expected of us as men or women and what to do with our ambitions and talents. We learn that certain things in life are more, and others less, important. We learn also to expect different things from different people, e.g. the rural and the urban, and the native and the foreign. All these habits of thinking influence the importance we place on hazards, how they affect us and how well or badly we are able to deal with them.

However, one learns not only in childhood, but all through life. What

Dr. Stevenson is consultant to the National Association of Mental Health (New York) after serving for many years as its medical director. He is also psychiatric consultant to the United States Public Health Service and to the Veterans' Administration.

is learned as a child is modified by adult experience. If experience has been too limited, new situations may be hard to cope with. For example, some people are so regularly successful that they are seriously upset when they meet a setback and have no previous experience to guide them. Others fail so often in what they undertake that they lack the courage to attack even easy problems. Most of us learn from occasional difficulties mixed with a fair amount of success to deal with common problems of life as they come along.

THE DANGER SPOTS

There are events in the lives of most people that are apt to be more or less critical. When the time comes to separate from one's parents and family; when one marries, especially if the partners come from different backgrounds; each time a child is born, calling for psychological readjustment in the father, psychological plus bodily upheaval in the mother; when children leave the home; and when death removes someone who is close — such events test a person's ability to depend on himself, and, in the case of a death, on his ability to keep from being crushed by the guilt of past attitudes toward the loved one.

There are hazards when one takes the responsibilities of a job or goes away to college or into the army; when work life is ended; when illness and disability force a person to give up doing things (work or play) to which he is accustomed; and when old age leaves a person or even a couple alone again. These have always been tests of a person's emotional strength.

Today these dangers are made more serious by changes that are taking place all over the world. People who used to live their lives in isolated places now find that easier communication brings new problems to their doorsteps. Rapid transport throws them into the midst of new customs,

new foods, clothes and industry to which they must adjust or else live

isolated from their fellows.

Farming is intensified and enlarged, bringing a new farm labor — often migrant. Industry is mechanized and automized, thereby removing some of the satisfaction of making the product from start to finish. Household tasks inside the home, are changed — some are done outside. Even though the effects of these changes are good, they mean constant upsets in ways of daily living and many cause serious mental unrest. Even advances in health demand new habits and attitudes which sometimes give rise to resentments, e.g. fluoridation and pasteurization.

PROBLEMS WITHOUT ANSWERS

Advancing ideas of our obligations to our fellow men, laudable in themselves, and not to be reduced, may yet cause emotional disturbance. Discrimination on account of race, creed, color or nationality may have become firmly established. To change it is disturb-

ing for both sides.

When a change in living conditions calling for new customs comes gradually over a period of two or three generations, we develop and inherit answers to many of life's problems painlessly. We learn these things from our families. We have to make only small alterations in our ideas and habits. But when such change comes within a single generation, the things we have inherited from our families or learned from even earlier experience are no longer useful. We find ourselves without answers to problems. This makes even small hazards serious. A state of emotional instability results.

THINGS TO DO

These critical spots in life are not always serious. Most people pass through them without great trouble. At the other extreme, however, are those who show the first signs of mental illness at these times. They show signs of strain such as delinquency, marital troubles, or difficulty with their work. These are the people who are poorly equipped to meet life's problems, who are poorly endowed generally.

In any case the beginning of emotional disturbance under such circumstances is a warning that the margin of mental reserve is low and the person may not stand an extra burden of anxiety. He should do two things:

Protect himself against getting into further situations that will add to his

emotional burden.

Seek help in understanding where his weak and tender spots are mentally, and how to avoid strain.

Some people can help themselves, perhaps by talking things over with a sympathetic friend. Everywhere there are special people who are expected to provide help for those who are in trouble. It may be the person who provides healing service to the sick. It may be a religious leader, a public health person, the person who helps those in need of material assistance, the person who deals with offenders, e.g. police or lawyer. It may be a teacher, a psychologist or a psychiatrist. Both by training and experience these experts tend to acquire great skill and should be depended upon to give counsel when the hazards of life become too great for one to overcome himself.

There are certain things that everyone can do to strengthen himself to
meet these hazards. All of us, of
course, develop more or less fixed
habits, most of which are valuable in
our daily lives, but we should try to
broaden them. It helps if we can meet
new and different people and undergo
new experiences. This will prevent
our habits from becoming so fixed that
we cannot adjust to new conditions.
We can estimate our strengths and
weaknesses by reviewing the past. If
we cannot do this alone we can find

an adviser who will help us.

The individual should plan his work and leisure occupations in keeping with his available time. He should not load himself beyond his capacity or even so close to it that he has no margin to absorb the inevitable shocks of hazardous periods. His leisure time should be protected and planned to provide pleasure and satisfaction to meet his hidden secondary or avocational interests and abilities. He should keep physically fit by having medical attention at the first signs of illness, or regular health examinations.

Apart from what any individual can do to protect himself against hazards. he can do something to strengthen and protect everyone in his community.

He can encourage his community to provide education for families so that children can grow up better prepared to meet changes in living and parents can get along better at every period of life. He can interest his community in providing schools that will prepare children for change. He can support the health and medical services that make people better able to deal with hazards. He can try to get better vocational guidance and training and better personnel services for people who work. This includes better provision for retirement and better preparation in the use of leisure time.

Everywhere in the world more people are living to be older. Special health, welfare, occupational and recreational services and community centres can be provided for those who outlive their close friends and relatives. It is especially important to preserve

friendship at this time.

More and more people are moving from place to place — some are constantly on the move. Special information and services are needed to help these people get along in new and strange surroundings, especially in large and complex cities. Again and again it has been suggested that counselling and advice should be provided by many professions — doctors, nurses, clergymen, lawyers, teachers, welfare workers, health workers, etc. Preparation to deal with problems of mental health should be included in the professional training of all such workers.

No one person can be expected to give attention to all these ways of improving the community and its experts. Yet, if each one of us managed to achieve even a small amount of success in just one of them, it would be a good beginning and could lead to doing even more.

In the Good Old Days

(The Canadian Nurse - MAY, 1919)

There are still nearly 500 deaths a year from tuberculosis (in Manitoba), or about 85 for every 100,000 population; but that is about the lowest death rate in Canada which we share with Ontario, Saskatchewan and Alberta . . . Montreal and the Province of Quebec have each over 200, New Brunswick and Nova Scotia each about 170, Canada as a whole 140 (per 100,000 population). *

A survey of the "bubble fountains" of a university led to the disclosure of the fact that over 50% of the entire number showed the presence of streptococci. Laboratory tests showed that in order to be a health protective measure, as it is supposed to be, the fountain must be constructed so that the water flows from a tube erected at an angle of 15 degrees or more from the vertical, and with an adequate guard to prevent contact with the orifice.

A nurses' convention was to be held in Vancouver in June and prospective delegates

were advised that the Vancouver Hotel rates would be \$3.50 for a single room and bath or \$5.00 for a double room and bath.

The construction of a tunnel from the Asiatic side of Behring Strait, where there is already a railway, to Cape Prince of Wales, near Dawson City, Alaska is under consideration. This would enable a passenger to make a through railway journey from London to Canada, the United States and South America.

The first provincial examination for the registration of nurses was held at General Public Hospital, Saint John. Fifteen nurses wrote the examinations.

Falling-sickness rings were those made from half crowns given in the church collection after a celebration of Holy Communion. These were worn as a cure for epilepsy.

Les Soins Infirmiers à Donner aux Lésions Thermiques

SOEUR M. VIRGINIA

LE RÔLE D'AMIE, de conseillère et de technicienne experte que joue traditionnellement l'infirmière, est illustré d'une façon dramatique en temps de désastre. Que les victimes soient vraiment malades, qu'elles soient bouleversées par la séparation d'avec leur famille, par la peur, la perte de biens ou d'autres fortes émotions, elles se tournent vers l'infirmière pour être consolées.

En temps de désastre, il faut adapter les soins infirmiers à des situations chaotiques, au manque de matériel et d'aménagements. Une infirmière, habituée à exercer sa profession dans des conditions normales et dans un hôpital bien équipé, se trouve en présence d'une situation très différente lorsque, en temps de désastre, elle se voit obligée de s'installer une boîte dans le coin d'un abri afin de stériliser des instruments avec des moyens de fortune. Il lui faudra souvent travailler sans direction médicale et ne compter que sur son propre jugement.

Dans le cas de lésions thermiques; le premier traitement dispensé aux personnes grièvement brûlées est d'une extrême importance. L'infirmière devrait savoir ce qu'elle doit éviter tout aussi bien que ce qu'elle doit faire. Des vies ont été perdues parce que l'étendue et le degré d'une brûlure ont été sous-estimés. Il est important d'établir un diagnostic exact, car ce diagnostic est l'unique moyen d'estimer l'ampleur des problèmes auxquels le malade fait face. La "règle de 9" est un bon moyen de déterminer l'étendue de la brûlure.

cterminer retended de la bra	iluic.
Pourcentage de la superficie du	corps:
Chaque bras représente	9%
La tête	. 9%
La partie antérieure du tronc	18%
La partie postérieure du tronc	18%
Chaque jambe	18%
Le pubis	1%
On sait que les brûlures au	visag

Soeur Mary Virginia est directrice des études à l'Ecole des infirmières St-Joseph, à Hamilton, Ontario. aux mains et aux parties génitales produisent un plus grand degré de choc, proportionnellement à la superficie brûlée, que tout autre superficie égale du corps. Il est bon de noter d'une façon spéciale l'étendue des brûlures dans ces régions.

Les brûlures se classifient de la ma-

nière suivante:

Premier degré — simple rougeur de la peau.

Deuxième degré — la brûlure pénètre à travers la peau jusqu'aux couche sous-cutanées.

Troisième degré — les muscles, les nerfs et les vaisseaux sont attaqués.

Nous devons aussi nous rappeler que le malade peut souffrir de lésions thermiques à l'appareil respiratoire, lorsqu'il a respiré de l'air chaud, des poussières chaudes et des gaz toxiques. La gravité de ces brûlures se juge par l'état de connaissance de la victime. par l'étendue et le degré des brûlures à la tête et à la poitrine, par le milieu où les brûlures sont survenues, par la substance qui les a causées, et par quels produits de combustion (dont l'oxyde de carbone est le plus important). Les symptômes dépendent de l'étendue et du degré des brûlures causées à l'appareil respiratoire. Lorsque les voies respiratoires supérieures sont légèrement blessées, on ne constatera qu'une simple irritation de la gorge et de l'enrouement. Dans les cas graves, l'oedème du larynx évolue rapidement jusqu'à obstruction complète.

Les lésions thermiques infligées pendant les désastres sont souvent accompagnées de lacérations, d'écrasements ou de fractures, blessures qui sont parfois plus graves que les brûlures. Il ne faut pas oublier non plus la rupture des viscères et les hémorragies causées par l'explosion. D'habitude, les principaux risques auxquels les brûlures exposent sont le choc et l'infection.

Voici comment les services aux victimes sont répartis:

- 1. Région du sinistre Seuls les premiers soins sont dispensés.
- 2. Centre avancé de traitement où les blessés peuvent être gardés pendant 24 heures et où les médecins, les infirmières, les secouristes, etc., donnent les premiers traitements.
- 3. Hôpitaux improvisés Dans la plupart de ces hôpitaux, seules des décisions seront prises.

RÉGION DU SINISTRE

Dans la région du sinistre, les secouristes auront ce qu'il faudra pour administrer les drogues qui calmeront les douleurs, et faire les premiers pansements. Un malade dont les brûlures sont légères (moins de 10 p. 100) n'aura pas besoin d'être pansé. Si la superficie brûlée est étendue, le malade pourra être placé dans un grand pansement pour brûlures; ses vêtements seront détachés, mais non enlevés. Si le malade est dans l'impossibilité de marcher, les moyens de transport lui seront fournis. Les cas de brûlure seront évacués les premiers.

CENTRE AVANCÉ DE TRAITEMENT

C'est dans les centres avancés de traitement que l'infirmière entrera en contact pour la première fois avec les malades qui souffrent de lésions thermiques. Il faut viser d'abord, lorsqu'on traite les victimes, à prévenir plutôt qu'à atténuer les troubles émotifs. Les quatre points suivants, à la fois un sommaire et un guide, sont de la plus grande importance:

- 1. Adopter une attitude calme et confiante qui rassurera les blessés et les autres.
- 2. Montrer à ceux qui soignent les malades à se mouvoir sans précipitation, à s'exprimer en toute confiance et à rassurer.
- 3. Savoir reconnaître les premiers signes de l'hystérie et occuper ceux qui en sont menacés, à moins que l'activité ne soit absolument contre-indiquée.
- 4. Faire travailler toute personne qui en est capable.

Le traitement et les soins donnés immédiatement ont pour but de rassurer le malade et de combattre le choc, dont les symptômes peuvent être l'incohérence du langage, la froideur et

moiteur de la peau, une soif extrême et des battements rapides du coeur. Il faut remplacer la perte de plasma et des électrolytes afin d'atténuer la concentration de l'hémoglobine. Il faut entreprendre immédiatement la thérapeutique intraveineuse. Comme il est peu probable que l'on ait du sang à sa disposition, ou utilisera les matières suivantes par ordre de préférence: plasma, sérum reconstitué, solution de dextrane à 6% dans de l'eau physiologique, solution physiologique ordinaire. On continuera ce traitement jusqu'à ce que le malade soit suffisamment rétabli avant d'entreprendre un nouveau traitement. Si le malade peut boire du liquide, on lui donnera afin de maintenir l'équilibre acide-alcalin, (une pinte d'eau dans laquelle on aura fait dissoudre une cuillerée à thé de sel et une demi-cuillerée à thé de bicarbonate de soude.) S'il est impossible de préparer ce mélange, on fera boire simplement de l'eau.

La quantité de fluide parentéral que l'on administrera dépendra de la gravité des brûlures et de la réaction du malade à la thérapeutique intraveineuse. Des brûlures étendues empêchent souvent de prendre la pression artérielle. L'infirmière doit s'en remettre au pouls du malade, à son apparence générale et à son débit d'urine, pour connaître la profondeur du choc et la réaction du malade au traitement. Tous les fluides donnés au malade doivent être exactement consignés sur sa carte d'identification. La formule suivante de traitement aux fluides est généralement admise: 1 cc. de fluide par brûlure de 1 p. 100 par 24 heures et par kilogramme de poids corporel. On donnera la moitié de ce volume pendant les huit premières heures, le reste, dans les 16 heures suivantes. Au cours des 24 heures suivantes, on pourra donner environ 1/2 - 3/4 du volume total administré pendant les premières heures. Le fluide intraveineux administré comme ci-dessus en cas de lésions graves doit contenir du plasma et de l'eau physiologique, en parties égales. On ne saurait surestimer l'importance de consigner d'une manière très exacte l'ingestion et le débit dans le cas de malades grièvement brûlés.

Dans un tel cas d'urgence, faire un rapide examen physique du malade afin d'estimer son poids, de déterminer l'étendue des brûlures et de la consigner sur la feuille. Recouvrir les brûlures avec un pansement, s'il s'en trouve, et indiquer sur ce pansement la superficie brûlée, au moyen d'un crayon rouge ou d'un crayon à lèvres. Après avoir pris ces premières mesures pour combattre le choc, enlever le reste des vêtements.

Il est souvent difficile de faire prendre par la bouche des antibiotiques s'ils sont prescrits, parce que l'état de choc produit des vomissements. S'il est jugé bon, faire lever les malades qui ont moins de 15 p. 100 de brûlures (à l'exception des personnes âgées ou très jeunes) et les encourager à aider à transporter les autres malades dans les hôpitaux improvisés.

HÔPITAUX IMPROVISÉS ET EXISTANTS

Les malades arriveront aux hôpitaux provisoires dans les 24 à 48 heures qui suivront le désastre. La condition générale du malade est la première considération. C'est ici que la ration et le débit des fluides deviennent importants. En cas de rétention ceux qui ont plus de 25 p. 100 de brûlures devront utiliser un cathéter. Le volume d'urine excrété par heure servira pendant plusieurs jours à déterminer si le volume sanguin se maintient à un niveau satisfaisant, et à quel point les reins sont attaqués. Il faut surveiller la présence du sang dans l'urine, car ce symptôme est mauvais et indique que les reins commencent à mal fonctionner. Tout en surveillant ce danger, il ne faut pas modifier le traitement tant que les reins ne réagissent pas normalement aux fluides administrés par voie parentérale.

Durant et après la troisième période de 24 heures, il faut surveiller le malade afin de voir si son débit d'urine se met à augmenter subitement, par exemple de 25 cc. par heure à 150 cc. dans le même espace de temps. Si cela se produit, on observera qu'il faut moins de fluide pour maintenir un bon débit d'urine. C'est là un symptôme favorable. Si le débit d'urine du malade ne réagit pas aux abondantes infusions intraveineuses, il faut faire plus attention lorsqu'on donne du liquide, soit par la bouche soit par les veines. C'est que le malade ne réussit pas à excréter les liquides d'une manière suffisante, et il peut en résulter un oedème pulmonaire. Devant la déficience des reins, il faut réduire le sel et ne donner du liquide que pour compenser les pertes produites par voie des poumons, de la peau et de l'urine. Le risque d'oedème pulmonaire est beaucoup plus grand chez les malades dont les voies respiratoires sont brûlées à l'intérieur du thorax.

Du cinquième au quinzième jour, le malade a besoin de bons soins infirmiers et chirurgicaux, basés sur le diagnostic d'un métabolisme déréglé. Si la fonction urinaire du malade est bonne, si la ration alimentaire quotidienne revient vite à la normale (en principe, environ, 3,500 calories, 450 grammes d'hydrates de carbone et 250 grammes de protéine), si un hématocrite suffisant est maintenu malgré la tendance persistante à l'anémie, si une bonne technique et un bon traitement aux antibiotiques permettent de repousser l'infection, la condition du malade s'améliorera rapidement et ses brûlures seront bientôt prêtes à être débridées et à recevoir la greffe.

Il est peu probable que l'on puisse, au cours d'un désastre, se procurer des châlits Stryker ou les lits pour malade brûlés. Puisque le malade n'est pas soigné sur un châlit, il faut apporter plus de précaution à le tourner, afin de ne pas frotter ses plaies lorsque les draps sont changés. Ces malades préfèrent se tourner eux-mêmes, quand c'est possible. Cela peut demander plus de temps, mais semble les faire moins souffrir.

Il faut suivre une rigoureuse asepsie en soignant les régions brûlées, que l'on traite comme toute autre plaie. De préférence, on ne nettoiera qu'au moment de la greffe. Les visiteurs qui sont atteints de maladies des voies respiratoires supérieures ne seront pas admis, parce que les personnes qui souffrent de brûlures sont prédisposées aux infections. Il faut protéger le malade contre les courants d'air et les refroidissements. C'est parfois difficile, car on est obligé de découvrir la partie brûlée. En tenant les portes fermées et l'air de la pièce chaud, il est possible d'empêcher le malade trop souffrir et de le mettre à l'abri des complications d'ordre respiratoire. Etant donné que la douleur favorise le choc et l'agitation, on administrera

des calmants au besoin. L'infirmière doit toujours surveiller les premiers symptômes d'un commencement d'infection, comme l'agitation, les douleurs, les odeurs nauséabondes et l'élévation de la température. En faisant les pansements, l'infirmière devra remarquer si les extrémités sont froides, pâles, bleues, ou si le sang y circule mal.

Pour se reposer, il faut être à l'aise. Les malades grièvement brûlés doivent passer de longues semaines au lit. Aussi, de fréquents changements de position leur permettront de se détendre et de se reposer plus facilement. La propreté générale du corps est indispensable à l'élimination cutanée. Après le mouvement des intestins ou de la vessie, il faut bien nettoyer les parties environnantes afin d'empêcher que des cristaux d'urée ou de matière fécale ne se déposent sur les brûlures. Il faut encourager le malade à se remuer le plus possible dans son lit. Cela réduit le danger d'embolie et prévient l'ankylose des articulations. Des exercices de respiration profonde, à intervalles rapprochés, seront encouragés et surveillés.

Si le malade a été brûlé au visage et au cou, il doit être tenu constamment en observation, de peur que des complications d'ordre respiratoire ne surviennent, car ces brûlures atteignent d'ordinaire les voies respiratoires. Si nécessaire, un appareil de trachéotomie doit se trouver auprès du lit en tout temps. Si les premiers symptômes de difficulté dans la respiration apparaissent: toute respiration asthmatique et dyspnée, le médecin doit être averti immédiatement. Les muqueuses de l'appareil respiratoire réagissent aux lésions et aux irritations en formant un oedème qui, s'il n'est pas combattu immédiatement, provoque la mort par asphyxie. L'infirmière doit se rappeler que les brûlures des mains sont souvent associées aux brûlures au visage, parce qu'une personne se porte instinctivement les mains à la figure afin de se protéger les yeux. Par conséquent, on ne pourra pas compter sur les ongles des doigts pour déceler la cyanose.

Les victimes de brûlures à l'appareil respiratoire ont besoin de bons et fréquents soins d'hygiène buccale. Pendant les premiers jours, lorsqu'il est impossible de garder du liquide, leurs lèvres deviennent sèches et fendues: leur bouche est sèche et leur haleine fétide. Un morceau de gaze humide placé sur la bouche soulagera le malade, si celui-ci est obligé de respirer par la bouche. L'état de la bouche aura une grande influence sur l'appétit que le malade aura pour les aliments qui favoriseront la croissance de cellules et de tissus nouveaux. L'infirmière doit user d'ingéniosité pour rendre la nourriture solide et liquide plus appétissante. Il faut insister sur les protéines, indispensables à la réparation des tissus. Les besoins alimentaires du malade seront beaucoup plus prononcés après qu'il aura subi des brûlures, et pendant une longue période de temps. Les préparations au lait écrémé sont une source excellente et économique de protéine. On conseille de faire prendre souvent entre les repas des aliments riches en protéine.

comprend Lorsqu'une infirmière quels sont les effets physiologiques des brûlures, il lui est possible d'expliquer plus clairement au malade pourquoi il faut apporter une attention spéciale au débit de l'urine, l'importance des infusions et des liquides pris par la bouche, ainsi que la raison d'être de nombreuses analyses de sang. Lorsque le malade comprend la raison d'être des traitements et des techniques, il est mieux disposé à collaborer. Un malade grièvement blessé appréciera la compréhension et la sympathie que l'infirmière manifeste afin de l'aider à surmonter les problèmes d'ordre émotif qui accompagnent invariablement la présence de plaies qui laisseront des cicatrices. L'infirmière doit être aimable, encourageante, et par-dessus tout, savoir écouter.

C'est ici que l'infirmière a l'occasion d'être fidèle aux plus hauts idéals de sa profession. Si elle veut inspirer confiance aux autres, l'infirmière doit être elle-même préparée, physiquement et émotivement, à penser clairement, à exécuter rapidement, à s'adapter à n'importe quelle situation. Elle doit avoir la foi, l'espérance et la compassion. Ces qualités ajoutent infiniment à la stature professionnelle de l'infirmière, à n'importe quel chevet de malade. En temps de calamité, elles feront de sa présence même un phare brillant dans l'obscurité.

Nursing Care in a Mitral Commissurotomy

ELLEN SNIDAL

Mrs. Brown, 27 years old, was admitted for possible mitral commissurotomy. She had been diagnosed as suffering from mitral stenosis. The doctors first of all, had to determine whether or not this patient would be a suitable candidate for a commissur-

otomy. Except for the fact that she was susceptible to colds and had been bothered by a sore throat recently, she had been "feeling well' until one year ago when she noticed some shortness of breath on climbing stairs. At the same time she also experienced some pain in her ankles, knee joints and fingers. These symptoms gradually progressed until three weeks before admission when she noticed ankle edema and some orthopnea. During the past year she had lost 10 pounds in weight. She was a very pleasant, happy woman, the mother of one boy aged five years. She was 5' 4" tall, weighed 100 pounds and appeared tired. The dyspnea was noticeable on exertion, and slight ankle edema was present. Swelling of the joints was obvious on the fingers of both hands and although it was minimal the doctors felt that Mrs. Brown definitely had had rheumatic fever. The murmur over the area of the mitral valve could be heard easily with a stethoscope. After studying the results of various tests, a diagnosis of "pure" mitral stenosis was made and Mrs. Brown was considered an excellent candidate for a mitral commissurotomy.

Her preoperative preparation began several days before the operation. Mrs. Brown's blood pressure was checked t.i.d. to provide a record of her normal blood pressure. Precautions were taken to prevent her from developing an upper respiratory infection. The physiotherapist and I instructed her in deep breathing and coughing exercises so that she would be better

Miss Snidal wrote this account of her experiences while she was a student nurse at Montreal General Hospital.

able to cooperate with us in doing them postoperatively. Mr. Brown visited his wife daily and brought news of their little boy who was being cared for by his grandmother. Mrs. Brown did not seem very nervous about her operation but when the subject was mentioned during our conversations, she brought up many questions that had been on her mind. She was told about the recovery room and the exercises that she probably would not feel like doing at the time but which would help her so much in making a speedy recovery. She was pleased to hear that the anesthetist would be with her from the time she entered the operating room until she was fully awake and ready to return to her room. She seemed happy, too, that I would be going with her to the operating room and would care for her afterwards.

THE OPERATION

Preoperatively, medications were given to control secretions and relax the patient. A cut-down was performed in Mrs. Brown's left arm. One hour later she was taken to the operating room feeling very drowsy and seemingly calm.

The operative equipment included a large, special apparatus for measuring and recording the electrical activity of the heart and for obtaining pressure readings in specific areas of the heart. This was the respon-

sibility of the cardiologists.

The patient was kept

The patient was kept under as light an anesthetic as possible. The doctor first carried out the procedure of making the opening into the chest cavity, which takes quite some time. It was a tense moment for everyone when he cut through the pericardium, and was prepared to make the incision into the auricular appendage through which he would insert his finger into the heart chamber. Close teamwork was most important at this point. The cardiologists and anesthetists gave reports every few seconds on the heart itself as well as on the patient's general

condition. The partially calcified mitral valve was slit successfully and the operation was completed in three hours. Only one bottle of blood was given during the operation as care must be taken not to overload the heart. A water-sealed chest drainage was established and the patient was taken to the recovery room.

POSTOPERATIVE CARE

Mrs. Brown regained consciousness almost immediately. She was given oxygen continuously by nasal catheter. A close check was kept on her blood pressure, pulse and respirations, the dressings and the chest drainage. The extremities were examined for cyanosis. Intravenous 5% glucose and water was given through the cutdown at a very slow rate.

Postoperative exercises began as soon as the patient could obey instructions. Her chest wound was supported to help her cough up secretions, practise deep breathing and do her leg exercises. It took a great deal of persuasion at times but with encouragement and reassurance Mrs. Brown carried out her instructions very well. Early in the evening she was taken back to her room.

Her condition on the first postoperative day was quite satisfactory. By mid-afternoon the fluctuations in the chest drainage bottle had stopped and the lung was fully expanded. On the second day the chest tubing was removed.

Mrs. Brown showed much less fear and apprehension than do most people following chest surgery. At times, however, during the first two days after operation, she had an anxious expression or even a fearful one but this soon disappeared. On the fourth day she was helped out of bed and after walking a few steps to stimulate circulation, she sat in a chair for ten minutes. This was a thrilling experience for her. From that day on, Mrs. Brown progressed rapidly and soon was up and about. Twelve days later she was ready for discharge. The doctor was confident that she would be free of her former symptoms and in future would be able to carry out normal activities.

REHABILITATION

After discharge from hospital Mrs. Brown paid regular visits to the cardiac clinic of the outpatient department. Soon after she went home she was troubled with digestive upsets. The doctor felt these were due to the operation and they disappeared after a few weeks. With the help of her husband and her neighbors Mrs. Brown was able to cope with her housework adequately.

Six months after the operation Mrs. Brown's record showed that her heart sounds had improved greatly. It was no longer necessary for her to take digitalis. Shortly after, she reported that she was able to engage in any

activities without difficulty.

Books are good for us because they tend to shake us up. Our environment is confusing because it is made up of a tangle of complicated notions, in the midst of which individuals are inclined to sit apathetically. Greek philosophy, we recall, leaped to heights unreached again, while Greek science limped behind. Our danger is precisely the opposite: scientific data fall upon us every day until we suffocate with uncoordinated facts; our minds are overwhelmed with discoveries which we do not understand, and therefore fear.

What we find in books can make us look again at things we have taken for granted, and question them; it can arouse us to ap-

preciate once more the ideas and ideals that are being stifled under the lava flow of technical marvels. If a book moves us to thought, even to angry thought, the chances are that it is doing us a good turn.

- Royal Bank Monthly Letter

Canada's births last year totalled about 470,000 — a rate of 27.5 per 1000 population.

— Metropolitan Information Service.

The late Lord Brabazon, a British general, in addressing his soldiers before the Boer war, advised them to behave like ducks — "Keep calm and unruffled on the surface but paddle like mad underneath."



Fostex GREAM

new, effective, easy-to-use treatment for seborrhea capitis

Fostex Cream is used for therapeutic washing of the scalp in dandruff...excess oiliness...seborrheic dermatitis. Fostex is effective and well tolerated. It does not contain selenium. And ... the Fostex routine is easy... all the patient does is stop using his regular cleansing agent and start washing his scalp with Fostex Cream. Fostex Cream produces abundant lather for effective therapeutic cleansing.

Fostex effectiveness in seborrhea capitis is provided by Sebulytic (sodium lauryl sulfoacetate, sodium alkyl aryl polyether sulfonate, sodium dioctyl sulfoauccinate), a new combination of surface active cleansing and wetting agents with remarkable antiseborrheic, keratolytic and antibacterial action, enhanced by sulfur 2%, salicylic acid 2% and hexachlorophene 1%.



Supplied in 4.5 oz. jars

Write for samples and literature.

Fostex Cream is also used for therapeutic washing of the skin in acne.

Westwood PHARMACEUTICALS, Buffalo, New York

Canadian Distributor: John A. Huston Company, Limited, Toronto 10, Canada

Cerebellar Artery Thrombosis

ELLEN JUTRAS

M ISS CAMERON, 53 years old, was admitted with a diagnosis of hypertension and Menières syndrome. She was very nervous, apprehensive, worried about the possible length of her stay in the hospital and whether or not she would regain her equilibrium making it possible for her to walk properly again.

SOCIAL HISTORY

Miss Cameron worked as a saleslady in one of the big department stores. Her income was quite adequate and she was helping to support her parents. For the last few years she had been living with a very dear friend — an arrangement that seemed contrary to the wishes of her family. At the time of her admission her friend was ill and this increased her anxiety and nervousness.

MEDICAL HISTORY

Before Miss Cameron's latest admission to hospital she had been treated on two different occasions for chorea in her youth. In later life she had had a subtotal hysterectomy and bilateral salpingo-oophorectomy. Five years ago she was treated for symptoms which proved to be thrombophlebitis in heryleft calf.

In discussing her latest illness Miss Cameron said that she had been perfectly well until two days prior to her admission. As she left the store's dining-room to return to her work she suddenly felt dizzy and had to close her eyes. When she opened them she was leaning against the wall. She tried to walk again but staggered and struck the opposite wall.

From that time on she was unable to walk purposefully in a definite direction. She complained of nausea, vomiting, headaches, an itchy sensation in the outer corner of her right eye and hoarseness accompanied by a sore

Miss Jutras is a student at St. Mary's Hospital, Montreal.

throat. In addition she had a sensation of coldness in her left arm and leg. She was troubled with a continuous ringing sound in her ears and the slightest movement elicited dizziness.

Physical examination revealed that the pupils of her eyes were constricted and did not react properly to light. Her blood pressure on her right arm was 220/115 and on the left 160/110, her pulse rate was 72. Her abdomen was distended and slight ptosis of the right kidney could be felt. The temperature of the left arm and leg was noticeably lowered as compared to the normal. Her reflexes were adequate except for an exaggerated left knee jerk. An attempt to check her Babinski reaction brought on a clonus of her right leg.

LABORATORY RESULTS

A weekly urinalysis was done. The specific gravity varied from 1.005 to 1.010; the normal being 1.008 to 1.030. On two occasions bacteria were found in the urine. A Mosenthal test was done to determine the ability of the kidney to concentrate urine. The results were within the normal limits. The electrocardiograph, the nonprotein nitrogen estimation, the A.C. blood sugar and her chest x-ray were all normal. Because slight ptosis of one kidney could be felt the doctor ordered an intravenous pyelogram. The results were negative.

The prognosis for her condition was generally good but there was a possibility that she would be left with residual signs.

THERAPY AND NURSING CARE

The doctor ordered 25 mg. of Serpasil q.i.d. It is thought to depress the central sympathetic centers which results in a gradual lowering of both the systolic and diastolic blood pressure. Over a period of five weeks Miss Cameron's blood pressure was reduced from 220/115 to 140/82. It also relieved her headaches and dizziness.



Sun, wintry winds, even routine hospital duties can rob skin of its natural oils. Make it dry, rough, and red. That's why so many nurses use Nivea Creme to keep their skin soft, smooth, and supple.

For they know Nivea contains a special ingredient, Eucerite, that closely resembles the natural oils of the skin. The remarkable agent penetrates the skin's top layers to feed and nourish it — keep it fresh and fragrant,

And here's a tip to keep you looking your best on those important dates - Nivea makes an excellent powder base.

NIVEA PHARMACEUTICALS LTD.

5640 PARÉ ST., MONTREAL 9

One side effect was noted — nasal congestion especially in the morning. To relieve this an anti-histamine, Benadryl 25 mg. q.i.d., was ordered.

Miss Cameron showed symptoms of a mild form of pellagra, nervousness, irritability, indigestion and constipation. Nicotinic acid 100 mg. q.i.d. was prescribed. When she left the hospital five weeks later she was told to take two of these tablets a day so that the results obtained would be more lasting.

She was placed on a low caloric, salt-free diet to maintain her weight just below the normal level for her

height and build.

Miss Cameron found it very hard to adjust to the rules of the hospital as she was so used to being independent. Over the years she had acquired the habit of drinking tea quite often during the day. As this was not the routine in the hospital she became very irritated. When the dietitian visited her this problem was discussed and it was arranged that she should be served tea and cookies in the mid-morning, mid-afternoon and at bedtime.

On her first hospital day she tried to go to the bathroom but she became dizzy and fell. The nurse found her on the floor crying and very upset. She refused to be bathed by the nurse but complained that it tired her too much to wash sitting down in the bathroom. The doctor finally gave her permission to take a tub bath as long as a nurse would remain with her all the time. This lifted her spirits considerably.

She became very depressed again when no improvement was noted in her condition. Her left leg and foot continued to be numb. On two occasions she experienced "hot flushes" that started on her lower neck and progressed to an area behind her ears. The flush was of short duration but disturbed her very much. A neurologist was called in for consultation. His report ruled out the diagnosis of Menière's syndrome but stated that the findings were characteristic of posterior inferior cerebellar artery thrombosis.

As the days followed, Miss Cameron was subject to chill tremors and stabbing pain. Special care was given

to her feet. They were massaged three or four times a day. This seemed to increase the circulation and remove the heavy feeling that constantly troubled the patient.

She remained on bed rest except for the few times each day when the nurse would help her to go to the bathroom. Rest combined with the Serpasil reduced her blood pressure

gradually.

Miss Cameron became depressed and discouraged easily during this period. Her nurses did their best to explain what was happening and to reassure her that when she left the hospital she would be able to lead a

comparatively normal life.

The neurologist paid a second consultation visit to the patient. She still showed the same symptoms. He suggested that a physiotherapist should visit Miss Cameron daily to give her gait training, leg exercises, etc. Day by day the patient became more enthusiastic. She could both feel and see that she was progressing satisfactorily. One week later when the neurologist made his final visit, he found her in much better spirits. He encouraged her to stay up for increasing periods of time in both mornings and afternoons.

At the same time her own doctor gave her permission to attend Sunday services in the hospital chapel. This convinced Miss Cameron more effectively than words that she really was on the road to recovery. By now she could walk down the corridor by herself. She filled her free time by reading, knitting and crocheting. All her symptoms has disappeared except that she still lurched to the right when walking.

Just at this stage of recovery she learned of the death of the friend with whom she had lived. She became very upset, cried continuously and reached the stage when her nurses could not console her. Her walking became more unstable. Her blood pressure rose to 210, her pulse rate to 100. Eventually she felt the need to talk about her friend's death. This immediately helped her to overcome the deep state of depression that she had reached.

A few days later she was discharged from hospital much improved physically and emotionally. Her symptoms for Diaper Rash

... Safely necommend



DIAPARENE

Clinically proven, effective*



- DIAPARENE OINTMENT—medicated, soothing ointment to clear up the most obstinate case of diaper rash.
- DIAPARENE POWDER—highly absorbent corn starch base, gently medicated, guards against prickly heat and chafing. Prevents ammonia odour and diaper rash.
- DIAPARENE RINSE—(tablet or liquid)—added to final wash water premedicates diaper preventing diaper rash and ammonia odour upon contact with urine.

Most new babies require protection against annoying diaper rash. DIAPARENE in these three forms assures complete prevention and treatment night and day.

DIAPARENE antibacterial preparations for complete baby skin care

*Niedelman, M. L. and Bleier, A.; Jour. Ped., 37:5, 762, Nov. 1950 Fischer, C. C. and Lipschutz, A.; Am. Jour. Dis. Child, 89:5, 596, May 1955 Benson, R. A., et al: Arch. Ped., 73:250 - 8, July 1956

DIAPARENE samples and literature available on request to:

HOMEMAKERS' PRODUCTS (Canada) LIMITED

36 Caledonia Road

Toronto 10, Ontario

had been relieved as much as possible. She was admitted to a convalescent home in the country for an additional two weeks of rest. After this she went back to her work completely cured except for a very few residual signs — one of which was a slight limp.

HEALTH TEACHING

Before Miss Cameron left the hospital she was given instructions that she was to follow at home. Her daily routine did not have to be changed except for the addition of rest periods in the morning and afternoon. She did not have to follow a special diet but moderation was to be her guiding principle. Before her admission she smoked 30 cigarettes a day. Gradually this number was reduced to six. Knowing that

smoking would increase her blood pressure she was able to do this without any particular difficulty. Miss Cameron knew that high blood pressure was quite compatible with long life as long as she followed instructions and developed the art of relaxation.

Conclusion

This patient was admitted with the diagnosis of hypertension and Menière's syndrome. After observation this was changed to inferior posterior cerebellar artery thrombosis. The symptoms were relieved by specific drugs, bed rest, special diet and physiotherapy. After five weeks of hospitalization the patient was discharged completely cured except for a very slight limp.

Coronary Artery Thrombosis

VIDA TRENHOLM

THE PATIENT with a coronary artery thrombosis often gives a history of having had his attack at home, sitting at his office desk or similar location. Regardless of where the attack occurs there is usually one feature common to all — the individual has been at rest.

Unless his attack has been very mild he will complain of pain that may involve the precordial area, the neck, arms and epigastrium. The pain may be excruciating, resembling that encountered in gallbladder disease. Dyspnea, cyanosis, diaphoresis, vomiting and pulse irregularities may be present. The blood pressure commonly falls and the temperature is elevated for a few days. Electrocardiograph changes confirm the initial diagnosis.

A fairly definite pattern of care has been developed for the person with coronary artery thrombosis.

Mrs. Trenholm, a supervisor at Queen's General Hospital, Liverpool, N.S. presented this outline of nursing care at a chapter meeting of the R.N.A. N.S.

1. Strict bed rest. The patient's cooperation in restricting his activity must be obtained right from the moment of admission.

He must be willing to accept extensive help from his nurses in performing many activities that he would normally do for himself — bathing, brushing his teeth, feeding himself, reaching for objects etc. For a short time he should not read. If he smokes, he should abstain temporarily. Visitors, except for members of his immediate family, should be excluded. His family should be made to understand their part in preventing exertion on the patient's part.

2. Routine laboratory tests such as urinalysis, hemoglobin estimation, white blood cell count, sedimentation rate and prothrombin time are done.

3. Danilone or similar preparations are given after the initial prothrombin time has been checked. The dosage for these drugs varies from day to day according to the daily prothrombin time. The normal prothrombin time range is 13-15 seconds. In this instance the doctor may wish to keep it at a level of two and



one-half to three times the normal range.

- 4. Temperature, pulse and blood pressure readings are taken q.4.h. for 48 hours and then twice daily if readings are within normal limits.
- 5. A light, low-salt or salt-free *diet* is prescribed.
- 6. Passive leg *exercises* and leg massage are favored by some doctors.
- 7. Gravol suppositories may be used to control the nausea and vomiting not uncommonly associated with coronary thrombosis.
- 8. Preparations of phenobarbital may be helpful in *relaxing* a tense, restless, sleepless patient. Morphine helps to re-lieve pain and shock and allays anxiety.
- 9. Oxygen per nasal catheter may be particularly useful immediately on admission to relieve cyanosis. It may even be administered in the absence of cyanosis as a possible aid in blood vessel dilation, particularly at the site of injury.
- 10. Constipation should be avoided. Oil per rectum, suppositories, plain water enemas may be favored. Laxatives by mouth may be approved by other physicians.
- 11. After the first week of the very strict regime of care, the patient may be allowed to feed himself, amuse himself by reading as long as the book or newspaper is well-supported. If he has been accustomed to smoking and desires it, he may be allowed a limited number of cigarettes per day, e.g., one after each meal.
 - 12. The sedimentation rate and electro-

cardiogram are repeated during the third week. If satisfactory the patient may be allowed up for a very short time — about 5 minutes. This interval is increased each day until the patient is up and about most of the day. Generally speaking the hospitalization period following coronary thrombosis is four to five weeks or longer.

There are certain exceptions or additions to the pattern as outlined.

- 1. In instances where the patient is particularly hard to handle or difficult to reason with, some of the restrictions may be modified at the doctor's discretion. For example, the patient may be allowed to smoke or read since enforcement of restrictions against such activity would be more upsetting than the activity itself.
- 2. In severe attacks when the blood pressure drop is very marked, Levophed may be administered in intravenous fluids. The blood pressure must be checked very frequently and the Levophed flow adjusted to maintain the blood pressure reading at the level determined by the doctor.
- 3. If the patient is nauseated and vomiting and thus unable to take Danilone or similar oral preparations, intravenous fluids containing Heparin may be substituted. The solution must be administered under very controlled conditions.
- 4. Should the patient suddenly suffer a repeat attack, oxygen may be administered immediately while waiting for medical assistance.

In 1931 only 10 per cent of the women with jobs in Canada were married, and in 1941, 13 per cent. By 1951, 30 per cent of the working women were married. Now the proportion is well over 40 per cent.

The report of a survey among married working women showed that on the average they have more education than those who do not work, but it also confirmed the fact that the percentage of married women in professional occupations is low. Thirty per cent had received vocational training of some kind — secretarial or stenographic training being most common, with nursing and teaching the choice of a smaller proportion.

The largest proportion of married women in the Survey earned \$1000 to \$1999. Women generally reach the peak of their incomes between ages 30-39. Married women generally, work to raise the family standard of living. Many had other reasons for working as well — to fill in their time, interest in the job, or need for self expression.

— Department of Labor, Canada.

Nobody grows old by merely living a number of years; people grow old only by deserting their ideals. Years wrinkle the skin, but to give up enthusiasm wrinkles the soul. Worry, doubt, self-distrust, fear and despair—these are the burdens that bow the head and turn the growing spirit back to dust.

- The Hearing Eye

* *

Never say more than is necessary.

- RICHARD B. SHERIDAN



feel as light at the end of your "rounds" as at the beginning

No one appreciates genuine day-long comfort in her shoes more than a nurse. And that's what you get in Hurlbut "uniform whites".

All the features you look for are incorporated.

Smart looks?... yes. Long wear?... to be sure.

But, above all, comfort. Choice of military and flat heels; leather and composition soles; plain, perforated, and roomy moccasin style

forated, and roomy moccasin style vamps-All goodyear welted and made with top grade white Elk uppers.

About \$9.95-\$10.95

Sanitized * FOR LASTING HYGIENIC PROTECTION

RESEARCH

A Research Project in a Premature Nursery

GERTRUDE JONES

PURPOSE

A. To test a method of research in studying nursing activities in a premature nursery.

B. To determine the time consumed in giving nursing care to the average

premature infant.

C. To improve knowledge and understanding of nursing procedures and activities carried out in the premature nursery.

D. To study nursing activities in a

premature nursery.

BACKGROUND

A. Where the study took place:

This project took place in the premature nursery of the Calgary General Hospital which at the time of the study was supplying nursing care to 16 or 17 premature infants, varying in physical development and condition.

B. Why the project was undertaken:
Because premature infants need special care, questions had arisen many

times such as:

a. Is the standard 4.0 nursing care hours per premature infant in 24 hours adequate to supply the care needed? In other words, does the hospital supply enough staff to allow a premature infant to receive adequate care?

b. How much time do various procedures take?

c. Are all nursing activities that are carried out in the premature nursery really essential?

d. Could beneficial use be made of

Miss Jones is a graduate of Calgary General Hospital. This study was carried out during her senior year as a student. auxiliary staff in the premature nursery?

It was to test a method of producing answers to these questions that the project was undertaken.

C. Nursing hours available:

Unfortunately, at the time the project was undertaken, the nurseries were experiencing a shortage in staff. A true account of the available nursing hours for the premature nursery was hard to estimate since head nurses and staff from other nurseries were required to give assistance in providing adequate nursing care in this unit.

D. Nursing personnel involved:

At present, the Calgary General Hospital staffs its premature nursery with registered nurses. Advanced intermediate and senior students rotate through the department but are not counted in staffing estimates.

METHODOLOGY

The nursing activities relative to one premature infant formed the basis of

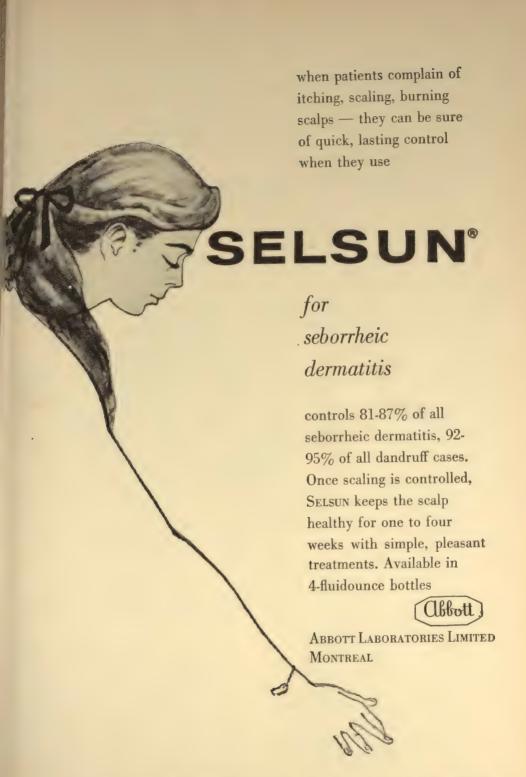
the methodology.

1. Selection of infant: It was decided that an average premature infant, without physical malformations or systemic complications, would be the selection of choice for this research study—that is, an infant born prior to its expected birth date and sufficiently underdeveloped physically in size and weight to be a characteristic premature infant.

In order to fulfill the above statement the following factors were con-

sidered:

a. That the weight be sufficiently below the standard borderline of five and one-half pounds to present definite characteristics of prematurity.



® SELSUN Sulfide Suspension / Selenium Sulfide, Abbott

- b. That the baby be anatomically immature.
- c. That the baby should have a somewhat slower pattern in his feeding regime, as most prematures do.
- d. That the baby be one who is held and fed outside the incubator.
- e. That no special treatments other than the usual be required by the baby.
- f. That the baby be well enough advanced in age so as not to present problems encountered by newborn prematures in their early days of life.
- 2. Observation periods: It was decided that due to the inexperience of the observer, a series of one-half hour observation periods would possibly be more effective than longer periods. The observation time covered eight hours making a total of 16 one-half hour periods. It was also decided that the observation periods would be so divided that they would extend over a three-day span. During the project, the periods of observation were divided as follows:

lst day — five one-half hour observation periods

2nd day — five one-half hour observation periods

3rd day — six one-half hour observation periods.

3. Technique for sampling obser-

vation periods:

- a. Sixteen tickets representing the one-half hour intervals between the hours of 8:00 A.M. and 4:00 P.M. were placed in a box, e.g. 8:00 A.M. to 8:30 A.M.; 8:30 A.M. to 9:00 A.M.
- b. One ticket was removed from the box and the period of time indicated was recorded on a sheet of paper containing the figures one to 16, opposite number one. This ticket was then discarded.
- c. The procedure was repeated removing only one ticket at a time until all tickets had been checked and each figure on the sheet had a time for observation opposite it.
- d. Observation periods *one* to *five* inclusive were carried out during the first day of the project.

Observation periods six to ten inclusive were carried out during the second day.

Observation periods 11 to 16 inclusive were carried out during the third and last day.

The above technique makes impos-

sible the duplication of observation periods.

4. Technique for observation:

a. Observation of all nursing activity related to a selected premature infant, using the same baby and the same observer throughout the project.

b. All activities were timed by means

of a stop watch.

c. An observation chart made possible the recording of:

the time the nursing activity com-

the level of staff administering the nursing care

the time consumed by each nursing activity

description of the activity.

d. At the top right hand corner of the observation chart was placed the census at the beginning of the observation period.

LIMITATIONS OF THE STUDY

A. The validity of this study is questioned as it covers only one eighthour period and only one infant.

B. The observer was totally inexperienced which also affects the validity of the study since highly skilled and trained personnel are indicated for such a project.

C. No account of the available nursing hours during each period of obser-

vation was recorded.

D. Nursing activity areas were not defined clearly enough for accurate collection of data to determine the level of the activity.

RESULTS OF THE PROJECT

A. Time consumed in nursing activities:

1. From the data collected in the observation periods, it was found that the infant received no nursing care

in five of the 16 periods.

2. A total of one hour, 48 minutes and 53 seconds of nursing care was observed in the observation periods. Of this amount, *direct* care accounted for a total of one hour, 26 minutes and 52 seconds, or 81.2 per cent of the total nursing activities. (Table I.)

A total of 21 minutes and 25 seconds or 19.7 per cent of the total nursing activities was contributed to indirect nursing care. (Table I.)

Developed to meet your standards—

Morning Milk

...the partly-skimmed milk guaranteed by Carnation



Your recommendation of partly-skimmed Morning Milk is protected by the time-proven quality controls that have made Carnation Milk the accepted milk for full-fat infant feeding;

NOURISHING AND DIGESTIBLE: Standardized to exact levels of fat content and Vitamin D.

UNIFORM: Rigid laboratory controls provide the same high quality in every can.

SAFE: Only finest inspected milk is accepted, production is continually supervised, and Morning Milk is protected by Carnation's special evaporated milk can.

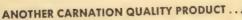




TABLE I

Recorded in Minutes, Seconds and Percentages

Periods	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total
Indirect care	3:09		6:06	_	:41	:27	3:10		:34	:42	_	1:13	2:12	_	2:37	:36	21 min. 25 sec.
Per cent	2.9	_	5.1	dire.	.5	. 4	3.1	_	.4	.5	***************************************	1.3	1.9	_	2.2	.5	19.7
Direct care	4:56	_	_	-	20:02		8:53	-	14:44	_	_	16:01	1:32	_	5:46	14:58	1 hr. 26 min. 52 sec.
Per cent	4.4			_	19.7	_	8.1	-	13.6			15.3	1.3	_	5.2	13.6	81.2

3. A total of one hour, 14 minutes. and 13 seconds was contributed to feeding the baby, or approximately 67 per cent of the total nursing care.

4. The various nursing activities in which most time was consumed are indicated in Table II, in actual consumed time and the approximate percentage of the total nursing care.

B. Educational value of the study:

1. Premature infant care:

During observation periods there was an opportunity to view nursing

b. During the periods when the selected baby was receiving nursing care, constant attentive observation of the time element of the activities and accurate recording of the data seemed to be of prime importance resulting in a limited absorption of the technique of the activity.

2. Nursing research:

There is no question as to the educational value of such a project greater awareness of the need for research in nursing, in order to attain

TABLE II

Nursing Activity	Time Consumed	Per cent
Feeding	74 min. 13 sec.	67.2
Charting	9 min. 29 sec.	8.5
Diaper changing	4 min. 25 sec.	4.0
Temperature	2 min. 43 sec.	2.3
Sponge bath	2 min. 22 sec.	2.2
Changing linen	2 min. 46 sec.	2.3

procedures and general activities car-

ried out by the nursing staff.

The observation of the care of infants in areas other than that of the selected baby was made possible when no nursing care was being given to the selected baby. It appeared that this observation of the nursery in general proved to be of most value in improving my knowledge and understanding of nursing activities in re-lation to premature infants. The reasons for this are as follows:

a. Larger scope for observation in relation to actual physical development of the infants resulting in the observation of various methods and procedures in nursing care to attempt to secure their

survival.

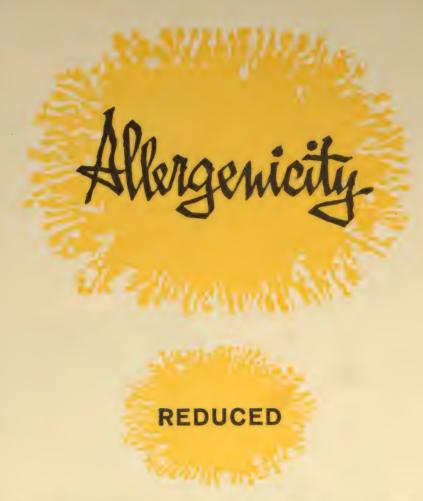
the highest standard in quantitative and qualitative nursing care for patients; an increase in knowledge of how nursing research is carried out.

Conclusions

A. Nursing care of the infants:

1. Time consumed in nursing activities of one premature infant without physical malformations or systemic complications, on the basis of this study, is 5.4 hours in 24 hours.

2. It would appear that the Calgary General Hospital does not supply a sufficient number of hours of nursing care for premature infants, when the present standard of nursing care hours is 4.0 hours in 24 hours.



A recent clinical study* clearly established that Gerber Strained Egg Yolks are less allergenic than home-cooked egg yolks. An exclusive "time/temperature" sterilization process (45 minutes at 240°F) markedly reduces the allergenic effect of the egg yolks, according to the investigators. This special process also insures a safe, uniform product which is much more palatable than sieved, hard-cooked yolks.

This is but one of many continuing research projects conducted by Gerber in the interest of better nutrition for infants.

Gerber Baby Foods

NIAGARA FALLS, CANADA

TODD, RICHARD H., M. D. ET AL. THE JOURNAL OF ALLERGY 28:436-448, 1937

3. The premature nursery, when the census is 16-17, depends on the department's supervisors and staff from other areas to provide adequate nursing care for its premature infants.

B. Method of research:

1. This method lacked a sufficient coverage of the 24-hour period of nursing activities and a sufficient number of infants involved, to be valid.

2. The areas and levels of nursing activities for the study lacked

organization.

For the above reasons, it is justifiable to question the validity of this method of research for the premature nursery.

C. Éducational value:

For the reasons stated previously, it can be concluded that this study has intensified my knowledge and understanding of premature infant care.

D. Nursing activities:

1. It can be concluded that 81.2 per cent of all nursing activities are contributed to direct nursing of the infant which demands staffing of the premature nursery with personnel who have knowledge and understanding of the care of premature infants.

2. It can be concluded that a large percentage of the time required in nursing of premature infants is the result of their feeding problems.

RECOMMENDATIONS

A. It is recommended that a more detailed study be made of the nursing activities and their time element in the premature nursery, over a longer period of time to include, at least, all periods of duty, more infants, a stable number of nursing hours, and a research committee of skilled personnel to be assured of high quality and quantity of organization and utmost validity.

B. On the basis of this limited study, it would appear that 5.4 hours of nursing care in 24 hours (excluding service given by supervisors) should be provided for the premature

nursery.

C. It is evident that the premature nursery should continue to be staffed with personnel possessing knowledge and skill, in nursing premature infants, until a more valid account of the activities can be produced.



let the new KNOX LOW SALT BROCHURE save your time for even more essential tasks

Recent clinical research emphasizes the growing usefulness of low sodium diets in a number of critical conditions. You can save much time and repetitious talk by suggesting the new Knox Low Salt Brochure for all patients needing the benefits of a low sodium intake. Diets are based on Food Exchanges¹ and can be easily individualized by selecting one of three caloric levels—1200, 1800 and unrestricted—and by arranging sodium intake at levels of 250, 500 or 1,000 milligrams per day. Separate bibliography of 53 late references available on request.

1. The Food Exchange Lists referred to are based on material in "Meal Planning with Exchange Lists" prepared by Committees of the American Diabetes Association, Inc. and The American Dietetic Association in cooperation with the Chronic Disease Program, Public Health Service, Department of Health, Education and Welfare.

D. It is recommended that if the educational program of the Calgary General Hospital school of nursing permits, more students should be given the opportunity to conduct such a sampling of nursing research.

BIBLIOGRAPHY

1. Brendenberg, V.C., Nursing Service Research. Philadelphia, London, Mont-

real: J. B. Lippincott Co., 1951.

2. Gipe and Sellew, Ward Administration and Clinical Teaching. St. Louis: C. V. Mosby Company, 1949.

3. United States Department of Health, Education, and Welfare, Public Health Service: How to Study Nursing Activities in a Patient Unit. Washington: United States Government Printing Office, 1954.

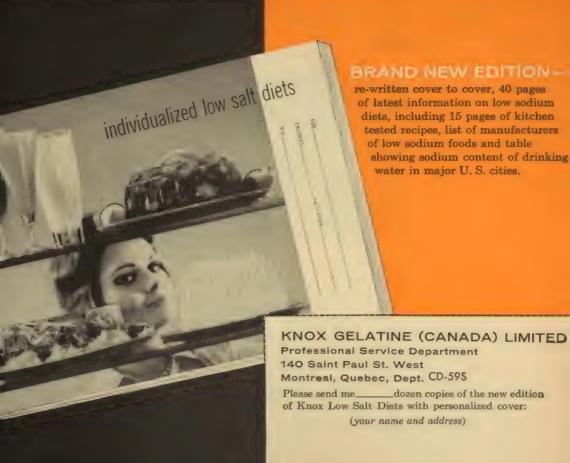
Cleft Lips and Palates

DOROTHY J. HILL

THE PREVALENCE of cleft lip and cleft palate is estimated to range from

Miss Hill, a recent graduate of Montreal General Hospital, prepared this article during her pediatric affiliation. 1:1000 to 1:700 of the live births in our total population.

A cleft lip always occurs on the upper lip and on one or both sides. Figures show that, in the children studied, the majority of clefts tend to



be left-sided. If the cleft is bilateral the premaxilla protrudes forward and is attached to the nasal septum. This gives the appearance of an isolated mass of tissue.

A cleft palate is a unilateral or bilateral fissure involving the hard or soft palate or both.

The cleft palate and lip may be classified as follows:

First degree: A small cleft or nick in the vermilion border of the lip, lateral to the mid-line, which may be unilateral or bilateral.

Second degree: A cleft in the lip which extends into the floor of the nose lateral to the mid-line and unilateral or bilateral.

Third degree: A cleft involving a) the lip and soft palate or b) the lip and both the soft and hard palate. The condition may be unilateral or bilateral in both instances.

In caring for the child with a cleft palate several very important facts must be remembered.

First, we must realize that there is a direct communication between the

oral and nasal cavities. For this reason extreme care is required when feeding the baby. The feeding must be given slowly with the child in an upright position, or aspiration of food or fluid may occur. No oily substances should be given since aspiration could cause lipoid pneumonia.

We must be sure that the child receives sufficient food to help him to gain and to maintain weight. For this reason an adequate supply of fats, carbohydrates and proteins should be given in the form of soups, eggnogs, milk shakes, etc. The child with a cleft lip or palate is characteristically underweight and should never be expected to gain at a normal rate.

Methods of feeding include:

1. The use of a cleft palate nipple which is a combination nipple and obturator. The obturator covers the opening in the child's palate while he sucks.

- 2. The use of a soft nipple with a large hole.
- 3. The use of a Brecht feeder. This is a glass syringe with a small nipple on one end and a rubber bulb on the



new KNOX BLAND DIETS BROCHLIRE can provide time-saving dietary guidance

Modern management of gastritis, hyperacidity and peptic ulcer¹ continues to stress the valuable role of bland diets in these conditions. You can save considerable time and avoid tiresome repetition by suggesting the new Knox Bland Diets Brochure. Based on a recent review of the literature, BLAND DIETS in Gastritis and Peptic Ulcer presents basic facts patients need to know about bland foods, frequent feedings and high protein diet. Easily individualized, this new Knox Brochure enables the ambulatory, unhospitalized patient to progress from a soft bland diet to a permanent bland diet via four specific menus.

1. Kirsner, J. B.: J. A. M. A. 166: 1727, (April 5) 1958.

other. Gentle pressure on the bulb permits feeding to pass easily through the nipple and still gives the baby the satisfaction of sucking.

4. Training the child to drink from a medicine glass. A baby quickly learns to drink from this container. The child must be held upright and fed slowly.

The baby with a simple or first degree cleft lip may be fed as a normal baby with the assistance of a nipple with a large hole.

For a second degree cleft, a special feeder may be used. This consists of a 20 cc. syringe with a two-inch piece of No. 10 rubber tubing attached to the tip. The baby sucks on the tubing and is helped by very gentle pressure on the plunger of the syringe.

Infants with cleft lips start on solid foods at the same age as normal babies and can usually be kept well nourished. A spoon may be used to give solids at any time after one month. Care must be taken to keep the child upright during the feeding to prevent aspiration. Clear fluids should be given following milk feedings to keep the baby's mouth clean. Absorbent swabs may be used with sterile water to cleanse crevices. The exposed surfaces of the oral mucous membrane should be kept lubricated with a very small amount of liquid paraffin or vaseline. The prevention of upper respiratory infection is a major factor.

Cleft lips may be repaired when the child has reached eleven pounds in weight. Cleft palates are repaired at two years of age.





PREPARED IN YOUR NATIONAL OFFICE, CANADIAN NURSES' ASSOCIATION, OTTAWA

HALIFAX 1960

The Program Takes Shape

ELIZABETH REED, Assistant Director-in-Chief, Victorian Order of Nurses for Canada, has been appointed chairman of the Program Committee for the 1960 Canadian Nurses' Association Biennial Meeting in Halifax, June 19-24.

The first Committee meeting was held in National Office in April. Already the outline of the program is taking shape. Information will be going forward to your provincial nursing association offices and for your annual meetings so that you may know what is planned for 1960.

One of the added attractions will be:

CNA Post-Convention European Tour

Plans are being developed for a postconvention tour to Great Britain and Europe leaving by air on June 25, the Saturday following the convention. The tour will last approximately one month and will include observation visits to hospitals and health agencies in Scotland and England and a visit to W.H. O. in Geneva. The tour will also include France, Belgium, Holland, Germany and Italy.

Thos. Cook & Son has been appointed official tour organizer and a detailed plan of the tour will be included in

the June issue.

Plan now to enjoy an exciting European visit combined with an opportunity to enhance your professional experience through planned observational visits — an experience you will long remember.

Canadian nurses, who assisted in the planning for the Study Tour for British nurses organized by the CNA, and the British nurses themselves have all expressed the hope that a similar tour could be planned for Canadian nurses.

The tour is planned, we await your applications, and can assure you that a warm welcome awaits you.

Canadian Hospital Association Annual Meeting

The CNA has been invited to plan and participate in a session at the Annual Meeting of the CHA, May 11, 12, 13, in Montreal.

Present and future trends in nursing will be discussed by representatives of the CNA and the medical profession. The CNA is pleased to take part in this program and appreciative of the invitation to do so.

I.C.N. Board of Directors, Helsinki, Finland

ALICE GIRARD, CNA President and PEARL STIVER, General Secretary, will sail from New York June 24th for Helsinki, to attend the Board of Directors Meeting of the International Council of Nurses, July 6, 7, 8, 1959.

Held every two years, this meeting of the Board will plan for the ICN Congress to be held in Melbourne, Australia in 1961.

International Essay Competition

This is just a reminder for those who are taking part in the ICN International Essay Competition de-

NOW... the finest Meat Dinners in sparkling glass

FROM SWIFT -- WHO BROUGHT YOU THE FINEST IN 100% MEATS FOR BABIESI



Swift—meat specialists and pioneers in working with doctors to make meats available in baby foods—now bring you 5 new Meat Dinners ... in sparkling glass. Swift's Meats for Babies—always the most complete line—is now more complete than ever! These 5 new Meat Dinners have the same smooth texture, are prepared from the same fine, lean meats used in Swift's 100% Meats for Babies. Just the right amount of fresh vegetables and cereal have been included to

make them balanced dinners.

With the 5 new varieties of Meat Dinners, the 13 varieties of 100% Meats (including 3 fruit-flavoured ones), plus Egg Yolks, and Egg Yolks & Bacon, you can recommend whatever meat best suits each baby's nutritional requirements with the knowledge that every meat is/available in Swift's complete line of Meats for Babies.

(If Swift's new Meat Dinners are not in your area yet, they will be very soon.)

FOR YOUR CONVENIENCE, HERE IS A LIST OF ALL SWIFT'S MEATS FOR BABIES. (Most are also available in chopped form for older babies.)

Beef • Lamb • Pork • Veal • Chicken • Chicken & Veal • Ham • Liver • Liver & Bacon • Beef Heart • Pork with Applesauce • Ham with Raisin Sauce • Lamb with Mint flavour • Egg Yolks • Egg Yolks & Bacon

Beef Dinners • Chicken Dinners • Veal Dinners • Lamb Dinners • Ham Dinners



To Sorve Your Family Bettes

scribed on page 62 of the January issue — the closing date for Canadian entries is May 15, 1959.

Program Launched to Develop Civil Defence Content for Nursing Education Programs in the United States

With a grant of \$80,000 from the Office of Civil Defence Mobilization, the National League for Nursing has initiated a project to demonstrate ways of preparing nurses for mass casualty care and other nursing roles in civil defense.

The objective is to determine curriculum content needed for all types of nursing education programs, including in-service education programs in hospitals. Demonstrations will be carried out in three colleges offering definite types of nursing education programs and in one civilian hospital.

Massachusetts General Hospital, Boston, will develop content in disaster nursing for diploma and in-service education programs. Skidmore College, Department of Nursing, New York, will work on content for basic baccalaureate programs, and Teachers College, Columbia University will work on content for advanced nursing education programs.

Curriculum content for basic collegiate and practical nursing education programs will be developed at the University of Minnesota, Minneapolis. The 18-month project is an initial step in preparing a plan for nursing edu-

cation in national defense.

Miss Evelyn Pepper, Nursing Consultant, Federal Civil Defence Health Services, Ottawa, and Miss Thelma Green, Nursing Consultant, Civil Defence, Ontario, were guests at a recent session of the Advisory Committee of this Nursing Education Research Project, held in Battle Creek, Michigan.

CNA House Committee

Miss MILDRED WALKER, Senior Nursing Consultant, Occupational Health Division, Ottawa, has been appointed Chairman of the CNA House Committee set up to investigate the purchase or building of a CNA National headquarters.

Five provincial nurses' associations have now built their own headquarters and a sixth has building plans under way. It is time indeed to think of a permanent headquarters for the CNA.

CNA Retirement Plan

The news that Plan "B" has been expanded to include other members of staff where one or more CNA members are employed has been released by the *Journal* in the April issue. This will be described in greater detail in June. This matter will be of interest to all nurses in hospitals or other agencies considering a pension plan for their employees.

How can our membership become aware quickly and thoroughly of the excellent benefits available to them through our CNA Retirement Plan?

1. Speakers -

For Provincial Meetings — a Canadian Nurses' Association representative or a representative of the National Life Assurance Company or Royal Trust Company will be available on request.

For District or Chapter Meetings — the same representatives will be pleased to attend if at all possible.

For Hospital or Other Organizational

Staff Meetings — the National Life Assurance Company will definitely provide a consultant.

2. Exhibits —

An exhibit is available for display at all provincial annual meetings upon request.

3. Speakers' Kits -

These kits are being prepared for distribution to chapters and districts to assist in promotion by their own members. They can also be distributed by the speaker to other interested groups following the introduction to and explanation of the Plan.

Content of the Kit —
Pension Booklet

A.B.C. of the Pension Plan A chart showing where your money goes and how it grows

Certificates you would receive Comparison with other Plans Speaker's outline of the procedure of the

Plan.

Several years of exhaustive research have resulted in this CNA Retirement



Ident-A-Band



In emergency... the positive on-the-wrist identification that has protected millions of patients is indispensable. Ident-A-Band protection is vitally important, too, in OB, pediatrics, surgery. Write for information on this soft, strong plastic band that seals complete identification around the patient's wrist for the duration of his stay.

HOLLISTER LIMITED + 160 Bay Street, Toronto I, Ontario

Plan which is second to none. Therefore, it is our responsibility to inform our members of its possibilities for

their ultimate security in the future.

It is OUR Plan and the success of it depends upon OUR efforts.

Le Nursing à travers le pays

Le programme se dessine

La convocatrice du Comité du Programme du prochain congrès biennal de l'A.I.C. qui aura lieu à Halifax du 19 au 24 juin 1960 a été nommée, en la personne de Mlle Elizabeth Reed, adjointe de la directrice en chef du Victorian Order of Nurses.

Le Comité s'est réuni pour la première fois au Secrétariat national en avril et le programme fut tracé dans ses grandes lignes. Les renseignements à ce sujet seront adressés aux associations provinciales afin de leur permettre de renseigner leurs membres, lors de leurs assemblées annuelles, sur ce que l'on projette pour 1960.

Voyage en Europe après le congrès

L'un des projets les plus attrayants est un voyage en Europe qui aura lieu aussitôt après le congrès. En effet, l'on est à faire les plans d'organisation de ce voyage par avion pour le samedi 25 juin. Le voyage durerait environ un mois et comprendrait la visite de divers hôpitaux et organismes de santé en Ecosse et en Angleterre ainsi qu'à l'Organisation Mondiale de Santé, à Genève, Suisse. L'on visitera aussi les pays suivants: France, Belgique, Hollande, Allemagne et Italie.

Le voyage sera sous la direction de la firme Thomas Cook & Son et tous les détails seront donnés dans le numéro de juin prochain.

Il s'agit dès maintenant de compter sur le projet d'un voyage en Europe et sur la perspective d'enrichir l'expérience professionnelle par d'intéressantes visites d'observation.

Les infirmières canadiennes qui ont collaboré à la préparation du voyage d'étude des infirmières britanniques, organisé par l'A.I.C. et les infirmières britanniques elles-mêmes, souhaiteraient qu'un voyage semblable fut organisé au bénéfice des infirmières canadiennes.

Ce voyage est en voie d'organisation. Nous attendons les inscriptions des infirmières et pouvons les assurer de bonne réception.

Assemblée annuelle de l'Association des Hôpitaux Canadiens

L'Association des Infirmières canadiennes a été invitée à participer à l'assemblée annuelle de l'Association des Hôpitaux canadiens qui aura lieu à Montréal les 11, 12 et 13 mai.

Les tendances actuelles et futures du nursing feront l'objet des délibérations par des représentantes de l'A.I.C. et des membres de la profession médicale. L'A.I.C. est heureuse de participer à ce programme d'envergure et apprécie vivement cette invitation.

Conseil International des Infirmières, Bureau de direction

Mlle Alice Girard, présidente de l'A.I.C. et Mlle Pearl Stiver, secrétaire-générale, partiront de New York le 24 juin prochain pour Helsinky, Finlande où elles assisteront à l'assemblée du Bureau de direction du Conseil International des Infirmières, qui sera tenue du 6 au 8 juillet 1959. Cette réunion, qui a lieu tous les deux ans, a pour but de préparer le Congrès International des Infirmières; le prochain congrès aura lieu en 1961 à Melbourne, Australie.

Concours international — Dissertation sur l'Ethique

Nous désirons rappeler à celles qui participent au concours lancé par le Conseil International des Infirmières, (voir page 62 du numéro de janvier), que la date finale pour les envois du Canada est le 15 mai 1959.

Programme lancé aux Etats-Unis pour le développement de l'Enseignement de la Défense Civile parmi les infirmières

Un octroi de \$80,000 a été accordé à la "National League for Nursing" par la Défense civile américaine pour l'inauguration d'un projet servant à démontrer par quels moyens l'on peut préparer les infirmières à donner des soins en cas de désastre général.

3 VERY IMPORTANT PEOPLE

benefit from Spansule* sustained release therapy



the PATIENT

who feels better because his symptoms are under constant control and who is happier because he is not required to swallow pills 3 or 4 times a day.



the NURSE

who finds that the time-consuming routine of drug administration has been greatly simplified because 'Spansule' therapy replaces 2, 3 and even 4 rounds of ordinary oral medication.



the DOCTOR

who knows that the patient is receiving prolonged, continuous medication, with less chance of symptomatic "break-through" between doses, and, where rest is important, with fewer annoying interruptions.

S.K.F. preparations which are available in 'Spansule' capsule form include:

COMBID†, DEXAMYL*,

DEXEDRINE*, ESKABARB*,

ESKASERP*, HYPTROL*,

and PRYDONNAL*.



Also available:

SUL-SPANSION* LIQUID



SUL-SPANTAB† TABLETS,

unique <u>sustained-release</u> forms of sulfaethidole, S.K.F.



970



Smith Kline & French • Montreal 9

*Reg. Can. T. M. Off. †Trade Mark

Le but de cette expérience est de déterminer ce que doit comrendre à ce sujet tout programme d'éducation en nursing: écoles d'infirmières, éducation du personnel, etc. Des démonstrations seront faites dans trois collèges qui offrent des types définis de programmes d'éducation en nursing de même que dans un hôpital civil. Le Massachusetts General Hospital préparera le programme destiné aux étudiantes d'écoles d'infirmières et aux infirmières en service. Au Skidmore College, division du nursing, l'on rédigera un programme s'adressant aux étudiantes inscrites au cours de base conduisant au baccalauréat, et Teachers College de l'Université Columbia, s'occupera du programme destiné aux étudiantes des cours supérieurs, qui se destinent à l'enseignement.

A l'Université du Minnesota, Minneapolis, l'on préparera le programme destiné aux étudiantes qui font leur cours en partie au collège et en partie à l'hôpital, ainsi qu'au programme des auxiliaires en nursing.

Ce projet qui s'échelonnera sur une période de 18 mois, est le premier pas dans l'élaboration d'un programme de nursing dans la Défense civile.

Mlle EVELYNE PEPPER, consultante en nursing à la Division de la Défense civile nationale à Ottawa et Mlle Thelma Green, consultante en nursing à la Défense civile d'Ontario, furent invitées à une réunion du Comité consultatif du Projet de Recherche en Education en Nursing, qui était tenue à Battle Creek, Michigan.

Comité du Logement de l'A.I.C.

Mlle MILDRED WALKER, consultante, division de la Thérapie d'occupation, Ottawa, a été nommée convocatrice du Comité du logement de l'A.I.C. qui a pour but de renseigner sur les possibilités d'acheter un édifice pouvant loger le Secrétariat national.

Dans cinq provinces les Associations d'infirmières logent dans des édifices qu'elles ont acquis, et une autre province aura bientôt aussi sa propre maison. Il est temps de penser à une propriété pour les quartiers généraux de l'A.I.C.

Le Plan de Pension de l'A.I.C.

La nouvelle que le plan "B" permet d'inclure les autres membres du personnel travaillant avec un membre ou plus de l'A.I.C., a été publiée dans le numéro d'avril. Nous donnerons plus de détails à ce sujet dans le numéro de juin. Cette question est d'un intérêt articulier pour les infirmières des hôpitaux et d'autres institutions qui désirent faire bénéficier leurs employés d'un plan de pension.

De quelle façon nos membres peuvent-ils être bien renseignés au sujet des bénéfices que peut leur procurer le plan de retraite de l'A.I.C.?

Par les moyens suivants:

1. Conférences —

Aux assemblées provinciales — Une représentante de l'A.I.C. ou de la Compagnie d'Assurance National Life ou du Royal Trust sera envoyée, sur demande. Aux assemblées des Associations de districts — Les mêmes représentantes pourront s'y rendre si la chose est possible. Aux hôpitaux et autres institutions— Réunions du personnel — La National

2. Exhibits —

Un exhibit est à la disposition des associations provinciales pour leurs assemblées annuelles, et sera envoyé sur demande.

Life y enverra sûrement un représentant.

3. Notes pour les conférencières —

Ces notes ont été préparées pour les associations de districts et chapitres afin de permettre à leurs propres membres de collaborer à ce mouvement de publicité. Ils peuvent aussi être distribués à d'autres groupes par les conférencières qui en auront expliqué le plan.

Oue contiennent ces notes? —

- -Livret sur le plan de retraite
- -A.B.C. du plan de retraite
- —Un diagramme illustrant où va l'argent versé et comment on le fait profiter
- -Exemplaire du certificat qui sera remis
- —Comparaison avec les autres plans de retraite
- Exposé du conférencier sur le fonctionnement du Plan de retraite.

Ce n'est qu'après plusieurs années d'intensives recherches que l'A.I.C. fut en mesure de vous présenter son Plan de retraite qui ne le cède en rien à aucun. C'est donc un devoir pour nous de renseigner nos membres sur les avantages de ce plan et sur les possibilités de parer à toute éventualité au point de vue sécurité.

C'est notre plan et son succès dépend de nos efforts.

Canada's death rate hit an all-time low during 1958 of 7.9 per 1000 population. The

previous low of 8.1 was registered in 1954.

— Metropolitan Information Service.

INTRODUCING

"...a distinct advance in parenteral chloramphenicol therapy"

Chloromycetin Succinate

you can give it intravenously

intramuscularly

subcutaneously

Highly soluble in water or other aqueous parenteral fluids. CHLOROMYCETIN SUCCINATE solution is easily prepared for use by recommended parenteral routes in a wide range of concentrations. Tissue reaction at the site of injection is minimal, permitting continuous daily dosage, even in children. EXCELLENT CLINICAL RESULTS—CHLOROMYCETIN SUCCINATE provides broad-spectrum antimicrobial effectiveness and may be used whenever CHLOROMYCETIN is indicated. Since effective blood and tissue concentrations of the antibiotic are produced within a short time, clinical response is generally rapid. Signs of irritation at injection sites have been few.

SUPPLY—CHLOROMYCETIN SUCCINATE (chloromphenical sodium succinate, Parke-Davis) is supplied in Steri-Vials, 'each containing the equivalent of 1 Gm. of chloromphenical; packages of 10.

CHLOROMYCETIN is a potent therapeutic agent and, because certain blood dyscrasias have been associated with its administration, it should not be used indiscriminately, or for minor infections. Furthermore, as with certain other drugs, adequate blood studies should be made when the patient requires prolonged or intermittent therapy.

mittent therapy.

Ross, S., Puig, J. R., & Zaremba, E. A., in Welch, H., & Marti-Bañez, F.: Antibiotics Annual 1957-1958, New York, Medical Encyclopedia, Inc., 1958, p. 817.

PARKE, DAVIS & CO., LTD., MONTREAL, P.Q.

CP.845

In Memoriam

Gladys (Coulter) Adams who graduated from St. Michael's Hospital, Toronto in 1925, died on December 20, 1958. She had engaged in private nursing.

Dora Alyward, a graduate of St. Michael's Hospital, Toronto in 1913, died on July 7, 1958. Her professional career had been spent in private nursing.

Mary (Ballah) Cohoon, a graduate of Amasa Wood Hospital, St. Thomas, Ont. in 1919, died on September 19, 1958.

Edith Deshaies, diplômée de St.-Jean-de-Dieu, est décédée à Montréal le 4 mars de cette année.

Rose Desrosiers est décédée en fin de janvier dernier après une assez courte maladie. Diplômée de l'Hôpital Notre-Dame, Montréal, en 1926 elle était attachée depuis plusieurs années à la clinique dermatologique de la même institution, apportant à l'exécution de son service les qualités amplifiées par l'expérience d'une vocation intelligente et sentie, et d'un don de soi constant.

Blanche (Slipp) Dougan, a graduate of Victoria Public Hospital, Fredericton in 1906, died in February, 1959 after a long illness.

Irene (McGurk) Dunbar, a graduate of St. Michael's Hospital in 1923, died on August 5, 1958.

Viola Dyer, a graduate from the Public General Hospital, Chatham, Ont. in 1916, died recently after a long illness. She had engaged in private nursing for 35 years and for a short time was assistant superintendent of the hospital.

Monica Gallagher who graduated from St. Michael's Hospital, Toronto in 1936 died on September 14, 1958. She had engaged in private nursing for some time and later had done staff nursing at Christie Street Hospital and Sunnybrook Hospital.

Marjorie E. Gregg who graduated from Memorial Hospital, St. Thomas in 1931 died recently in Whittier, California. At the time of her death she was dean of women and instructor in sociology at Whittier College.

* * *

Caroline Hornsby, a graduate of Toronto Western Hospital in 1911, died in January, 1959. Her professional life had been devoted to private nursing.

Joan (Bakke) Jackson, a 1958 graduate of St. Michael's Hospital, Toronto, died on December 25, 1958.

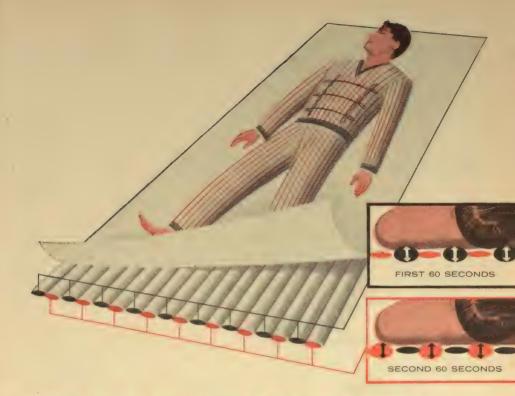
Jean Elizabeth McNee, a graduate of the Royal Alexandra Hospital, Edmonton in 1916, died on April 11, 1958. She served as a nursing sister overseas in World War I and upon her return obtained her Bachelor of Science degree and later her Master's degree from Columbia University, New York. She had done public health nursing at Coldwater, Michigan under the Kellogg Foundation before joining the staff of Peabody College, Nashville, Tennesee as assistant professor in nursing education. At the time of her death she was on the staff of Kaiser Richmond Hospital, Berkeley, Calif.

Margaret N. (Dibble) Rafuse who graduated from the General Hospital, Newport, Rhode Island died recently in Bridgewater, N.S. She had served as a nursing sister with the Canadian army in France during World War I.

Teresa Carroll Rolston, who graduated from St. Michael's Hospital, Toronto in 1918, died June 27, 1958. She had spent her professional life in private nursing.

Margaret (Cullen) Shierson, a graduate of St. Michael's Hospital, Toronto in 1932, died on September 26, 1958.

A l'Hôtel-Dieu de Montréal, après plusieurs mois de maladie vient de mourir Soeur Juliette Barcelo, r.h.s.j. Née dans le Québec, bachelière es art cum laude, et diplômée de l'Hôtel-Dieu, Soeur Barcelo prit charge du service des laboratoires jusqu'en 1933, date où elle fut nommée supérieure à l'hôpital Notre-Dame de Biddeford, Maine. Son penchant pour la diététique thérapeutique la poussa à obtenir au Collège de Ste-Thérèse à Winona, Minnesota, le baccalauréat es science en se spécialisant en nutrition. Revenue à l'Hôtel-Dieu, devint responsable du département de la diététique, tout en continuant de suivre des cours d'anatomie pathologique et de pharmacie. Elle était



Stop Back-Breaking Bedsore Battles!

APP Units Reduce Extra Nursing Care Up To 50%

The Alternating Pressure Pad relieves the nurse of one of her most time-consuming responsibilities . . . constant turning of patients who either have, or are candidates for, bedsores. By automatically shifting pressure points on the supporting areas of the body, as illustrated, the APP Unit in effect "turns" the patient every two minutes, preventing tissue breakdown and maintaining the adequate circulation necessary to prevent and heal bedsores. The combination of an APP Unit and normal nursing care starts granulation usually within a few days.

Thousands of APP Units are now in use. Many more are needed for private patients, in hospitals and nursing homes. Units are available from leading surgical supply houses for standard beds, respirators and wheel chairs.

Requested by_

APP Units are manufactured solely by Air Mass, Inc., Cleveland, Ohio, U. S. A.

MAIL THIS COUPON FOR ACTION

HYDRA-CLENE CORP. OF CANADA, LTD.
5135 de Gaspé St.
Montreal, Quebec.

Please send complete details on APP Units.
Please send APP Unit Clinical Reports.
Please have your representative call me to arrange a demonstration Institution.

Street

State

Zone

membre actif des associations de diététique, canadienne et américaine. Plusieurs années aussi et jusqu'à la fin, elle était dignitaire à l'exécutif du district no. XI et de l'association provinciale. Recherchée pour son abord calme et simple, elle avait le sens de l'humour, tout en apportant par son dévoue-

ment inlassable le bagage de ses connaissances multiples.

Edna (Fraser) Visalia, a graduate of a Canadian hospital, died February 20, 1959. She had nursed on the staff of the Southern Pacific Hospital. San Francisco.

Mongolism

WINNIFRED NELSON

ITTLE DID I REALIZE, when I started my pediatric night term, that I could become so attached to a little unfortunate bundle that medical authorities had classed as a Mongolian idiot.

André was the first child in a wellto-do farming family. His mother, then 22 years old, had had no serious illnesses, although she had some difficulty when she became pregnant for the first time. During the first month of that pregnancy she was admitted to hospital with the diagnosis of hyperemesis gravidarum. This soon subsided and she progressed satisfactorily until the sixth month when she began to complain of excessive swelling of her hands and feet, and a feeling of generalized numbness. She was advised to restrict her salt intake and was given thiamine chloride 10 mgm. t.i.d., p.c. and Betalin complex 2 cc. intramuscularly for six doses.

Thiamine chloride or vitamin B is needed for the normal functioning of the nervous, cardiovascular and digestive systems. Adults require approximately 1 mg. of thiamine chloride daily and the need is increased during pregnancy and lactation. It is stored in the body—chiefly in the liver, brain, kidney and heart. Betalin complex is used in vitamin depletion states and particularly in conditions in which absorption from the gastrointestinal tract is likely to be impaired.

The expected date of confinement was July 29, but André was delivered on the night of July 20. His mother was in labor for 16 hours.

Miss Nelson is a graduate of Archer Memorial Hospital, Lamont, Alta. André's father, who was 27 years old, was always small as a child and did not eat well. When he was 13 he was suspected of having pulmonary tuberculosis but chest x-rays proved negative. He has never had any serious illnesses.

The parents were deeply religious. On several occasions, they were visited at their son's bedside by their priest and the hospital visitor who gave them the help and encouragement they needed to face their ordeal. They loved their eight-month old son dearly.

CAUSE OF THE CONDITION

Many conditions have been held responsible for Mongolism. Tuberculosis, neuropathy, alcoholism, syphilis, hydrocephalus, meningitis and typhoid fever in the parents have all been considered. Some think that the Mongoloid anomaly might have its origin in attempted abortion which injures the germ plasm. Another widely accepted theory is that these babies are exhaustion products from long deliveries or from a mother who is nearly at the end of her childbearing period. This idea stems from the fact that Mongoloids are often found at the end of a large family. Several cases of twins where one has been Mongolian have been reported. The healthy twin might be of the same or opposite sex. The problem of the causation of Mongolism has yet to be solved.

The parents usually question the physician concerning the condition of further progeny. What stand should he take? A recurrence of Mongolism in a family has been repeatedly ob-



Amid the busy bustle of the workaday grind,
there is nothing quite so welcome
as the quick refreshment and lift in ice-cold Coca-Cola.

served. (André's father had an aunt with a Mongolian child). Nevertheless this tends to occur rather infrequently. Although hereditary factors are obviously recessive in this condition the fact still remains that even healthy children of parents with a Mongoloid child may be latent carriers of a Mongoloid genotype, in spite of the fact that they themselves are, or appear to be completely normal. Marriage between such individuals would produce greater danger of Mongolism in later descendants. This danger is particularly threatening in marriages between relatives with a history of Mongolism in the family.

SIGNS AND SYMPTOMS

Mongolism is not a progressive ailment, a disease process, but a form of general congenital anomaly of mind and body present at birth. Its signs and symptoms are marked and many. André possessed a number of them.

His eyes had the typical slanting position and slit-like form of the lid opening which gave his face its Mongoloid appearance. His nose was like a button, the dorsum flattened and greatly depressed. Along with his facial features went the characteristic brachycephalic skull formation, a large tongue, and a hyperflexibility of his joints due to flabbiness of the articular ligaments. His skin was flexible and soft, but sometimes dry facial eczemas would present a problem. The shape of André's cranium manifested a remarkable constancy to the classical picture. The small broad head was fixed on a short neck. The longitudinal diameter of the head was shortened, the occipital area sloped sharply and the entire circumference was decreased. As with most of these children André's favorite way of lying was flat on his back in the frog position. As well as possessing the characteristic Mongoloid features, André had a tetralogy of Fallot manifested by its cardinal signs — pulmonary stenosis, deviated cardiac septum, interventricular defect and right ventricular hypertrophy. There was also a possible diagnosis of cystic fibrosis of his pancreas based on the fact that he had almost constant diarrhea.

After his fifth month of life, André

began to have periods when he would be very cyanotic and a definite murmur could be heard in his chest. During his last few days, he was covered with small, dark red spots which may have been caused by anoxia from his congested lungs and weakening heart. He was, as are most Mongolians, very susceptible to infection and spent most of his short life in hospital.

In the older Mongoloid child the following additional signs may be noted. Eruption of the teeth is usually retarded and they are of abnormal form. The extremities are characterized by certain abnormalities of growth such as unusually plump hands and feet. Because of the small metacarpal bones and phalanges, the short slender proportion of the long medullated bones, the laxness of all joints, a very wide range of active and passive movements is possible. Defects in hearing are not common, but blepharitis in a chronic form is often found. The outer ear is almost never without certain malformations. Small auricles, absence of normal outlines, adherence of the lobes of the ears to the skull, and difference in size between the two ears are common anomalies.

The genitalia are frequently infantile. Phimosis and cryptorchidism are often present. The pubic hair appears late and is sparse. In all cases walking and standing are attempted much later than normally, and even sitting up and holding up the head occurs many months later than in the normal child. Speech is delayed and in most cases is guttural, indistinct and often limited. In the worst cases, the child can hardly talk at all.

In disposition, the Mongoloid child is bright, lively, imitative and affectionate. He shares with other mental defectives a fondness for rhythmic musical sounds. Mentally, most Mongoloids are idiots or imbeciles, but some can be taught to read and write. Their mental age, however, as opposed to their real or chronological age, rarely exceeds five.

NURSING CARE

In André's general nursing care, very particular attention had to be paid to avoiding the possibility of cross-infection from other children in

new Котєх*

...softest ever...prevents suture irritation

NOW A COMPLETE PRE-PACKED LINE FOR MATERNITY CARE!



HERE'S WHY HOSPITALS ACROSS CANADA BUY AND USE

Kotex* Maternity Pads

- leak-proof sides
- "WONDERSOFT"* covering
- CELLUCOTTON * absorbency...
- less nursing time greater economy
- fewer pads per confinement
 - T. M. of Kimberly-Clark Corp.

All add up to greater patient satisfaction, and greater hospital economy!

Order KOTEX Maternity Pads...the complete and modern post-partum protection.

PRODUCTS OF KIMBERLY-CLARK CORP.

Distributed by

6068A

BAUER & BLACK

DIVISION OF THE KENDALL COMPANY (CANADA) LIMITED

the ward. To help prevent this, we kept André apart from the others. Because he naturally assumed the frog position, his mother had not turned him as she should have and his head was very flat at the back. To try to correct this condition we placed him in a prone position whenever possible. An oxygen tent was used to relieve his dyspnea.

André was fed a milk formula q. 4 h. along with rice pablum and other baby foods, all of which he took very slowly, with encouragement. He did not gain as he should have. His birth weight was 7 pounds 11/2 ounces, and at the time of his death he weighed 11 pounds, one half ounce. His temperature range was wide — from 103° with an acute infection which he developed, to a point so low that the thermometer would not register.

TREATMENT

Zinc oxide was applied b.i.d. to the

eczematous areas on André's face. This is a soothing preparation containing 20 per cent zinc oxide in a base of liquid petrolatum and white ointment. He received penicillin forte 200,000 units q.a.m. for seven doses. Penicillin is bacteriostatic in a large variety of infections. In some instances it may be bactericidal. Its exact mode of action is uncertain. The child's infection, however, did not respond to penicillin so he was placed on intramuscular achromycin 20 mgm. q. 6 h. for a total of six doses. This succeeded in controlling his infection and his temperature. Achromycin is a crystalline antibiotic prepared by a chemical treatment of aureomycin. It is also a broad spectrum antibiotic. In some cases it may cause gastrointestinal side effects and urticaria.

Even with this intensive care André did not survive for long. As he lay in an oxygen tent one night, André slipped quietly away.

How Hospital Personnel Feel about Nursing Care

W. Schweisheimer, M.D.

THERE ARE ALWAYS a good many patients who complain that they were not given the care in hospital that they had expected. Surprisingly there are many hospital personnel — doctors, nurses and administrators - who also look critically at the nursing care in their institutions.

This was seen from an excellent survey conducted by the American Public Health Service and the American Hospital Association. In this

tors and nurses were polled about their experiences and thoughts regarding patient care in hospitals. Faye F. Abdellah, chief of the nursing education branch, and Eugene Levine,

study approximately 9,000 patients in 60 general hospitals were polled regarding omissions in nursing care that occurred during their stay. Furthermore, about 10,000 administrators, docchief of the research statistics branch, Division of Nursing Resources, Department of Health, Education, and Welfare in Washington, D.C., have studied the results of the extensive poll and published an interesting report.

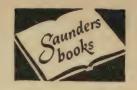
RESULTS OF THE STUDY

The first finding was that hospital personnel reported three to four times more unfulfilled patient needs on their check lists than the patients did. This may be due to the fact that in filling out their check lists the personnel were concerned with all of the patients under their care, while the patient's check list reflected only his own care.

Of the hospital personnel, nursing administrators, supervisors and head nurses reported the highest number of unfulfilled needs, while doctors reported the smallest number.

Dr. Schweisheimer resides in Rye, New York.

A selection of helpful texts on varied nursing activities



Brown — Medical and Surgical Nursing II

New!—This is the first textbook in medical and surgical nursing care written exclusively for the junior and senior student. It covers all phases of the field, such as: communicable disease nursing, medical emergencies, surgical emergencies, orthopedic nursing, medical and surgical neurology, dermatology, burns and skin grafts, gynecologic nursing, urologic nursing, eye, ear, nose and throat nursing. Emphasis is on spiritual aspects of nursing care, psychological aspects and rehabilitation. The book is richly illustrated to stimulate student interest.

By AMY FRANCES BROWN, R.N., B.Ed., M.S. in N., Ph.D., Instructor in Medical Nursing and in Special Inservice Program, Moline Public Hospital, Moline, Illinois. About 872 pages with 384 illustrations. About 8.25.

Now—Just Ready!

Montag and Swenson — Fundamentals in Nursing Care

New (3rd) Edition!—In this practical text, emphasis is placed on total care for all patients, whatever the diagnosis, degree of illness or age. A new chapter covers surgical dressings. Chapters on medical asepsis and discharge of the patient are completely rewritten. Over 30 new discussions cover such topics as: opportunities in nursing — diabetes mellitus — fluoridation — radioactive iodine — rehabilitation — clinitest — sedative pack — nasal catheters — etc.

By MILDRED L. Montag, Ed.D., R.N., Professor of Nursing Education, Teachers College, Columbia University; and Ruth Stewart Swenson, M.A., R.N., Director, Associate Degree Program in Nursing, Weber College, Ogden, Utah. (formerly Montag & Filson's Nursing Arts). 581 pages with 148 illustrations, \$5.00.

New (3rd) Edition!

Wright and Montag — Pharmacology and Therapeutics

New (7th) Edition!—Presented clearly and concisely, here are all the facts the student should know about important drugs: actions, characteristics, methods of administration, preparation, storage, dosage and toxicity. There is a new chapter on drugs affecting acid-base, water, electrolyte and nutritional balance of the body. Material on *Drugs and Solutions*, published under separate cover for several editions, has been reincorporated into the text.

By Harold N. Wright, M.S., Ph.D., Professor of Pharmacology, University of Minnesota; and Mildred Montag, Ed.D., R.N., Professor of Nursing Education, Columbia University, formerly Director, Adelphi College School of Nursing. About 490 pages, illustrated. About \$5.50.

New (7th) Edition!—Just Ready!

Jamieson, Sewall and Gjertson — Trends in Nursing History

New (5th) Edition!—Here is a fascinating presentation of the social, political and religious backgrounds which influenced the nursing profession. A new chapter of particular interest to the student nurse covers "Modern Nursing Careers." 50 new illustrations are included.

By the late Elizabeth Marion Jamieson, B.A., R.N.; Mary Sewall, formerly Director of Nursing Education, Methodist Hospital of Southern California, Los Angeles; and Lucille S. Gjertson, R.N., B.S., M.A., Science Instructor, Saint Francis Memorial Hospital School of Nursing, San Francisco. 522 pages with 117 illustrations. \$5.00.

New (5th) Edition!



gladly sent to teachers for consideration as texts

W. B. SAUNDERS COMPANY

West Washington Square, Philadelphia 5, Pa.

Canadian Representative: McAinsh & Co. Ltd., 1251 Yonge St., Toronto 7

	Unaer 20	20-29	30-39	40-49	30-39	oo ana over
Doctors	_	39.0	30.2	23.3	16.8	15.3
Nursing administrators, supervisors, head nurses, instructors		56.9	50.0	42.6	45.1	36.2
Professional staff nurses		54.0	42.2	32.9	26.1	28.2
Practical nurses	39.4	43.0	34.0	31.3	27.7	19.1
Nursing aides and orderlies	36.7	33.6	27.0	25.4	24.1	19.6

Of particular interest was the discovery that the number of unfulfilled needs mentioned in the check lists decreased as the ages of the participants rose. Doctors under 30 years of age, for example, had scores more than twice as high as doctors over 60. In fact, for each type of hospital personnel, the scores of those under 30 were two or three times higher than those aged 60 and over. The details can be seen from the accompanying table.

COMPLAINTS BY PERSONNEL AND PATIENTS

Many unfulfilled needs reported by patients were also reported by hospital personnel. The noise in hospital rooms and corridors was the annoyance mentioned most frequently by both groups. Much of the noise made by the patients could be reduced, it was felt, by grouping them according to severity of illness. Other similarities of reporting by patients and personnel related to cold food being served, awakening patients too early, and poor ventilation in rooms.

There was agreement among various groups that nurses have too much work to do. This observation came from hospital administrators and doctors as well as nurses. Lights not being answered, and patients getting out of bed against orders to take care of their own needs were reported very frequently by all personnel as a result.

Each category of hospital personnel had its own particular concerns. For example, hospital and nursing administrators were concerned with the general problems of staffing. Part-time help was considered essential, but it presented many difficulties in orientation, supervision, and training. The

hospital administrators, supervisors, head nurses and instructors listed as major problems: the lack of information that nurses had about their patients; the failure of doctors to communicate patients' needs to nurses; the interference with treatment of medications through the presence of visitors.

Doctors felt that nurses were overburdened with "bookkeeping" and had too little time to spend with their patients. Many doctors said that nurses had no time to "nurse." One doctor expressed it this way:

It is my feeling that nurses are overburdened with clerical work, much of which is recording information by outdated methods on records that have questionable value.

A resident interne in a large teach-

ing hospital observed:

As registered nurses are pulled away from patients to do non-nursing tasks, there can be no other result but a loss of the personal touches that make a patient comfortable.

WHAT DO PROFESSIONAL NURSES SAY?

According to the survey professional nurses want to nurse the patient and can not. What is keeping the nurse away from the patient? Nurses put the blame for this on the burden of clerical work; poor utilization of all nursing personnel; and lack of clarification of duties. Student nurses feel that they are too pressed for time; have too many critically ill patients and cannot nurse the "whole" patient.

One staff nurse in a large hospital

commented:

Nurses are too busy to spend enough time with the patients to give them that feeling of warmth and understanding. Little wonder that the patients get

Popular Mosby Texts to Consider for Your Courses Next Semester

Shafer-Sawyer-McCluskey-Lifgren MEDICAL-SURGICAL NURSING

New!

MEDICAL-SURGICAL NURSING is the first textbook to combine these naturally inter-woven subjects in keeping with the current trend in the nursing curriculum. This book helps your students understand the total nursing care of the patient who has a medical disease and needs surgical treatment. Arranged for a combined course or separate courses, this book gives a broad coverage of nursing care for the individual and a more detailed presentation of nursing techniques for specific illnesses. The material includes the cause and prevention of disease, medical care, nursing care and the significance of the disease to the patient and his family.

By KATHLEEN NEWTON SHAFER, R.N., M.A.; JANET R. SAWYER, R.N., A.M.; AUDREY M. McCLUSKEY, R.N., M.A.; and EDNA E. LIFGREN, R.N., M.A. New. 1958, 989 pages, 6½" x 9½", 130 illustrations. Price, \$8.75.

Parkinson EYE, EAR, NOSE AND THROAT MANUAL FOR NURSES

Just
Published!
8th
Edition

In the new 8th edition of his practical book, Dr. Parkinson provides the student nurse with all the fundamental information she needs to care for eye, ear, nose and throat cases. Stressing only the fundamentals, this text presents the subject in a simple concise manner, avoiding complicated or technical words whenever possible. This revision evaluates the efficiency of the hormones and antibiotics used in EENT cases that have been discovered during the last decade. Teacher-oriented, this book enables you to cover the material in a minimum of time; each chapter serves as a complete lecture and a quiz at the end of each chapter provides a thorough review.

By ROY H. PARKINSON, M.D., F.A.C.S., Formerly Head Oculist and Aurist to St. Joseph's Hospital, San Francisco, California. Just Published. 1959, 8th edition, 237 pages, $5\frac{1}{2}'' \times 8\frac{3}{2}''$, 82 illustrations, 2 in color. Price, \$3.85.

Flitter AN INTRODUCTION TO PHYSICS IN NURSING

New
3rd
Edition!

The new 3rd edition of this popular Mosby text provides the nursing student with a thorough understanding of basic scientific concepts and their relation to nursing. Designed as a textbook for "Physics" courses in Schools of Professional Nursing, this text covers mechanics (measurement, forces, work, energy, power, machines), molecular phenomena, pressure, heat, light, sound, magnetism, electricity, bioelectricity, and nuclear radiation. Unlike many other texts which present purely theoretical discussions of physics, the topical arrangement of this book brings together concepts that are related to the nurse's experience.

By HESSEL HOWARD FLITTER, R.N., Ed.D., Assistant Director, Test Construction Unit, National League for Nursing. New. 1958, 3rd edition, 253 pages, $7\frac{3}{4}$ " x $10\frac{1}{2}$ ", 108 illustrations. Price, \$3.75.

Gladly Sent to Teachers for Consideration as Texts

Write to

The C. V. MOSBY Company

3207° Washington Boulevard, St. Louis 3, Missouri, U.S.A.

Represented in Canada by

McAINSH and Co. Ltd. — 1251 Yonge St. — Toronto, Ontario

out of bed to take care of their own needs.

A student nurse viewed nursing in this way:

For six months, we have been taught to nurse the whole patient and then we are thrown out in the cold to learn the hard way, doing scattered and unorganized work, never completing care for one patient.

Even more interesting was this statement by another student nurse:

Student nurses have to care for too many seriously ill patients. We go off

duty feeling completely lost because we can't care for our patients and do all the paper and cleaning work as well. Nursing has become a secretarial job!

Practical nurses and nursing aides said:

We are nursing the patients. We want information about patients, more pay and more training.

One finding in the report was that the average professional nurse spends only 18 minutes with each patient on her unit during the morning shift, and 8 minutes on the afternoon shift.

Food Fads

Thousands of food supplement salesmen are trying to convince people that improper diet is to blame for most disease and that it can be cured by taking food supplements.

The food supplement business is a multimillion dollar one. It could be considered a "mildly amusing confidence game" except that it is also highly dangerous, according to an American Medical Association publication. It is dangerous because persons with serious ailments neglect proper medical treatment in the hope that they can find "a cure in a capsule."

Food supplements are pills, powders, pellets or capsules that often contain vitamins and minerals, usually in amounts far greater than the body needs. In addition there is some "mysterious ingredient" that is usually nothing more than a combination of dehydrated vegetables and plants.

The most popular arguments are:

Most disease is due to improper diet. The fact: There are a few diseases caused by dietary deficiencies, but they are rarely found on the North American continent. By patronizing all departments of a grocery store, a person can easily supply all of his nutritional needs.

Soil depletion causes malnutrition. The fact: The composition of the soil has very little effect on the composition of plants grown in it. If certain soil elements are missing, the plants simply don't grow.

Chemical fertilizers poison the land and the crops grown on it. The fact: Extensive government research has shown that the nutritional value of crops is not significantly affected by the soil or the fertilizers used.

Wonder power of certain foods, such as 100 per cent whole grains — cereals, flour,

bread and crackers; honey; maple syrup; molasses, or raw vegetables. The fact: These are good foods, but they are not wonder foods and do not supply any miracle nutrients.

Certain types of cooking utensils, especially aluminum, are harmful to foods. The fact: Hospitals the country over use aluminum cooking utensils. They certainly would not if research had given the slightest suspicion of danger from it.

Processing removes nutritional values from food. The fact: Modern processed foods actually contain more nutrients than the same foods prepared by home cooking methods. Fruits and vegetables are canned or frozen at the peak of nutritional perfection. Flour, bread, milk and margarine are all improved in processing to supply known dietary requirements.

Subclinical deficiencies are a constant danger. The fact: This statement has no meaning. Subclinical means without symptoms. Normal tiredness or "a worn-out feeling" is said by the peddler to be a subclinical deficiency. If such feelings persist, a competent physician should be seen. They may be the forerunner of serious disease.

In conclusion, according to one authority, "If you suspect a diet deficiency don't let quacks prescribe for you. Consult your physician. Eat sensibly, eat intelligently, eat economically — and for goodness sake, eat food." — The Health Bulletin, North Carolina State Board of Health.

It is difficult at times, with some people, to determine whether they are meditating or hesitating; planning or delaying. — Hospitals

Book Reviews

Dorland's Pocket Medical Dictionary.

Abridged from Dorland's Illustrated Medical Dictionary. W. B. Saunders Company, West Washington Square, Philadelphia 5. 20th Ed. 1959. Price \$4.50.

This is the most recent edition of a familiar text. It is somewhat more compact than its predecessors. This has been accomplished by arrangement and not sacrifice of material.

Phonetic spelling indicates pronunciation as formerly but other symbols have been reduced to a minimum. Plural and adjectival forms have been included in the entry devoted to the main definition. As required, terms have been redefined to bring them into line with modern usage. Some terms have been omitted as no longer useful, newer terms have been added to take their place. Readers will find that the list of abbreviations has been extended to include more recent additions

This is a handy dictionary for the individual nurse, for the ward library, for the office. It is not, of course, designed for medical library purposes.

Mental Depressions and Their Treatment by Samuel Henry Kraines, M.D. 555 pages. Brett-Macmillan Ltd., 132 Water St. S., Galt, Ont. New York: The Macmillan Company. 1957. Price \$8.00. Reviewed by Miss Nancy Bean, Instructor in Psychiatric Nursing, Westminster Hospital, London, Ont.

This is a book written primarily for psychiatrists, psychiatric medical students and general practitioners but it should be of great value to the professional nurse taking advanced study in psychiatric nursing.

The approach to the subject is new. Dr. Kraines presents depressive state as having a physiopathological basis and ties in this principle with clinical conditions as we know them. At the same time he considers the psychological aspects of the illness. One would gather that Dr. Kraines is of the organic rather than the psychoanalytical school of psychiatric thought.

The depression per se is discussed, rather than the clinical entities. This makes it much easier for the nurse to understand the feelings and condition of her patient regardless of the clinical tag attached to him.

The book is concise but broad in its

GOOD-LITE

PORTABLE LOW COST
VISUAL TESTING
EQUIPMENT
FOR SCHOOLS

1. VISUAL ACUITY

The Good-Lite Model A Translucent Eye Chart combines built-in fluorescent lighting and a washable plastic eye card for CONTROLLED light. Available in Snellen or Childrens "E" card models. \$35.00



2. HYPEROPIA

The Optional Hyperopia Test locates farsightedness quickly and accurately with the addition of +2.00 lenses and a Good-Lite Eye Chart. For use with the Model A (above) or model B Charts (right). The addition of the glasses expands your Good-Lite system to a 2 point test. Hyperopia glasses \$8.00



3. MUSCLE SUPPRESSION AND IMBALANCE

Now, with the addition of the Good-Lite Muscle Test you can extend your present system to a 3 point test. Test picks out children with poor eye muscle coordination. Unmistakably "passes" or "fails."
MUSCLE IMBALANCE TEST \$75.00



THE GOOD-LITE MFG. CO. 7636 W. MADISON, FOREST PARK, ILL.

coverage. It includes graphs and case histories along with a helpful chapter entitled "Biologic Therapies" which encompasses the use of drugs and special procedures in depression. The references related to neuro-anatomy might be too advanced for nurses but the book is written in such an interesting way that one could be stimulated easily to further study.

Surgery for Nurses by James Moroney, M.B., Ch.B., F.R.C.S. (London). 690 pages. The Macmillan Company of Canada Limited, 70 Bond St., Toronto 2. 5th Ed. 1958. Price \$5.00.

Reviewed by Miss Elva M. Cranna, Educational Director, General Hospital, Brandon, Man.

This edition is the most extensive revision of the book since it was first published in 1950. It was written especially for the student nurse. The author states in the preface that the subject matter is based on the syllabus of the General Nursing Council, Great Britain.

The text begins with a short history of surgery. The importance of accurate diagnosis and of the nurse's contribution to this is stressed, as is the need for careful identification of the patient in relation to the giving of medications, blood and surgical treatment. Factors relating to surgery such as preoperative and postoperative care, infection and immunity, inflammation, antibiotic therapy and chemotherapy, hemorrhage and shock, are dealt with clearly and concisely.

The surgery of the various areas or systems is discussed with special reference to the principles underlying surgical treatment and nursing care. A section on cardiac surgery is included.

Sections on the specialized branches of surgery, e.g. eye, ear, nose and throat, and a short introduction to obstetrics are included.

Each chapter contains many excellent illustrations, several of which are in color. These should prove a helpful visual aid to the student. Little reference is made to the psychological problems which accompany illness. These are given considerable attention in many of the new textbooks.

Surgery for Students of Nursing by John Cairney, D.Sc., M.D., F.R.A.C.S. 359 pages. N. M. Peryer Limited, Christchurch, C.I., New Zealand. 3rd Ed. 1958. Price 40 shillings.

Reviewed by Miss Elva Cranna, Edu-

cational Director, General Hospital, Brandon, Man.

The author states in the preface that his aim is to give nursing students some appreciation of the philosophy of surgery. The third edition is a complete revision of the text with a view to keeping abreast of modern thought.

Factors relating to surgery such as pyogenic infections, chemotherapy and antiseptics, wounds and skin grafting, hemorrhage and shock, preoperative and postoperative treatment are clearly presented in the opening chapters of the book. Reference is made to the newer antibiotics, the Rh factor and the importance of fluid balance.

A new chapter on anesthesia has been added. The main portion of the book outlines simply and concisely the various surgical conditions, their clinical features, complications, and treatment. Original diagrams drawn by Dr. Cairney illustrate the material discussed. They should help to clarify difficult points for the student.

The book does not include a section on cardiac surgery. There is little reference made to rehabilitation of the patient or to physiological and social factors which are included in many of our new texts.

Summary

These two books, as their titles imply, are textbooks which deal with surgery for nurses. They are written from the surgeon's point of view and present the general principles of surgery on which to base the practice of surgical nursing.

They are well-written, interesting and easily understood. They should be valuable as reference books for both the student and the graduate nurse.

Over one thousand pregnant women who were told to take more salt than usual with their food had a *lower* incidence of toxemia and edema, as well as reduction in prenatal mortality and bleeding, compared with 1038 pregnant women who were told to reduce salt intake. Similarly, 20 women with early toxemia who were given extra salt, showed improvement.

He who would walk sanely amid the opposing perils in the path of life always needs a little optimism; he also needs a little pessimism. — HAVELOCK ELLIS



The Posey MITT

Cat. No. C-212 — (both sides flexible).

Cat. No. R-212 — (palm side rigid). To limit the patient's hand activity. An adjustable strap attached to the mitt and the side rail of the spring determine limit of movement. Can be laundered by ordinary methods. Comfortable and prevents patient's scratching, pulling out catheter, nasal tube etc.

Available: small, medium and large sized.

Posey Mitt Cat. No. C-212 — (both sides flexible) \$6.00 ea. — \$12.00 pr. Posey Mitt Cat. No. R-212 — (palm side rigid) \$6.30 ea. — \$12.60 pr.

SEND YOUR ORDER TODAY

J. T. POSEY COMPANY · 2727 E. FOOTHILL BLVD., PASADENA, CALIF.

News Notes

ALBERTA

Hanna Chapter has contributed \$14 to furnishings for the AARN office building. Ponoka members contributed \$100 for the same purpose and determined to forward a resolution to the provincial office requesting that a study be made of patients' complaints regarding poor nursing care in the hospitals in the area. Beginning in the fall of this year, the same chapter will offer an annual bursary of \$125 to a local high school graduate who enters a school of nursing. Vegreville members have sent \$35 to help in furnishing the AARN building. Their new slate of officers has been elected: Pres., Mrs. P. Kassian; vice pres., E. Wicentowich; sectreas., Mrs. K. Green. The Peace River Chapter has also elected its new executive: Pres., Mrs. N. Sproul; vice pres., Mrs. M. Copping; sec., H. Lang; treas., Mrs. I. Boulet. Committee conveners: Mmes D. Naaykens, J. Skip, L. Grasswick, S. Bowen, N. Auld, R. Smale, D. Holm, Miss R. Embree.

BRITISH COLUMBIA

CRANBROOK

Chapter officers recently elected are: Pres., Mrs. C. Stevenson; vice pres., Mmes G. Hrisook, G. Beaton; sec.; Mrs. A. Flick; treas., Mrs. J. MacDonald. Committee members: Mmes M. Pennington, D. Stone, F. Barnhardt, D. Tadey, T. J. Sullivan, L. Wylie; Press reporter, Mrs. C. Ferguson. The proceeds from an Easter bonnet raffle and a Spring Frolic are to go into the bursary fund. Sr. Bernadette Soubirus has been transferred to Midnapore, Alta.

VANCOUVER

General Hospital

Officers for the alumnae association are: Pres., Mrs. A. Jones; hon. pres., Helen King; vice pres., Mmes I. Blake, H. L. Cantlon, D. Marshall; exec. member, Mrs. R. C. Campbell; exec. sec., Mrs. M. Faulkner. Committee conveners: Mmes. A. Block, R. Armstrong, H. Stewart, E. Harrison.

The golden anniversary year, 1958, showed a total membership of 3700 with graduates scattered throughout the world. A broad program of assistance for both graduate and student education is carried out by the association through its bursaries and loans. Earlier this year a telephone bridge party and the annual membership tea were held.

St. Paul's Hospital

Marguerite Campbell Trapnell is presently nursing in the premature nursery of the hospital. Elinor Kunderman left for Teheran in April to work under the World Health Organization. The annual formal dance was held at the Commodore in mid-May with "Evening in Paris" as the general theme and the floor show provided by the intern staff. Dr. E. F. Word proved a most entertaining speaker at the February general meeting.

MANITOBA

WINNIPEG

General Hospital

During the past few months, three well-known hospital personalities have retired —



Mr. W. Fisher, laundry manager for 33 years; Mrs. E. Schneider who was in charge of the sewing room; and Mr. F. Randall, hospital watchman for 30 years. Good wishes for future years of health and happiness go to all of them from their many friends.

Time has again brought many physical changes for the building. All the wards, with the exception of one, have been opened in the new North wing. The pneumatic tube system is in full operation—a great timesaver, as well as a "foot-saver," for the exchange of reports between the various departments. At the present time, construction work is going ahead on a new tunnel to connect the main building, Women's Pavilion and the Psychopathic Unit more directly.

Congratulations are extended to Miss Joyce Lucko and Mr. J. Bolton on their promotions to head nurse positions in their

respective departments.

Since the initiation of the orderly training program last fall, two classes have graduated. Members of the first class were presented with their certificates by Dr.

Bradley last November.

The nursing faculty has had several department supervisors speak at their regular meetings and outline the functions of their respective units. Dr. J. Wilt and Dr. P. Warner shared a program in which they discussed the "Recent Developments in Biochemistry and Bacteriology." Illustrative talk. Dr. Penner, pathologist, enumerated the advances that have been made in his particular field, with the construction of machinery that is now able to relieve technicians of many time-consuming examinations.

At the February meeting, Miss T. Halpin from the department of physiotherapy demonstrated the principles of deep breathing, and Miss I. Hansch gave her impressions of the 1958 CNA Convention. She had been sent as the nurses' representative.

The nursing faculty invited the general duty nurses to a dinner in the school of nursing auditorium.

Alumnae members held their Annual Tea in April. The sale of hand work and baking was a special feature of the afternoon, as well as the drawing for several door prizes. Staff doctors were invited to preside at the tea tables. The proceeds from the tea are

used to promote advanced nursing education among the alumnae members.

The annual dinner and dance for the graduating class was held at the Royal Alexandra Hotel with Dr. Jean McFarlane

as the guest speaker.

At the February general meeting, members were pleased to honor Miss Mabel Johnson, class of 1942, who is home on furlough from Angola, Africa. She shared many of her experiences by showing beautiful slides and describing many interesting events. Mrs. Olive (Pierce) Karsgaard, class of 1944, also home on furlough, was honored by the alumnae as well. Mrs. Karsgaard and her husband are serving in Pakistan. Dr. L. L. Whytehead was a most interesting guest speaker at the March general meeting. He described the surgical approach to stenotic heart disease.

NOVA SCOTIA

Chapter members of the Cape Breton and Victoria Branch have been meeting regularly each month and have been planning the season's activities. Suggestions for possible one-day institutes to be conducted by hospitals in the area are under consideration. Mr. R. Ricketts, executive secretary of the provincial tuberculosis association was a guest speaker at one meeting.

Kentville nurses enjoyed a bridge and canasta party recently. Miss Maude MacLellan, a member of the R.N.A.N.S. Valley Branch has been reappointed to the advisory committee of the Fundy Mental Health Clinic.

ONTARIO

DISTRICT 1

SARNIA

General Hospital

The officers of the alumnae association for this year are: Pres., Mrs. Mary Grant; vice pres., Mrs. Eileen Wright; sec., Mrs. Marjorie Sandercock; asst. sec., Helen Randall; treas. Eleanor Stephens; asst. treas., Mrs. Helen Cardwell. Committee conveners: Mmes Ann Randall, Elaine McFie, Marjorie Paisley.

The annual Red and White ball was held at Kenwick Terrace early in the year. The graduation banquet for 21 graduates will be held in the Patterson Memorial Auditorium on May 29 and graduation exercises will be on the following day.

WINDSOR

Hotel Dieu Hospital

The annual alumnae banquet in honor of the graduating class is to be held this month under the convenership of Mary Boles. The newly revised constitution and bylaws for the association were voted upon at the March meeting. Following the business session, a panel discussion on intramuscular injection therapy was held.

Delma Capton is doing public health nursing in British Columbia near the Alaskan boundary. Georgina Deslippe is on the operating room staff of her home hospital. Barbara Ross is working in Grosse Pointe,

Michigan.

DISTRICT 5

TORONTO

Western Hospital

Miss Gladys Sharpe, formerly director of nursing, has been chosen "Woman of the Year" by Quota International. She addressed members of the club on the occasion of the 40th anniversary of the organization. The annual Spring Frolic in honor of the current graduating class was held in the ballroom of the Royal York Hotel in March.

DISTRICT 6

PETERBOROUGH

Civic Hospital

The Purple and Gold ball was held at the Brock ballroom early in January and the Community Nursing Registry dance took place during the same month. The new officers of the alumnae association are: Pres., Mrs. R. Pearson; vice pres., Mrs. R. Stewart, Miss B. Dawe; sec., Mrs. A. Lockington; treas., Mrs. G. Oliver; fee treas.. Mrs. O. Lunn.



COMMUNICABLE DISEASES

By Nina D. Gage, John Fitch Landon and Helen T. Sider. New seventh edition of a leading text. Includes a revised chapter on Antibiotics and a new section on Staphylococcal Infections. 53 illustrations, 533 pages, 1959, \$6.50

CHEMISTRY FOR NURSES

By Harry C. Biddle, Western Reserve University, Cleveland, and Vaughn W. Floutz, University of Akron, Ohio. A combined text and laboratory manual. Widely used. 186 illustrations, 488 pages, fifth edition, 1958. \$5.50

THE RYERSON PRESS

299 QUEEN STREET WEST, TORONTO 2-B

DISTRICT 7

KINGSTON

General Hospital

The officers for the alumnae association are: Pres., M. Finley; past pres., Mrs. J. Smith; vice-pres., G. Cook; sec., J. Tacio; treas., Mrs. M. Boston. Reps. to: Local Council of Women, Mrs. V. O'Gorman; The Canadian Nurse, H. Smith.

QUEBEC

MONTREAL

Children's Hospital

The staff association had an active and varied program during the past year. Included among the guest speakers were Mrs. Isobel MacLeod, director of nursing, Mont-real General Hospital, who discussed the key role played by the staff nurse, and Dr. Aileen Ross, McGill University, who presented sociological aspects in nursing. A number of films related to psychiatry were viewed, followed by general discussion. Several tours to St. Justine's Hospital were arranged to permit interested nurses to see this new children's hospital.

Hôpital Notre-Dame

Le mois dernier sous la présidence d'hon-neur de Mademoiselle Alice Girard, prési-dente de l'Association canadienne des infirmières, et en présence d'invités de marque fut tenue l'assemblée annuelle du service de



EXCLUSIVE MANUFACTURERS

OF THE PLISSÉ (SEERSUCKER)

PATIENT'S

BED-DER GOWN

NO TIES - NO IRONING

IN PASTEL SHADES, TOO!

nursing. L'hospitalière de chaque département décrivit la part des activités de son service d'après la formule de l'équipe interdisciplinaire qui fonctionne admirablement à Notre-Dame depuis assez longtemps. Chaleureusement félicitée du succès de son initiative, Soeur Mance-Décary, directrice du nursing, annonca que le dernier mot n'étant pas dit, la recherche se poursuivait dans les cadres des tâches, des responsabilités, des relations et conditions de travail, toujours dans le but du maintien de la haute valeur de service.

Hôpital Jean-Talon

Fondé en 1954 et destiné dès le début à répondre aux besoins de la communauté progressive environnante, l'hôpital est par là-même appelé à prendre place au répertoire des grands hôpitaux généraux de la ville. Le mois dernier, le ministre de la santé au cabinet provincial, le docteur Leclerc, levait la première pelletée de terre symbolique, marquant ainsi le commencement des travaux d'une annexe d'envergure. Les dix étages du nouvel édifice porteront à 450 le nombre des lits de malades, à 64 celui des berceaux, avec en plus une vaste section de pédiatrie, de laboratoires modernes, et l'expansion correspondante de la chirurgie. Le nursing en équipe souligne la présence à l'hôpital d'une école d'auxiliaire approuvée par l'Association des infirmières de la province, qui permet aux infirmières professionnelles d'assurer au maximum enviable le soin des malades.

Royal Victoria Hospital

Edith Pratt, a graduate of the class of 1940, has gone to India where she has joined the staff of the Dr. Graham Homes at Kalempong, West Bengal, India. Prior to leaving the city Miss Pratt was the guest of honor at a reception given by the members of her church. A service of dedication was held for her as well. She had been on the staff of the Royal Edward Laurentian Hospital for several years.

GASPÉ

A l'occasion de la semaine de la santé, des manifestations avaient été organisées par les groupements préoccupés de la protection de la santé publique. Sur des bases statistiques et en accord avec les données modernes, les médecins, infirmières, dentistes, prêtres, avocats et nutritionistes ont procédé à l'inventaire de la situation locale. L'hygiène maternelle, la surveillance de l'enfant, les soins dentaires, la prévention et le contrôle des maladies contagieuses et la tuberculose ont été étudiés. Le nouveau problème des accidents de la route, et à domicile a particulièrement attiré l'attention des travailleurs de la santé d'après les aspects social, légal et moral. Dans les cadres de l'Hôtel-Dieu de Gaspé — quel milieu propice pour attirer l'attention des participants sur le nombre des donneurs de sang bénévoles qui se chiffre à 2350 — oeuvre humanitaire par excellence, qui va de pair, semble-t-il, avec les efforts préventifs et curatifs d'une équipe sanitaire toujours en éveil.

STE.-ANNE-DES-MONTS

Voici un milieu hospitalier qui vient de prendre les mesures conditionnelles à la protection scientifique du nouveau-né et du prématuré. Une pouponnière moderne, un équipement moderne, un personnel entrainé, et la ségrégation des bébés naissants, des normaux et des douteux, avec un service spécialisé des prématurés, cet ensemble contribuera à attaquer à sa base la mortalité et morbidité des nouveaux-nés de la région.

SASKATCHEWAN

SWIFT CURRENT

Dr. D. W. Shields, gynecologist, was the guest speaker at a recent chapter meeting. He emphasized the necessity of instilling the idea of childbirth as a normal function — not a painful experience associated with hospitals and doctors. The British practice of having most births occur in the home or a maternity home contribute to the conception of birth as a natural body process. He concluded his remarks by emphasizing the necessity for women to receive more adequate instruction in normal body function.

quate instruction in normal body function. Establishment of bursaries for financial aid to prospective nurses is being considered if a demand for such aid can be proven. The principal of the Collegiate was to be asked for assistance in determining this need.

Employment Opportunities

ADVERTISING RATES — \$5.00 for 3 lines or less; \$1.00 for each additional line. U.S.A. & Foreign — \$7.50 for 3 lines or less; \$1.50 for each additional line.

Closing date for copy and cancellations: 1st of the month preceding the month of publication. All letters should be addressed to: The Canadian Nurse Journal, 1522 Sherbrooke St. W., Montreal 25, Quebec.

Obstetrical Supervisor for 10-bed 12-bassinet unit with 14-bed Women's Surgical Unit on same floor. Willing to give Obstetrical Nursing lectures, clinics & supervise students. Medical staff teaches Obstetrics. Remuneration according to qualifications & experience. New school & residence under construction. Transportation allows easy access to Edmonton 40-mi. S.W. Travel expenses reimbursed after 1-yr. continuous service. Apply: Director of Nursing, Archer Memorial Hospital, Lamont, Alberta.

Instructress will to plan classroom program & teach. School enrollment 35-45 students 4 affiliation courses, block system lectures, new school of nursing & residence under construction. Remuneration according to qualifications & experience. Hospital 40-mi. N.E. Edmonton. Transportation permits for interests in Edmonton. Travel expenses reimbursed after 1-yr. continuous service. Apply Director of Nursing, Archer Memorial Hospital, Lamont, Alberta.

Instructors (Classroom & Clinical) for 200-bed hospital, 85-student school of nursing. Salary \$3,630-\$4,080 per annum, 40-hr. wk. Apply: Director of Nursing Education, St. Michael's Hospital, Lethbridge, Alberta.

Clinical Instructors for medical & surgical clinical services needed for large expanding City Hospital. Salary range \$310-\$340; 40-hr. wk. liberal sick leave & vacation. Permanent employment, opportunities for advancement. For particulars apply to: Director of Nursing, Royal Alexandra Hospital, Edmonton, Alberta.

Registered Nurses for a large expanding City Hospital in Edmonton, Alberta for summer relief & permanent employment. Experience available in all departments including oprating rooms & case rooms. Credit given for postgraduate work & past experience. Opportunities for advancement. Liberal sick leave, vacation, 40-hr. wk. General Duty \$255-\$285 per mo. plus laundry. Staff Nurses \$285-\$315 per mo. plus laundry. For particulars apply to: Director of Nursing, Royal Alexandra Hospital, Edmonton, Alberta.

Registered Nurse (1) Immediately for 30-bed hospital. Salary \$260 per mo. gross, health & pension plans available. Straight 8-hr. rotating shifts. 44-hr. wk. 3-wk. vacation with pay after 1 year plus all statutory holidays. Within 1 hr. drive from Waterloo National Park, 20 minutes from Lethbridge & 3 hr. from Calgary & Great Falls, Montana. Apply Matron, Municipal Hospital, Magrath, Alberta.

Registered Nurse for 35-bed busy General Hospital offering a variety of experience. 40-hr. wk., rotating periods of duty. Gross salary \$270 per mo. \$35 deducted for maintenance & laundry. 4 semi-annual increments of \$5.00, 3-wk. vacation, 10 statutory holidays, 12 days sick leave yearly, cumulative to 30 days. Accommodation in hospital wing — single & double rooms. Viking is 90-mi. southeast of Edmonton, on main highway & railway with daily bus & train service. Apply to Matron-Supt., Municipal Hospital, Viking, Alberta.

General Duty Nurses for 100-bed hospital with a school of nursing. Hospital 40-mi. northeast of Edmonton. Transportation allows for activities in Edmonton when desired. New residence under construction. Travel expenses reimbursed after 1-yr. continuous service. Remuneration according to qualifications & experience. Apply: Director of Nursing, Archer Memorial Hospital, Lamont, Alberta.

General Duty Graduate Nurses for an active 76-bed hospital near Calgary & Banff. \$250 gross salary, \$260 for Alberta registered, good personnel policy. Apply to Matron, Brooks Municipal Hospital, Brooks, Alberta.

Graduate Nurses for 53-bed active hospital. Salary \$265 per mo. 40-hr. wk. statutory holidays, sick leave benefits. \$35 per mo. room & board. Apply: Sister Superior, Sacred Heart Hospital, McLennan, Alberta.

Nurses (2) immediately for 20-bed hospital, 40-hr. wk. Wages \$285 plus annual raises, 4-wk. vacation after each year's service. Living-in quarters available. Apply to Matron, Coronation Municipal Hospital District No. 39, Coronation Alberta.

Registered Nurses for Operating Room with operating room postgraduate courses and/or experience, for 140-bed hospital. Travel allowance paid. For particulars, write Matron, King Edward VII Memorial Hospital. Bermuda.

Director of Nursing Services — To be responsible for the organization & administration of nursing services in the new 283-acute bed Lions Gate Hospital. Salary to start \$500 per mo. Applicant must have experience in an executive capacity & be able to demonstrate good leadership qualities. Varied supervisory experience in both long term & acute hospitals desired. Applicant must be capable of establishing a school of nursing & curriculums. Preference will be given to applicants with university preparation in nursing service administration. Position to start August 1, 1959, approximately 12-mo. before opening. Apply in writing; giving references & full details of training & experience to the Administrator. Lions Gate Hospital, 240 East 13th Street, North Vancouver, British Columbia.

Supervisor of Nursing for 40-bed General Hospital, a very active western town in the world famous Cariboo ranching country. Construction of new 100-bed, double corridor design, 5-story hospital to start this fall. All applications considered but preference to graduate in nursing administration. Quarters in nurses' home, 40-hr. wk. 28 annual & 10 statutory holidays, $1\frac{1}{2}$ -days sick leave per mo. accumulative, position vacant July 1, 1959. State age, experience & references in first letter to: Administrator, War Memorial Hospital, Williams Lake, British Columbia.

Registered General Duty Nurse for 30-bed hospital. Starting salary \$260 per mo. with \$10 yearly increment. Board & room \$40, 1^{1} /₂ day sick leave per mo. 40-hr. wk. 11 statutory holidays & 28 days vacation after 1-yr. service. Comfortable nurses' residence next door to hospital. Rotating shifts. Please apply to: The Matron, Community Hospital, Grand Forks, British Columbia.

Laboratory Technician (1) X-Ray Technician (1) fully qualified; Registered Nurses (3) for 30-bed hospital in Central B.C. on the Jasper Prince Rupert Highway, 70-mi. from Prince George. Salary for each of the above positions \$290 per mo., 10 legal days with pay per year; $1\frac{1}{2}$ -days sick leave per mo., 28-days vacation after 1-yr. Laundering of uniforms by hospital; modern nurses' residence \$50 per mo. Also Certified Practical Nurses (3) salary \$190 per mo., $1\frac{1}{2}$ -days sick leave per mo. 10 legal days with pay per year; 2-wk. vacation after 1-year. Kindly apply giving qualifications & references to: Sister Superior, St. John Hospital, Vanderhoof, British Columbia.

General Duty Nurses for small active hospital. Salary \$250 for unregistered. \$260 registered with yearly increments. Nurses' home available. For further particulars write, The Administrator, Lady Minto Hospital, Ashcroft, British Columbia.

General Duty Nurses for General Hospital with school of nursing. Salary \$275-\$327 per mo. B.C. registration essential. Apply: Director of Nursing, Royal Inland Hospital, Kamloops, British Columbia.

General Duty Nurses for 31-bed General Hospital, 5-hr. from Vancouver; salary \$250 for unregistered, \$260 registered, \$10 increase after 1st & 2nd yr; less \$45 room & board; 40-hr. wk. uniforms laundered; nurses' home. Apply: Administrator, St. Bartholomew's Anglican Hospital, Lytton, British Columbia.

General Duty Nurses (vacancies available for all floors) & Operating Room Nurse (1) Starting salary \$260 per mo. or \$273 for 2-yr. satisfactory experience, plus \$10 per mo. additional for postgraduate certificate in any of the nursing fields. New 125-bed hospital to be opened early in autumn, new modern nurses' residence ready for occupancy in April of this year. For further information write to: The Director of Nursing, Prince George & District Hospital, Prince George, British Columbia.

General Dutv Nurse for well-equipped 80-bed General Hospital. Initial salary \$270, maintenance \$47.50; 40-hr. 5-day wk. 4-wk. vacation with pay. Apply: Sacred Heart Hospital. Smithers, British Columbia.

General Duty Nurses for modern 154-bed General Hospital. Generous personnel policies, nurses' residence. Apply: Director of Nursing, Trail-Tadanac Hospital, Trail, British Columbia.

General Duty Graduate Nurses (2). Salary \$280 per mo. with annual increments of \$10 per mo. Room, board & laundry: \$40. 28-day vacation after 1-yr, service. All statutory holidays paid. Customary sick leave. Graduate complement, 5. Apply giving full details to Matron. Slocan Community Hospital, New Denver, British Columbia.

Graduate Nurses for 70-bed General Hospital. Salary \$260-\$280; 5-day wk., 28 days vacation plus 10 statutory holidays, after 1 yr. Apply: Matron, St. George's Hospital, Alert Bay, British Columbia.

Graduate Nurses: for new 63-bed hospital, 30 miles from Vancouver in the Fraser Valley For salary rates & personnel policies, apply: Director of Nursing, Maple Ridge Hospital. Haney, British Columbia.

Graduate Nurses for 37-bed hospital, salary \$250 per mo. with annual increments — 28-dy. annual vacation, cumulative sick leave. \$50 monthly board, lodging, laundry. New 50-bed hospital to be erected 1959. Apply: Administrator, Terrace & District Hospital, Box 1297, Terrace, British Columbia.

Operating Room Nurses (2) with postgraduate or equivalent experience. Head Nurse & General Duty Nurses for new 24-bed nursing unit. Positions available at once. Please apply to: Director of Nursing. General Hospital, Chilliwack, British Columbia.

Night Supervisor (Experienced) for new 85-bed General Hospital. Good salary & generous personnel policies. Apply: Director of Nursing, Portage Hospital District #18. Portage La Prairie, Manitoba.

Supervisors & General Duty Nurses for Clearwater Lake Hospital, The Pas, Manitoba & Manitoba Sanatorium, Ninette. Salary range \$265 - \$295 depending on qualifications & appointment. 3-wk. vacation, 40-hr. wk. 10 statutory holidarys, group insurance plan. Interesting nursing with white, Indian & Eskimo patients both in general & tuberculous wards. Apply: Director of Nursing Services, Sanatorium Board of Manitoba, 668 Bannatyne Ave., Winnipeg, Manitoba.

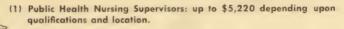
NURSING WITH INDIAN AND NORTHERN HEALTH SERVICES

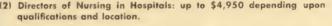


OPPORTUNITIES REGISTERED HOSPITAL NURSES, PUBLIC HEALTH NURSES, AND CERTIFIED AUXILIARY NURSES

for Hospital Positions and Public Health Positions in Outpost Nursing Stations, Health Centres and Field Positions in the Provinces, Eastern Arctic Northwest Territories and the Yukon Territory.

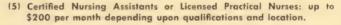
SALARIES





(3) Public Health Staff Nurses: up to \$3,780 per year depending upon qualifications and location.

(4) Hospital Staff Nurses: up to \$3,540 per year depending upon qualifications and location.



Room, Board and Laundry in residence at reasonable rates.
 Statutory holidays. Three weeks' annual leave with pay. Generous sick leave credits. Hospital-Medical and superannuation plans available.

Special pay and leave allowances for those posted to isolated areas.

For interesting, challenging, satisfying work apply to — Indian and Northern Health Services at one of the following addresses:

- (1) Regional Superintendent, 4824 Fraser Street, Vancouver, B.C.
- (2) Regional Superintendent, 11412-128th Street, Edmonton, Alberta.
- (3) Regional Superintendent, 735 Motherwell Building, Regina, Saskatchewan.
- (4) Regional Superintendent, 803-9 Confederation Life Building, 457 Main Street, Winnipeg, Manitoba.
- (5) Regional Superintendent, 4th Floor, Booth Building, 165 Sparks Street, Ottawa, Ontario.
- (6) Zone Supervisor of Nursing, Box 493, North Bay, Ontario.
- (7) Zone Superintendent of Indian Health Services, P.O. Box 430, Upper Town, 3 Buade Street, Quebec 5, P.Q.

01

Chief, Personnel Division, Department of National Health and Welfare, Ottawa, Ontario.

Matron (Registered Nurse, Immediately) also Licensed Practical Nurse for fully modern 8-bed hospital 80-mi. north Winnipeg. Living-in accommodation; 40-hr. wk. T.V.; excellent salary. For further information phone or write: Mrs. E. L. Johnson, President, Memorial Hospital, Arborg, Manitoba.

Registered Nurses (2) as soon as possible for 16-bed hospital. Salary \$280 per mo. gross, \$40 per mo. deducted for board & room. 40-hr. wk. 3-wk. vacation with pay after 1 full year employment, 4-wk. after 2 full years. Sick leave one day for each full month of employment plus 1 day for each full 6-mo. employment cumulative to 30 days. Living quarters in hospital. Apply to A. C. Laughlin, Secretary, Wilson Memorial Hospital, Melita, Manitoba.

Registered Nurses (2) Practical Nurses (2) for modern 20-bed hospital. Salary-registered \$290, practical \$195, less \$35 maintenance. 40-hr. wk. 4-wk. vacation after 1-year service. Statutory holidays & sick leave. Registered to start April 1, practicals May 1. Apply to

Memorial Hospital, Deloraine, Manitoba.

Registered Nurses & Licensed Practical Nurses for small hospital near Riding Mountain National Park. Boating, swimming, & golfing at Clear Lake during summer & large new ski slide being constructed for next winter. Salary R.N. \$275 & L.P.N. \$180 per mo. Full maintenance provided for \$35 monthly. Please reply giving names of nursing references & experience to: Shirley H. Manhard, Matron, McCreary Medical Nursing Unit, McCreary, Manitoba.

Registered Nurses (2), Practical Nurses (2) for 30-bed hospital. Salary \$285 & \$185 respectively. Board & room \$35. Minor & major surgery. 44-hr. wk., vacation pay, statutory holidays, paid sick leave. Apply: Administrator, DeSalaberry Hospital, St. Pierre, Man. General Duty Nurses (3) for new 85-bed hospital. Good salary & generous personnel policies. Apply: Director of Nursing, Portage Hospital District #18, Portage La Prairie, Manitoba.

Clinical Instructor Medical & Surgical Nursing. 1-class a year. For further information please apply: Superintendent of Nursing, Charlotte County Hospital, St. Stephen, New Brunswick.

Registered Nurses (2) Certified Nursing Assistant (1) for modern 25-bed hospital. Starting salary R.N. \$220, L.P.N. \$140 per mo. Good personnel policies. Apply: Mrs. Adelaid Robertson, Tobique Valley Hospital, Plaster Rock, New Brunswick.

General Duty Nurses for modern 35-bed hospital situated on beautiful South Shore. Good personnel policies. Excellent living quarters. Apply Superintendent, Fishermen's Memorial Hospital, Lunenburg, Nova Scotia.

General Staff Nurses for 400-bed Medical & Surgical Sanatorium, fully approved student affiliation & postgraduate program. Full maintenance. Recreational facilities. Vacation with pay. Sick benefits after 1 yr. Blue Cross coverage. Attractive salary; 40-hr. wk. For further particulars apply Supt. of Nurses, Nova Scotia Sanatorium, Kentville, N.S.

Assistant Director of Nurses, Registered Nurses for General Duty in new 50-bed hospital. Apply: Superintendent, Meaford General Hospital, Meaford, Ontario.

Assistant Director of Nursing Service: Pediatric Clinical Teacher for April 1959; Obstetric (1) Medical-Surgical Clinical Teacher (1) for July 1959 in 320-bed teaching hospital. Apply: Director of Nursing, Hotel Dieu Hospital, Kingston, Ontario.

Operating Room Supervisor for active General Hospital in Niagara Peninsula. Post-graduate education required or background of supervisory experience. Apply: Director of Nursing, County General Hospital, Welland, Ontario.

Registered Nurse as Superintendent for 30-bed hospital, state previous experience δ salary expected. Starting July 1, 1959. Furnished 3-room apartment provided. Reply to: Secretary, Englehart δ District Hospital Board, Box 609, Englehart, Ontario.

Instructor for an established course in Tuberculosis Nursing for affiliating students. Living accommodation, pension plan. Apply stating qualifications & experience, to Director of Nursing, Freeport Sanatorium, Kitchener, Ontario.

Instructor (Qualified) for teaching of psychiatric nursing. Good salary & personnel policies.

Apply: Director of Nursing Victoria Hospital London, Ontario.

Clinical Instructor (Medical Nursing) School of 75-students. Registered Nurses for general duty in all departments. Apply to: Director of Nursing, Public General Hospital, Chatham, Ontario.

Nursing Arts Instructor (1) for 205-bed Georgian Bay Area Hospital. 46 students in school. Good personnel policies. Apply: Director of Nursing, General & Marine Hospital, Owen Sound, Ontario.

Operating Room Instructor to teach students & new staff. Post linked with general surgical teaching for patient-centred approach. University diploma required. Apply to: Director of Nursing, The Hospital for Sick Children, Toronto, Ontario.

Lecturer (in Medical-Surgical Nursing) for September 1, 1959. Apply to: Director, School of Nursing, McMaster University, Hamilton, Ontario.

Registered Nurses for 50-bed Hospital, Obstetrical & General Duty. Rotating shifts, 40-hr. wk. Apply: Director of Nursing, Ajax & Pickering General Hospital, Ajax, Ontario.

Registered Nurses (3) Immediately: for 18-bed new hospital. Salary \$260, full maintenance \$34.50 per mo., usual increments, 29-day vacation after 1-yr. Apply: Matron, Union Hospital, Gull Lake, Saskatchewan.

KEY TO A FINE CAREER



You'll find the experience at HOPKINS

JOHNS HOPKINS offers

- An exciting nursing career in a big and busy medical center.
- Staff nurse positions in all clinical fields, with notable opportunities for advancement.
- Liberal personnel policies, including Group Life Insurance and Retirement Plans.



WRITE:

DIRECTOR OF NURSING SERVICE THE JOHNS HOPKINS HOSPITAL BALTIMORE 5, MARYLAND Infirmières hygiénistes bilingues pour Unité Sanitaire rurale d'Ontario. Salaire minimum \$3,200. Semaine de 5 jours. Autos disponibles ou allocation pour autos personnelles. Congés de maladie accumulés. Pour plus de renseignements, écrire au Dr. R. G. Grenon, Directeur, Unité Sanitaire Prescott & Russell, Hawkesbury, Ontario.

Registered Nurses (2) for modern 45-bed General Hospital beautifully situated on the Muskoka River in year-round resort town. Salary \$235 per mo. Residence accommodation available. Apply: Director of Nursing, District Memorial Hospital, Huntsville,

Registered Nurses for General Duty, modern 18-bed private hospital in iron mining town, 180-mi. north of Sault Ste. Marie, Ont. Excellent accommodations & personnel policies. Starting salary \$255 minimum to \$290 maximum for experience, less \$20 per mo. maintenance. Transportation allowance after 3-mo. service. Apply Superintendent, Miss O. Keswick, Lady Dunn Hospital, Jamestown, Ontario.

Registered Nurses for 73-bed General Hospital on Lake of Woods. Tourist & industrial town of 10,000. General duty salary \$265-\$295 for nurses currently registered; \$245 for non-registered qualified nurses. Excellent personnel policies. Apply to: Superintendent,

General Hospital, Kenora, Ontario.

Registered Nurses (Several) for immediate & future vacancies in modern 42-bed hospital, Starting salary: \$265 per mo. plus shift allowance. 40-hr. wk. 4 wk. vacation after 1 yr. Apply: Superintendent of Nurses, New Liskeard & District Hospital, New Liskeard, Ontario.

Registered Nurses (Female) for modern, fully equipped 22-bed hospital located in model town on north shore of Lake Superior on main line C.P.R. & on new Trans-Canada Highway. Above average salary: 42-hr. wk., room & board available at \$65 per mo. in ultra-modern company hotel, 2-wk. vacation with pay, 8 statutory holidays. Pension plan, group insurance, sick leave, etc. State all details including age, education, experience, Ontario registration number, phone number, etc. in first letter to Employment Supervisor, Kimberly-Clark Pulp & Paper Co. Ltd., Terrace Bay, Ontario.

Registered Nurses (Toronto Area) for 30-bed hospital for chronic illnesses. Salary \$12 per day; 5-day wk.; 3-wk. vacation per year. Apply: L. Mackie, Director of Nursing, The Villa Private Hospital, Box 490, Thornhill, Ontario.

Registered Nurses (Single) for small new modern hospital 12-mi. from Niagara Falls; treating medical & surgical patients. State qualifications, salary expected & date available. Apply: Medical Centre Hospital, Virgil, Ontario. Attention Dr. J. Z. Czerevko.

Registered Nurses for Operating Room & general staff positions. Salary \$245 per mo. 5-day wk. Excellent residence accommodation available. Apply: Director of Nursing, County General Hospital, Welland, Ontario.

Registered Nurses & Licensed Practical Nurses for new 33-bed General Hospital with well equipped surgery wing, in new mining town, about 250-mi. east of Port Arthur & northwest of White River, Ontario. Starting salary commensurate with experience & qualifications. Apply: stating qualifications, experience, age, marial status, etc. to Mr. W. Harrison, Room 1715, 44 King Street West, Toronto, Phone EMpire 4-1194, or to Administrator, Manitouwadge General Hospital, Manitouwadge, Ontario, Phone Tāylor 6-3251.

Registered Nurses for General Duty in all departments including operating room, premature & newborn nursery. Good salary & personnel policies. Apply: Director of

Nursing, Victoria Hospital, London, Ontario.

Registered Nurses for General Duty (medical, surgical & obstetrical nursing) for 20-bed private hospital. Rotating shifts, averaging 42-hr. per wk. Salary \$259 per mo. plus full maintenance. Accommodation provided in nurses' residence, single rooms. Liberal personnel policies, group insurance, pension plan, 1-mo. vacation after 1-yr., sick leave. Excellent recreational facilities. Located in Thunder Bay District of Ontario, on main C.P.R. transcontinental line & Trans Canada Highway. Apply: Employment Supervisor, Marathon Corporation of Canada Limited, Marathon, Ontario.

Registered Nurses for General Duty (Immediately) & positions to be filled on staff for new 58-bed hospital, to be opened in the early fall. For information of salary & personnel policies, apply to: The Superintendent, Prince Edward County Hospital, Picton, Ontario.

Registered Nurses for General Duty starting salary \$250 per mo., 44-hr. wk., sick leave, 3-wk. vacation. Apply: Superintendent, Public Hospital, Smiths Falls, Ontario.

Registered Nurses for General Staff & Operating Room in modern hospital (opened in 1956). Situated in the Nickel Capital of the world, pop. 50,000 Salary: \$260 per mo. with semi-annual merit increments, plus annual bonus plan. Recognition for experience. Excellent personnel policies. Assistance with transportation can be arranged. Apply Director of Nursing, Memorial Hospital, Sudbury, Ontario.

Registered General Duty Nurses. Salary: \$230 per mo. 40-hr. wk. Apply Director of Nursing, General Hospital, Cobourg, Ontario.

Registered General Duty Nurses for 23-bed hospital, extension for 35-beds. Excellent salary & peronnel policies. Apply: Superintendent, Englehart & District Hospital, Englehart, Ontario.

Registered General Duty Nurses for modern hospital, building expansion under way increasing to 100 beds this year. Salary \$250 per mo. to start, \$215 for graduates. Group life, accident & sickness insurance free to employees. Opportunities for advancement. Pleasant community. Apply: Director of Nursing, District Memorial Hospital, Leamington, Ontario.

WHAT DO YOU WANT FROM YOUR NURSING CAREER?



a chance to learn more, and grow into a position of responsibility



working with top surgeons, physicians nurses and technicians



a chance to test your self in a variety of nursing positions.



friendly supervision, with a spirit of mutual helpfulness



an opportunity to take part in a progressive, human approach to medical care.



modern, comfortable surroundings, brand new cafeteria.



living in an interesting, large city, with an immense variety of entertainment, sports, cultural events.



friendly, interesting companionship in your work

These are just a few of the advantages of working at Cleveland Clinic Hospital. Others include top starting pay (salaries begin at \$325), 40 hour week, insurance, pension plan, tuition-free graduate education, and many other benefits.

If you are about to graduate from nursing school, and want to plan your career with the utmost care, write for our free booklet, "Nursing at Cleveland Clinic Hospital."

CLEVELAND CLINIC HOSPITAL

2020 EAST 93RD STREET CLEVELAND 6, OHIO

	Please send me your free booklet. "Nursing at Cleveland Clinic Hospital."
	Please send an application form
Name	
Address	

General Duty Nurses for 65-bed modern hospital. Salary & personnel policies upon application to: Director of Nurses, Memorial Hospital, Campbellford, Ontario.

General Duty Nurses for an accredited 64-bed hospital. Starting salary: \$250-\$260. Good personnel policies with sick leave benefits, holidays & paid vacations. Apply Director of Nursing, Douglas Memorial Hospital, Fort Erie, Ontario.

General Duty Nurses & Certified Nursing Assistants for 86-bed hospital. Living accommodation available. Collingwood is situated on Georgian Bay & is noted as a vacation land in summer with 7-mi of sand beach, along with great skiing on the Blue Mountains in winter. For further information apply Director of Nursing Services, General & Marine Hospital, Collingwood, Ontario.

General Duty Nurses & Certified Nursing Assistants for 26-bed hospital in Northern Ontario. Starting salary \$290 per mo. & \$195 per mo. Board & room available at \$28.50 per mo. 51/2-day wk. 8-hr. duty, annual vacation, 1-day sick leave per mo. after 6-mo. Apply: Mrs.

G. Gordon, Superintendent, District Hospital, Nipigon, Ontario.

General Duty Nurses. Operating Room Nurse, Certified Nursing Assistants for 70-bed General Hospital in a resort area, with an expansion program. Good personnel policies, residence accommodation. Apply to: Miss Katharine King, Director of Nursing, Ross Memorial Hospital, Lindsay, Ontario.

McKellar General Hospital, Fort William, Ontario requires General Duty Staff Nurses interested in coming to northwestern Ontario. Basic salary, \$250 per mo. 40-hr. wk. Good personnel policies. Renovation program now complete. Openings in all departments. For

further information apply to the Director of Nursing.

General Staff Nurses for New Medical, Surgical & Obstetrical Wards. 40-hr. wk. commencing June 1, 1959, good personnel policies, attractive pension plan, well planned orientation & in-service programs. Apply: Director of Nursing, Toronto East General & Orthopaedic Hospital, Toronto 6, Ontario.

Graduate Nurses (Close to Metropolitan Toronto) for 120-active bed County Hospital with up-to-date facilities located in a friendly community, 1-hr. bus ride to downtown Toronto. Salary \$245-\$285, residence accommodation available. Adequate staffing & personnel policies. Apply: Director of Nursing, York County Hospital, Newmarket, Ontario.

Operating Room Nurses for general operating room work which includes cardiovascular, neurosurgery, genito-urinary & orthopedic surgery. Good salary & personnel policies Apply: Director of Nursing, Victoria Hospital, London, Ontario.

Operating Room Nurses for eye, ear, nose & throat operating room. Good salary & personnel policies. Apply: Director of Nursing, Victoria Hospital, London, Ontario.

Public Health Nurses (Qualified), generalized program. Minimum salary \$3,350; annual increment \$150, liberal transportation allowance & other benefits. Apply to: A. E. Thoms M.D., Director, Leeds & Grenville Health Unit, Brockville, Ontario.

Public Health Nurse for generalized program in Seaway Development area. Good transportation policy & pension plan. Apply to Mr. L. C. Kennedy, Secretary-Treasurer, Board of Health, Stormont, Dundas & Glengarry Health Unit, County Buildings, Cornwall, Ontario.

Public Health Nurses (2) for area including Township of North Dumfries & Wilmot, & villages of Ayr & New Hamburg, in the County of Waterloo. Applicants must have cars. Apply in writing: stating experience, qualifications, references & salary expected to: Hugh C. Elliott, Secretary-Treasurer, Public Health Nurse Committee, 27 Dickson Street, Galt, Ontario.

Public Health Nurses (Qualified) salary \$3,500-\$4,250; allowance for experience. \$150 annual increments; 5-day week; 4-wk. vacation; sick leave credits; P.S.I. plan; pension plan, car allowance. Financial assistance towards purchase of car. Apply to Mr. A. F. Stewart, Secretary-Treas., Wentworth County Health Unit, Court House, Hamilton, Ontario.

Public Health Nurse for Kitchener Department of Health, duties to commence August 1, 1959. Inquiries may be addressed to: Dr. G. E. Duff Wilson, Medical Officer of Health, 9 Ahrens Street East, Kitchener, Ontario...

Public Health Nurses: required in a generalized program in rural & semi-urban area adjacent to metropolitan Toronto. Excellent working conditions including pension plan, group insurance & transportation arrangements. Write: Dr. R. M. King, York County Health Unit, Newmarket, Ontario.

Public Health Nurses (Qualified) for a generalized program in the City of Oshawa. Annual increment \$200; 5-day wk. 4-wk. vacation, allowance for experience. Pension plan, group insurance, hospitalization & P.S.I. employer shared. Transportation provided. Salary range & other personnel policies given on request. Apply: Dr. C. C. Stewart, Medical Officer of Health, 50 Centre Street, City Hall, City of Oshawa, Ontario.

Public Health Nurse preferably experienced for generalized program in suburban area. R.N.A.O. salary schedule, transportation provided or suitable car allowance, employer shared hospitalization, 4-wk. vacation. Apply: Dr. J. E. Gimby, M.O.H., 235 Wellington Street W., Sault Ste. Marie, Ontario.

Public Health Nurses for generalized program, rural & urban. Salary range \$3,300-\$4,300; annual increment \$200; pension plan, Blue Cross, 4-wk. vacation, cumulative sick leave. Apply: J. R. Mayers, MD., D.P.H., Director, Norfolk County Health Unit, 58 Peel Street, Simcoe, Ontario.

SASKATCHEWAN

The Southwest Regional Hospital Council offers attractive positions to Registered Nurses in many of the following locations in Southwest Saskatchewan:—

CABRI — CLIMAX — DINSMORE — EASTEND — FRONTIER — GULL LAKE — HERBERT — KYLE — LEADER — LUCKY LAKE — MANKOTA — MAPLE CREEK — PONTEIX — PRELATE — SHAUNAVON — SWIFT CURRENT — VAL MARIE — VANGUARD.

Salaries in the scale \$250 - \$320 per month — the commencing point being determined by experience and location.

Accommodation, meals and laundry provided for a monthly deduction of \$34.50.

Good personnel policies.

For further information please reply to:

REGIONAL HOSPITAL CO-ORDINATOR, SOUTHWEST REGIONAL HOSPITAL COUNCIL,
HEALTH CENTRE BUILDING, SWIFT CURRENT, SASKATCHEWAN.

INDUSTRIAL NURSE

required

Large modern Pulp & Paper Mill New Medical Centre supervised by full time Medical Director.

Salary range:

\$338 - \$400 monthly 5-day wk. No shift work.

Excellent welfare coverage.

Previous Industrial or Public Health training or experience required.

Apply in writing to:

EMPLOYMENT OFFICE SPRUCE FALLS POWER & PAPER CO., LTD. KAPUSKASING, ONTARIO

WANTED

NURSE INSTRUCTRESS

ONTARIO HOSPITAL, PORT ARTHUR

Salary range \$3,360. to \$3,900. per annum. To instruct affiliate nurses from general hospitals taking psychiatric nursing at this hospital. Five-day, forty-hour week. Superannuation and sick leave benefits. Generous vacation allowance. Room and meals optional at nominal charge. Apply to:

MENTAL HEALTH DIVISION PARLIAMENT BUILDINGS TORONTO



ONTARIO DEPARTMENT OF HEALTH

Hon. Matthew B. Dymond, M.D., C.M., Minister Public Health Nurses (Qualified) for generalized public health nursing service Salary range: \$3,727-\$4,216. Starting salary based on experience. Annual increments. 5-day wk., vacation, shared hospitalization, sick pay & pension plan benefits. Apply: Personnel Department Room 320, City Hall, Toronto, Ontario.

Educational Director, unusual opportunity in unique well-staffed hospital well known for both scholastic standing & bedside patient care. Excellent work situation, warm, friendly atmosphere, above usual remuneration, excellent housing & personnel policies. Midwest location in rapidly developing industrial area. 3-yr. program, 100-students, completely new facilities, college affiliation. State approved, desire accreditation. Present director retiring. Apply: Box F, The Canadian Nurse Journal, 1522 Sherbrooke Street West, Montreal 25, Que.

Supervisor (Registered Nurse) with postgraduate experience in tuberculosis nursing, interested in gaining Administrative & Supervisory experience; for 150-bed Tuber-culosis Hospital. 40-hr. wk Apply: Director of Nursing, Grace Dart Hospital, 6085 Sherbrooke St. E. Montreal 5. Ouebec.

Registered General Duty Nurses for 28-bed General Hospital in Huntingdon, Quebec, 45-mi. from centre of Montreal with excellent bus service. Gross salary \$235 with full maintenance in nurses' home at \$35; 3-increases at 6-mo. intervals to \$250; 44-hr. wk., 8-hr. rotating shifts; 1-mo. annual vacation; 7 statutory holidays; 2-wk. sick leave, Blue Cross paid. Apply: Mrs. M. G. Curran, R.N., Huntingdon County Hospital, Huntingdon, Quebec.

Registered Nurses for an accredited 82-bed hospital. Salary: \$255-\$295 per mo. 40-hr. wk. & no split shifts. Living accommodation in nurses' residence & laundry of uniforms provided for \$8.00 to \$12.00 per mo. Apply: Superintendent of Nurses, Union Hospital, Canora, Saskatchewan

Registered Nurses for general duty work. 40-hr. 5-day wk. Salary according to S.R.N.A. recommendations. Apply Superintendent of Nurses, Victoria Union Hospital, Prince Albert, Saskatchewan.

Registered Nurses (2) for 19-bed hospital. Gross salary \$260 with increments & benefits as per S.R.N.A. Nurses' residence on grounds with T.V. Apply: Union Hospital, Vanguard, Saskatchewan

Operating Room Supervisor (Qualified) for modern 88-bed fully accredited General Hospital. College city of 30,000. 85% sunshine belt. 40-hr. wk. Modern personnel policies. Salary open. Apply: Director of Nurses, Memorial General Hospital, Las Cruces, New

Clinical Instructor, unique hospital school located in rapidly developing industrial area. 100-students, basic program, college affiliated. Splendid opportunity for recent graduate, in friendly atmosphere, devoid of the usual tensions & conflicts. Better than average salary & personnel policies. Apply: Personnel Director, Holzer Hospital, Gallipolis, Ohio

Registered Nurses (Openings in all services) for 166-bed JCAH fully accredited General Hospital, expanding to 374-beds by 1960. Top salaries, many extra benefits & opportunities for advancement. Excellent personnel policies. Located on beautiful San Francisco Peninsula, 20 minute drive from the heart of the city. Apply Personnel Director, Peninsula Hospital, Burlingame, California.

Registered Nurses: Positions available in all areas & on all shifts. Ultra modern, new 254-bed General Hospital located in the heart of beautiful sunny Castro Valley, just 30 minutes drive from San Francisco. This is a busy residential community which offers casual California living at its very best. Many excellent schools & colleges within easy commuting distance. Progressive personnel policies include free hospital & surgical insurance, paid sick leave, paid vacations, 7 recognized holidays & other benefits. No split shifts, evening & night duty salary differential, also differential paid for operating room, delivery room & nursery service. Uniforms laundered free. Basic salary for general staff duty, \$320 per mo. Salaries for other positions commensurate with assignments. Please write: Personnel Manager, Eden Hospital, 20103 Lake Chabot Road, Castro Valley, California.

Registered Nurses for new 157-bed General Hospital located in fast growing City of Fremont approximately 1-hr. from heart of San Francisco. Good salary, vacation, sick leave 5 hospitalization plan. Contact Director of Nursing Services, Washington Township Hos-

pital, P.O. Box 656, Niles, California.

Registered Nurses Salary \$325-\$360 in 18-mo., differential on p.m. shift \$1.50, nights \$1.00 Openings in Obstetrical & Medical-Surgical areas. Apply to: Personnel Department, Woman's Hospital, 432 E. Hancock Avenue, Detroit 1, Michigan

Registered Nurses: Spend your winter in the Sunny Southwest - New Mexico, "The land of Enchantment". Vacancies for staff duty in Medicine, Surgery, Obstetrics, Pediatrics, and Operating Room. Salaries \$285-\$315, days; \$10 differential for evenings & nights; \$15 differential, operating room. No shift rotation. Excellent job benefits. Board and room in nurses' residence, \$43 per month. Free transportation via 1st Class Air travel to Albuquerque and return in exchange for a 1-yr. employment contract. Write or call collect Mrs. Margaret Nelson, Director of Nursing, Presbyterian Hospital Center, 1012 Gold Ave. S.E. Albuquerque, New Mexico. Phone 3-5611.

Registered Nurses for General Staff 38-bed General Hospital. Personnel policies good. For further information contact: Administrator, City Hospital, Red Wing, Minnesota.

THE B. C. CIVIL SERVICE

Requires

PUBLIC HEALTH NURSES GRADE 1

Positions available for qualified Public Health Nurses in various centres in B.C. Salary: \$324 rising to \$389 per month; car provided.

An opportunity for interesting and challenging professional service in this beautiful and fast-developing province.

For information and application forms, write:

THE DIRECTOR, PUBLIC HEALTH NURSING, DEPARTMENT OF HEALTH, VICTORIA, B.C. or THE CHAIRMAN, B.C. CIVIL SERVICE COMMISSION, 544 MICHIGAN STREET, VICTORIA, B.C. Competition No. 59:67

HAMILTON HEALTH ASSOCIATION

Mountain Sanatorium (Tuberculosis Division)
Brow Infirmary (Convalescent and Chronic Division)

Due to the expansion program of the Hamilton Health Association, applications are invited from General Staff Nurses and Certified Nursing Assistants.

This expansion program provides an excellent opportunity for advancement since it is expected that further units will be opened in the not too distant future.

For information, write to:

THE DIRECTOR OF NURSING, HAMILTON HEALTH ASSOCIATION, BOX 590, HAMILTON, ONTARIO.

DISTRICT OF KENORA HEALTH UNIT

KENORA, ONTARIO.

Invites applications from qualified personnel for the following positions:-

- 1 SUPERVISOR OF PUBLIC HEALTH NURSING
- 3 PUBLIC HEALTH NURSES

Salary:— Supervisors: minimum — \$4,500

maximum — \$5.625

Salary:— Public Health Nurses: minimum — \$3,500

maximum — \$4,375

Car provided, pension plan, attractive personnel policies. This progressive Health Unit is situated in the heart of The Lake of the Woods tourist area.

Apply to:-

DR. R. D. P. EATON, MEDICAL OFFICER OF HEALTH, DISTRICT OF KENORA HEALTH UNIT, BOX 174, KENORA, ONTARIO.

Registered General Duty Nurse for 10-bed 3-crib nursery. Salary \$345; 5-day wk. Apply: Geo. P. Pimentel, Los Banos Emergency Hospital, Los Banos, California.

Registered General Duty Nurses for 154-bed General Hospital with expansion program under way. Along the shores of Lake Michigan, 25 mi. from Chicago. Salary: \$340 for days, \$370 for evenings, \$360 for nights, 5 day wk. Good personnel policies. Apply Personnel Director, Highland Park Hospital Foundation, 718 Glenview Ave., Highland Park, Ill.

Registered General Duty Nurses for new 80-bed hospital. Starting salary \$350 with increases every 6-mo. Meals provided while on duty. Uniforms laundered. 3-wk. vacation, 2-wk. sick leave annually after 1-yr. employment. Liberal personnel policies. Apply to: Director of Nursing, General Hospital, Elko, Nevada.

Registered General Duty Nurses (100-bed) Good bedside nursing required, 40-hr. wk. rotating duties. Excellent personnel policies. You arrange for R.I. State Registration. Apply: Nurse Director. Jane Brown Memorial Hospital, Providence 3, Rhode Island.

General Duty Nurses (English speaking) 500-bed General Hospital in Sunny Southern California. \$315-\$360 base plus \$15 shift differential until California Registered. \$330-\$375 base a month plus \$33 shift differential upon registration. Employee health & pension plan. Generous holiday & vacation benefits. Nurses' residence located on grounds. For information apply: Director of Nursing, Cedars of Lebanon Hospital Hollywood 29, California.

Registered Nurses (3) Certified Nursing Assistants (2) for 22-bed modern hospital situated in a pleasant active community. Starting salary for R.N.'s \$260 per mo., for Certified Nursing Assistants \$175 per mo. Good living accommodation available at \$34.50 per mo., 40-hr. wk., accumulative sick leave. Apply to: Mr. J. R. Huckstep, Secretary-Manager, Union Hospital, Shellbrook, Saskatchewan.

General Duty Nurses (California, between Sacramento & San Francisco) for 84-bed general short term JCAH hospital. Starting salary \$325, nurses' home, excellent working conditions, Write, Director of Nurses, Clinic Hospital, Woodland, California.

General Duty Nurses for 320-bed General Hospital. Only a few blocks from Lake Michigan Beach & Lincoln Park; near Chicago Loop. Hospital accredited by J.C.A.H. & school of nursing accredited by N.L.N. Apartments available close to hospital. Liberal personnel policies. Must be eligible for Ill. registration; openings on all shifts. Write: Director of Nursing, Augustana Hospital, 411 W. Dickens Ave., Chicago 14, Illinois.

Graduate Staff Nurse for well equipped 400-bed nonsecterian General Hospital affiliated with Medical School. New salary rates: day shift \$340-\$370 per mo. afternoon & nights \$370-\$400 per mo. Comfortable low cost living accommodation available in attractive residence building. Write to: Director of Nursing Service, Mount Sinai Hospital, 2750 West 15th Place, Chicago 8, Illinois.

General Staff Nurses for 370-bed approved General Hospital with intern & resident program. \$315 per mo. starting salary. \$15 per mo. merit increases at 12, 24 & 36 mo. 40-hr. wk. 2-wk. paid vacation, paid sick leave, 7 paid holidays. Pleasant coast city in outstanding recreational area. Apply Director of Personnel, Seaside Memorial Hospital, Long Beach 13, California.

General Staff Nurses for fully accredited private teaching hospital, located on Lake Michigan just north of Chicago. 5-day, 40-hr. wk. Salary range \$337.35 to \$363.30. Shift bonus: \$26 afternoons & \$17 nights. Progressive personnel policies. Please indicate type of service preferred. Apply: Director of Nursing, Evanston Hospital, 2650 Ridge Avenue, Evanston, Illinois.

Staff Nurses 600-bed general & tuberculosis teaching institution in central valley City Accredited State & Junior Colleges in immediate vicinity, Liberal personnel policies. Salary \$320-\$360. Full maintenance available. Write — Director of Nursing Service, Fresno County General Hospital, Fresno 2, California.

Staff Nurses for 300-bed General Hospital. Attractive personnel policies plus differential for specialties, afternoon & night duty. Opportunities for advanced education. Apply to Director of Nursing Service, Kaiser Foundation Hospital, Oakland 11, California.

Staff Nurses (All services) Texas teaching hospital. Air conditioned; good personnel policies. Base salary-rotation \$290 per mo. Evenings or night \$304 per mo. Apply: Director of Nursing Service, University of Texas Medical Branch, Galveston, Texas.

Operating & Delivery Room Nurses (English speaking) 500-bed General Hospital in Sunny Southern California. \$325-\$370 month base plus \$15 shift differential until California Registered. \$340-\$385 month base plus \$33 shift differential upon registration. Employee health & pension plan. Generous holiday & vacation benefits. Nurses' residence located on grounds. For information apply: Director of Nursing, Cedars of Lebanon Hospital, Hollywood 29, California.

Head Nurses for Operating Room: 42-bed pediatric unit in 434-bed hospital with nurses' training school. Postgraduate or equivalent experience required, B.C. registration required, 40-hr. wk., statutory holidays. 28-days annual vacation. Credit given for past experience & postgraduate preparation. Salary \$295-\$354. Apply: Director of Nursing, Royal Columbian Hospital New Westminster. British Columbia.

Operating Room Nurses: Positions available for advanced experience in general & specialized surgery. 5-day 40-hr. work wk. Starting salary \$325 per mo. with extra compensation for call & overtime. For further information, write: Cleveland Clinic Hospital, 2020 E. 93rd. St. Cleveland 6, Ohio.



NORTH

MANHASSET, LONG ISLAND, N.Y.

GENERAL COMMUNITY 169-BED NON-PROFIT HOSPITAL LOCATED IN SUBURBAN AREA 40 MINUTES FROM TIMES SQUARE, N.Y.C.

Starting Salary Based on Experience. Liberal vacation, sick leave benefits, periodic increments, fully furnished & equipped apartments available.

Contact:

DIRECTOR, NURSING SERVICE

NORTH SHORE HOSPITAL VALLEY ROAD, MANHASSET, L.I., N.Y.

Phone: MANHASSET 7-5000

RN's
immediate openings for
MEDICAL
Days, \$300; Eves., \$335; Nights, \$320
ALSO
SURGERY & OBSTETRICS
Days, \$300; Eves., \$335;
Nights, \$320

DELIVERY, EMERGENCY
& NURSERY ROOMS
Days, \$310; Eves., \$345;
Nights, \$330

WOODSTOCK GENERAL HOSPITAL WOODSTOCK, ONTARIO

REQUIRES INSTRUCTORS FOR

1. SCIENCE 2. MEDICAL CLINICAL. 3. SURGICAL CLINICAL.

TEACHING AND SUPERVISION OF CERTIFIED NURSING ASSISTANTS.
 HEAD NURSES — SURGICAL AND MEDICAL 3-11 P.M.

GENERAL STAFF NURSES — EMERGENCY, OPERATING ROOM AND ALL DEPARTMENTS.

GOOD PERSONNEL POLICIES - 5-DAY WEEK

For further information write:

DIRECTOR OF NURSING, GENERAL HOSPITAL, WOODSTOCK, ONTARIO.

FOR SCHOOL OF NURSING

105-students, 1-class admitted annually. Good personnel policies. Salary according to qualifications. Instruction & experience given in Medicine, Surgery, Obstetrics, Pediatrics & Geriatrics. Kitchener-Waterloo Hospital has a bed capacity for 500-patients, Kitchener-Waterloo is 68-mi. northwest of Toronto; population of twin-cities approximately 85,000. Opportunities for additional education at Waterloo College.

Apply:

DIRECTOR OF NURSING, KITCHENER-WATERLOO HOSPITAL, KITCHENER, ONTARIO.

DIRECTOR -- SCHOOL OF NURSING

For a School of 90-students, organized independently of Nursing Services. The school program follows the pattern of 2-years of nursing education plus 1-year of internship.

Salary: \$5,100-\$5,700 per annum.

Requirements: Degree & experience in the administration of a nursing education program.

Apply to: R. Buckner, Administrator,

Metropolitan General Hospital, Windsor, Ontario.

Matron for 22-bed hospital, salary \$350 per mo. less \$35 maintenance. Separate suite in new nurses' residence. Apply: giving qualifications to R Gill, Sec.-Manager, Union Hospital, Leader, Saskatchewan.

Registered Nurses for General Duty in modern accredited 76-bed hospital, South Central California near Sequoia National Park. Good salary & benefits. Excellent working conditions. Ideal community, winter & summer recreation. Transportation to hospital paid on suitable confirmation of employment. Must qualify for registration in California For details, write: Administrator, Memorial Hospital at Exeter, 215 Crespi Avenue Exeter, California.

Public Health Nurse (Qualified) generalized program includes some bedside nursing Salary \$3,200-\$4,250, annual increment \$150, 5-day wk. Car provided or car allowance Apply to: Dr. Charlotte M. Horner, Director Northumberland - Durham Health Unit Cobourg, Ontario.

Registered Nurse (for general floor duty) Salary \$290 per mo. less \$25 for full maintenance, yearly increments, 44-hr. wk. For further information apply to: John Hiscock Secretary-Treasurer, Baldur Medical Nursing Unit, Baldur, Manitoba.

General Duty & Operating Room Nurses for 434-bed hospital with training school; 40-hr. wk., statutory holidays. Salary \$280-\$336. Credit for past experience & postgraduate preparation; annual increments; cumulative sick leave; 28-days annual vacation. B.C registration required. Apply: Director of Nursing, Royal Columbian Hospital, New Westminster, British Columbia.

Director of Nursing for 88-bed hospital located in busy town of 4,000 people. Well equipped hospital offering a challenging future. Salary offered & qualifications desired are in accordance with suggested R.N.A.O. schedules Apply: Administrator, Lady Minto Hospital, Cochrane, Ontario.

General Duty Nurses for 88-bed hospital in a town of 4,000 in Northern Ontario. Salary according to Ontario Registered Nurses' Association recommended schedule. Apply in writing to: Administrator, Lady Minto Hospital, Cochrane, Ontario.

Director of Nursing for accredited 64-bed General Hospital. Applicants should have experience as Director of Nursing, Assistant Director of Nursing or equivalent qualifications. Accommodation available. Salary open to discussion. Apply: Superintendent Douglas Memorial Hospital, Fort Erie, Ontario.

Public Health Nurse R.N. & P.H.N. degrees. Kent County Board of Health Unit. Apply W. M. Abraham, Secretary-Treasurer, Kent County Board of Health. 21-7th Street Chatham, Ontario.

Operating Room Supervisor for 175-bed General Hospital, 5-modern operating rooms Operations in 1958; major 1,132, minor 1,411. Excellent personnel policies, pension policy Apply: Director of Nursing, General Hospital, Stratford, Ontario.

Public Health Nurses (Qualified) for a generalized program in suburban & rural areas with Peel Country Health Unit. Unit headquarters near Toronto. Salary range \$3,400 - \$4,200. Annual increment \$150; pension plan, car allowance, cumulative sick & holiday leave. Optional Blue Cross & P.S.I. protection. Apply to: Mrs. Helen Littleton, Supervisor of Public Health Nursing, 44 Nelson Street West, Brampton, Ontario.

REGISTERED NURSES — \$3,000 - \$3,540

(According to Qualifications)

CERTIFIED NURSING ASSISTANTS - \$2,040 - \$2,400

SUNNYBROOK HOSPITAL, TORONTO

WESTMINSTER HOSPITAL, LONDON

Pension Plan; three weeks' paid vacation; three weeks' accumulative sick leave; 5-day week; low-cost living in staff residence — for Nurses; application forms available at your nearest Civil Service Commission Office, or main Post Offices, should be forwarded to the Civil Service Commission, 25 St. Clair Avenue East, Toronto 7, as soon as possible.

OPERATING ROOM NURSES GENERAL DUTY NURSES

Sequoia Hospital in Redwood City, California, has openings on its staff for Registered Nurses. Sequoia is a District Hospital which was opened in 1950. With completion of a new wing in December of 1959 it will be a 355-bed hospital. Redwood City, with its population of 42,000 is located 25 miles south of San Francisco. Its slogan, "Climate Best by Government Test," is appropriate This is a community of beautiful homes and gardens, fine schools and churches, and a hospital in which the residents take great pride.

Salary: To start — \$335 per month with \$10 increase every 6 months to a maximum of \$375.

\$15 differential for 3-11 Shift.

\$10 differential for 11-7 Shift and Operating and Delivery room services.

Vacations: After 1 year — 10 days (2 weeks)

After 2 years — 15 days (3 weeks) After 3 years — 20 days (4 weeks)

Social Security — Group Insurance — Credit Union

For further information, write

PERSONNEL OFFICE
SEQUOIA HOSPITAL, REDWOOD CITY, CALIFORNIA

GENERAL HOSPITAL

IS RECRUITING

- CLINICAL SUPERVISORS
 IN MEDICINE & SURGERY
- GENERAL DUTY NURSES FOR ALL SERVICES

Please send applications direct to:

THE DIRECTOR OF NURSING,
THE WINNIPEG GENERAL
HOSPITAL,
WINNIPEG 3, MANITOBA.

OF WINNIPEG

New 230-bed hospital
with School of Nursing,
approximately
30 students a year, and affiliates,

requires

SCIENCE INSTRUCTOR AND CLINICAL INSTRUCTOR

Either position may be combined with that of Educational Director, depending on qualifications.

Also

ASSISTANT NIGHT SUPERVISOR

For details write:
DIRECTOR OF NURSING

SENSENBRENNER HOSPITAL

KAPUSKASING, ONT.

requires

- A) Registered Nurses for General Duty. Salary range \$310-\$345 monthly.
- B) Operating Room Nurse.

Salary range \$325-\$360 monthly.

Full welfare coverage, to work in modern, well equipped 50-bed hospital.

Apply in writing to:

EMPLOYMENT OFFICE SPRUCE FALLS POWER & PAPER CO. LTD. KAPUSKASING, ONTARIO APPLICATIONS ARE INVITED FOR THE POSITION OF

DIRECTOR OF NURSING

at the 625-bed Barton Street

unit of the

HAMILTON GENERAL HOSPITALS

The School of Nursing has a program of 2-years nursing education plus 1-yr. of internship, for approximately 300-students.

For further information apply to:

THE DIRECTOR OF HOSPITALS
HAMILTON GENERAL HOSPITALS
HAMILTON, ONTARIO

MATRON

required

for 35-bed hospital

in Altona, Manitoba

For further information write to:

F. E. DUECK, ALTONA DISTRICT HOSPITAL BOX 330, ALTONA, MANITOBA.

Obstetrical Supervisor

for

40-bed unit in 250-bed General Hospital.

For further information, Apply to:
THE DIRECTOR OF NURSING,
SUDBURY MEMORIAL HOSPITAL,
SUDBURY, ONTARIO.

NEW MOUNT SINAI HOSPITAL

Toronto

Modern 400-bed Hospital

requires

REGISTERED NURSES

and

Certified Nursing Assistants

40-hour week - Pension plan

Good Salaries and Personnel Policies

Residence Facilities Available

Apply

DIRECTOR OF NURSING
NEW MOUNT SINAI HOSPITAL
550 UNIVERSITY AVENUE
TORONTO

KINGSTON GENERAL HOSPITAL

KINGSTON, ONTARIO

requires

Director of Nursing Education (1) by July, 1959. Qualifications — Bachelor of Science in Nursing Degree plus 3-5 years experience.

IMMEDIATELY

- Qualified Clinical Instructresses.
 Medicine (1) and Surgery (3)
- 2. General Duty Nurses (10)
- 3. Practical Nurses (12)

Salary commensurate with preparation & experience.

Apply: Director of Nursing

VENTURA, CALIFORNIA

WITH ITS

MOST REMARKABLE CLIMATE &

EMPLOYMENT FOR GRADUATE NURSES AT ITS NEW GENERAL HOS-PITAL UNIT, 5-MIN. FROM THE PACIFIC OCEAN & 60-MIN. FROM THE GLAMOUR OF HOLLYWOOD & LOS ANGELES. AN ACCREDITED INSTITUTION WITH PREVAILING PAY & BENEFITS. HIGHEST PERSONNEL STANDARDS.

Inquire by night letter (not to exceed 50 words at our expense)

PERSONNEL DEPARTMENT,
COUNTY OFFICES, VENTURA, CALIFORNIA

ONTARIO



For

CRIPPLED CHILDREN

Requires Immediately

QUALIFIED PUBLIC HEALTH
NURSES

For

OTTAWA-HAMILTON-TORONTO

AND OTHER CENTRES

YOU WILL RECEIVE -

- GOOD SALARY RANGE
- A NEW AUTOMOBILE
- PENSION PLAN
- FREE INSURANCE
- 5-MONTH TRAINING COURSE IN NEW YORK CITY AND OTHER CENTRES.

You will deal directly with children, their parents and service club members.

Join our expanding staff for a rewarding experience

Apply to:

MISS SARA E. OLIPHANT R.N.
SUPERVISOR OF NURSING
ONTARIO SOCIETY FOR CRIPPLED CHILDREN
92 COLLEGE ST., TORONTO 2

2 QUALIFIED INSTRUCTORS

REQUIRED FOR 1959-60 TERM

Present Student enrollment, 75.

One class per year. Registration September.

Affiliations — Pediatrics, Psychiatry, Tuberculosis.

New School & Residence.

200-bed General Hospital, fully accredited.

Pleasant City of 38,000.
3 Colleges

Good Salary & Personnel Policies.

Allowance for degree with experience.

For further information apply to

DIRECTOR OF NURSES,
GENERAL HOSPITAL, GUELPH, ONTARIO

NEWFOUNDLAND

DEPARTMENT OF HEALTH

GRADUATE NURSES

Applications are invited from qualified nurses for posts in the Department of Health as Staff Nurses for Cottage Hospitals.

Salary is \$2,700 per annum with \$528 deducted for maintenance. Uniforms & laundry services are provided. 24 working days vacation & sick leave with pay.

Applications with full particulars should be addressed to the Director of Nurses,

DEPARTMENT OF HEALTH
ST. JOHN'S, NEWFOUNDLAND

REGISTERED NURSES

AND

CERTIFIED NURSING ASSISTANTS

REQUIRED FOR

44-bed hospital with expansion program, situated in the Niagara Peninsula.

For salary rates & personnel policies.

APPLY TO: DIRECTOR OF NURSING, HALDIMAND WAR MEMORIAL HOSPITAL, DUNNVILLE, ONTARIO.

PUBLIC HEALTH NURSES

required by
PORT ARTHUR & DISTRICT HEALTH UNIT
FOR GENERALIZED PROGRAM.

Basic salary \$3,250 with allowance for experience. New salary schedule will take effect on the 1st of August 1959, & the basic salary will be \$3,500 per annum. Pension plan, Ontario Hospital Services, accumulative sick leave, 4-wk. vacation & generous car allowance.

Apply to:

MISS H. M. LAMPSHIRE, SECRETARY-TREASURER, PORT ARTHUR & DISTRICT HEALTH UNIT, 63 N. ALGOMA ST., PORT ARTHUR, ONTARIO.

NURSING SUPERVISORS

required for

MENTAL HEALTH SERVICES,

ESSONDALE, PROVINCE OF BRITISH COLUMBIA.

Salary: \$324 - \$389 per month

Duties are those of nursing supervisors in modern psychiatric & geriatric units.

Applicants must be British Subjects, registered nurses, with training in a mental hospital setting & supervisory experience.

For further information & application forms, apply to:

THE PERSONNEL OFFICER, B.C. CIVIL SERVICE COMMISSION, ESSONDALE, BRITISH COLUMBIA. IMMEDIATELY. COMPETITION NO. 59:152

NURSING POSITIONS AVAILABLE

Starting salary \$300-\$340 per mo; 40-hr. wk., 4-wk. vacation; 2-wk. sick time allowance; health insurance; living accommodation in nurses' residence; evening & night bonus \$40-\$30 per mo.; tuition aid for advanced education in nearby universities.

Lenox Hill Hospital is a large General Hospital in the heart of Manhattan, easily accessible to the cultural advantages of the large metropolis.

Write:

DIRECTOR OF NURSING, LENOX HILL HOSPITAL 76th STREET & PARK AVENUE (MIDTOWN NEW YORK)



NURSES WHO LIVE HERE NEVER STOP LEARNING . . . GROWING

... THEY WORK AT

COOK COUNTY HOSPITAL

... in one of the Largest Most Stimulating Medical Centers in the World

Residence, Cook County School of Nursing

Here's an opportunity to gain unique and valuable experience in a public hospital — world's largest for acute medical conditions. Cook County Hospital offers you the stimulation of working with more than 2,500 other doctors and nurses in one of the world's largest and most exciting medical centers. Housing is available at nominal cost. Salaries begin at \$340-\$372.50 for a $37^{1/2}$ hour week. And you're only minutes from Chicago's fabulous Loop and local universities.

Graduate Nurses! Write today to Director, Cook County School of Nursing, Dept. C., 1900 West Polk Street, Chicago 12, Illinois.

UNIVERSITY HOSPITAL

SASKATOON, SASKATCHEWAN

Requires

General Staff Nurses for Medical, Surgical, Obstetrical and Pediatric Services. Forty hour week. Salary \$250 to \$290 gross per month. Differential for evening and night duty. Residence accommodation if desired.

Apply to:

DIRECTOR OF NURSING, UNIVERSITY HOSPITAL, SASKATOON, SASKATCHEWAN

GRADUATE STAFF NURSES - YOU WILL LIKE IT HERE

Opportunities for men & women on the service of your choice. A 953-bed teaching hospital with a friendly atmosphere, well planned orientation program, active graduate nurse club, cultural advantages & excellent transportation facilities.

Starting salary: \$325 per mo., 6 holidays, sick leave, 3 wk. vacation.

For further details write:

Director — Nursing Service, University Hospitals of Cleveland, Ohio.

SOUTH PEEL HOSPITAL

COOKSVILLE, ONTARIO

(12 miles west of Toronto)

Hospital opened May 15th, 1958

- I. Head Nurse with experience required at once, for medical ward (34-bed unit).
- II. Head Nurse for Pediatric Ward (25-bed unit) by May 15th.

Generous benefits, 40-hour work week.

For further particulars apply:

DIRECTOR OF NURSING, SOUTH PEEL HOSPITAL, COOKSVILLE, ONTARIO.

VICTORIAN ORDER OF NURSES FOR CANADA...

requires

PUBLIC HEALTH NURSES

for Staff and Supervisory positions in various parts of Canada.

Applications will be considered from Registered Nurses without Public Health training but with University entrance qualifications.

SALARY, STATUS AND PROMOTIONS ARE DETERMINED IN RELATION TO THE QUALIFICATIONS OF THE APPLICANT.

Apply to:

Director in Chief,

Victorian Order of Nurses for Canada 5 BLACKBURN AVENUE Ottawa 2, Ont.

& NURSING ARTS INSTRUCTOR

REQUIRED

FOR THE SCHOOL OF NURSING,
QUEEN ELIZABETH HOSPITAL OF
MONTREAL, PERSONNEL POLICIES
AS RECOMMENDED BY THE
ANPO

For information, please write to the

DIRECTOR OF NURSING,

QUEEN ELIZABETH HOSPITAL

OF MONTREAL,

2100 MARLOWE AVE.,

MONTREAL, QUEBEC.

THE VANCOUVER GENERAL HOSPITAL

Enjoy Western Canada's climate and hospitality

General Staff Nurse applications are invited, 1500-bed Teaching Hospital — heart of British Columbia's medical centre. Attractive personnel policies. Salary \$280-\$336 per month. 5 day — 40 hour week.

Eligibility for registration in B.C. necessary. Please apply to Personnel Department, Vancouver General Hospital, Vancouver, British Columbia.

INSTRUCTORS

Positions in Medical & Surgical clinical areas will be available in September.

Salary range: \$342.00-\$410.00 40-hr. wk.

Upon application, a monthly differential of \$25 is granted for approved postgraduate course at a university. For further information write to:

PERSONNEL DEPARTMENT,
VANCOUVER GENERAL HOSPITAL,
VANCOUVER 9, BRITISH COLUMBIA

GENERAL DUTY NURSES

FOR ALL DEPARTMENTS

Gross salary \$255 monthly (\$117.50 bi-weekly) if registered in Ontario, \$235 monthly (\$108.20 bi-weekly) until registered. Annual increment \$10 monthly (\$4.60 bi-weekly) for three (3) years. Rotating periods of duty, 40-hr. per wk., 8 statutory holidays. 14-days vacation & 12-days leave for illness with pay after 1-yr. Pension plan available. Ontario Hospital Insurance with Blue Cross supplemental & Physicians' Services Incorporated, partial payment by hospital.

APPLY

DIRECTOR OF NURSING, GENERAL HOSPITAL, OSHAWA, ONTARIO.

THE PETERBOROUGH CIVIC HOSPITAL

REQUIRES

NURSES FOR GENERAL DUTY IN ALL SERVICES, INCLUDING OPERATING ROOMS & DELIVERY ROOMS.

For further information write:

THE DIRECTOR OF NURSING
PETERBOROUGH CIVIC HOSPITAL, PETERBOROUGH, ONTARIO

SUBURBAN TORONTO

GRADUATE NURSES & CERTIFIED NURSING ASSISTANTS

Are invited to enquire re: employment opportunities in a well staffed new 125 bed hospital in suburban west Toronto. General duty salary range: \$255-\$305 per mo. Certified Nursing Assistants \$190-\$210 per mo. Residence accommodation optional. Personnel manual forwarded on request. Enquire to:

DIRECTOR OF NURSING, HUMBER MEMORIAL HOSPITAL, 200 CHURCH STREET, WESTON, TORONTO 15, ONTARIO --- CH 4-5551

REGISTERED NURSES

FOR THE OPERATING ROOM, OBSTETRICAL AND MEDICAL SURGICAL UNITS OF A 350-BED GENERAL HOSPITAL

Gross salary \$250 - \$280 per month if registered in Ontario.

Differential of \$10 for evening and night duty.

40-hour week. Sick leave accumulative to 30 days.

3 weeks vacation and eight statutory holidays.

Apply:

DIRECTOR OF NURSING SERVICES,
METROPOLITAN GENERAL HOSPITAL, WINDSOR, ONTARIO

Eye-Stopping New Dacron and Nylon Dresses

designed by Amelica for the busy "woman in white"



(A) 8419 YQ ---Dacron 13.60 (A) 8419 OK ---

Poplin 8.50

Pin Tucks

(B) 8418 YQ -

Dacron 13.60

(B) 8418 OK ---

Poplin 8.50

Stitched Down Pleats

Mail orders promptly filled

Sizes on this page: 30 to 46

Note - add 10% for federal tax

NOTE: We make any hospital regulation uniform desired and will appreciate enquiries. (New styles, new catalogue available)

Chez Cora Limited 1526 CRESCENT ST. MONTREAL 25, QUE.

Angelica Great Since 1878



for complete protection during childhood

Each daily dose from spoon or dropper supplies optimum amounts of A, D, C and the four principal B vitamins in a smooth palatable vehicle. Both forms mix readily with milk or cereal and are quickly absorbed. Easy to give, delightful to take, inexpensive, water-soluble Infantol Drops or Liquid means complete vitamin protection during the formative years.

now dated and certified for added
assurance of potency

infantol DROPS/LIQUID

FRANK W. HORNER LIMITED . MONTREAL, CANADA

new Котєх*

...softest ever...prevents suture irritation

NOW A COMPLETE PRE-PACKED LINE FOR MATERNITY CARE!



HERE'S WHY HOSPITALS ACROSS CANADA BUY AND USE

Kotex* Maternity Pads

- leak-proof sides
- WONDERSOFT"* covering
- CELLUCOTTON * absorbency...
- less nursing time -
- fewer pads per confinement
 - *T. M. of Kimberly-Clark Corp.

All add up to greater patient satisfaction, and greater hospital economy!

Order KOTEX Maternity Pads...the complete and modern post-partum protection.

PRODUCTS OF KIMBERLY-CLARK CORP:

Distributed by

6068A

BAUER & BLACK

DIVISION OF THE KENDALL COMPANY (CANADA) LIMITED

THE CANADIAN NURSE

VOLUME 55

NUMBER 6

JUNE 1959

452	DEIWEEN OURSELVES		
494	New Products		
496	RANDOM COMMENTS		
503	A New Milestone		
505	Welcome to L'Infirmière Canadienne		
506	RENAL TRANSPLANTATION IN IDENTICAL TWINS		
508	RENAL TRANSPLANTS. Harris and J. Dossetor		
513	Is Nursing at the Service of Patients?		
516	THE THREE OTHER R'SW. H. Hickman		
521	THE RELATIONSHIP BETWEEN THE QUALITY OF NURSING CARE AND ITS COST		
523	Writer's CrampF. W. Poland		
524	How You Can Help		
526	Nursing Profiles		
532	THE EVALUATION OF PERSONNELH. Boshouwers		
540	NURSING ACROSS THE NATION		
544	In Memorian		
548	Itinerary Especially Planned for Canadian Nurses' Association European Tour		
552	INFECTIOUS HEPATITIS		
556	Publications List Order Form		
558	Book Reviews		
566	EMPLOYMENT OPPORTUNITIES		

The views expressed in the various articles are the views of the authors and do not necessarily represent the policy or views of THE CANADIAN NURSE nor of the Canadian Nurses' Association.

Journal Board: Mrs. A. I. MacLeod, chairman, Sr. M. Felicitas, Misses H. Carpenter, R. Chittick, S. Giroux, E. Gordon, K. MacLaggan, A. Girard, president CNA; Misses M. P. Stiver, M. E. Kerr.

Editorial Advisers: Alberta, Miss Irene M. Robertson, 11831-87th Ave., Edmonton; British Columbia, Miss Marion E. Macdonell, 1807 W. 36th Ave., Vancouver 13; Manitoba, Miss Sheila L. Nixon, Children's Hospital, Winnipeg; New Brunswick, Miss Shirley Y. Alcoe, 180 Charlotte St., Fredericton; Newfoundland, Miss Isabel Sutton, 66a Mullock St., St. John's; Nova Scotia, Mrs. Hope Mack, P.O. Box 76, Hantsport; Ontario, Miss Jean Watt, R.N.A.O., 33 Price St., Tooonto; Prince Edward Island, Sr. M. David, Charlottown Hospital; Quebec, Miss Geneviève Lamarre, Hôpital de l'Enfant Jésus, Quebec City (French), Sr. M. Assumpta, St. Mary's Hospital, Montreal (English); Saskatchewan, Miss Victoria Antonini, S.R.N.A., 401 Northern Crown Bidg., Regina.

Executive Director: Margaret E. Kerr, M.A., R.N.
Assistant Editor: Jean E. MacGregor, B.N., R.N.; Gabrielle D. Côté, M.A., R.N.
Circulation Manager: Winnifred MacLean. Production Assistant: Elizabeth M. Hanlon.
Advertising Assistant: Ruth H. Baumel

1522 Sherbrooke Street West, Montreal 25, Quebec

Between Ourselves

From the president of the Canadian Nurses' Association, the president of the Association of Nurses of the Province of Quebec, from the professional staff at our National Office, and from individual nurses in all parts of our land have come greetings and felicitations on the launching of L'Infirmière Canadienne this month. As you read these lines, Volume 55, number 6 in both English and French will be in the hands of considerably over 50,000 paid subscribers. We hope that this disproves effectively the old adage that "anticipation is better than realization."

The "masthead" page in L'infirmière Canadienne actually carries two volume numbers, as will be noted by all who have access to both issues. Discussing this matter some months ago, the governing body of the Journal, the Journal Board, decided that for accuracy as well as for ease in locating editorial material through the index, this issue should carry the figures noted above. After all, the two are essentially one magazine. But for purely sentimental reasons, it was felt that for a few months the creation of the new issue should be recognized by the supplementary numbering.

Since the greater proportion of French speaking nurses are members of the Association of Nurses of the Province of Quebec, it is singularly appropriate that our guest this month is Margaret May editor Wheeler, president of that association. Born at Windsor Mills, Que., a graduate of the Montreal General Hospital, Miss Wheeler is nursing consultant, Division of Industrial Hygiene, in the Quebec Ministry of Health. At ease in both French and English, possessed of abounding energy, she has had experience in such a broad spectrum of national, provincial and local committee work that she is able to manage a two-way job of interpretation with skill and understanding. Under her kindly guidance continued progress in provincial association affairs is assured.

Always on the alert for new and different developments in medical care, many daily newspapers across Canada carried a few of the details of the drama that unfolded at the Royal Victoria Hospital, Montreal, when

the kidney transplant between identical twins was performed a few months ago. The battery of tests that had to be performed to prove incontravertibly that the girls were "identicals"; the delicate legal procedures that were necessary; the hours of discussion and explanation before surgery could be undertaken; the elaborate precautions that attended every aspect of the nursing care — all of these make our feature material intensely interesting to every nurse.

There seems to be considerable confusion still in the minds of many nurses regarding the pattern that is followed when your subscriptions are sent in to us by your provincial registered nurses' association. A surprisingly large number of semi-irate letters have been received this spring from new registrants who wrote something like this: "My fees were paid in January but I have not yet received a single copy of the Journal. Please investigate this at once and start my copies coming." We are delighted, really, to get these letters for it gives us a chance to explain. It is so much better than for the nurse to carry her grouch around with her.

Here is the explanation; because of the volume of work entailed in processing so many thousands of new and renewed subscriptions that flood in in the first six months of the year, each province has been assigned a definite month for subscriptions to begin and end. This is the order for this year and every year:

Province	Code letter	Starts	Expires
Alta.	H	April	March
B.C.	K	May	April
Man.	\mathbf{M}	April	March
N.B.	F	April	March
Nfld.	N	April	March
N.S.	L	April	March
Ont.	0	June	May
P.E.I.	P	March	February
Que.	В	June	May
Sask.	R	April	March
	*	* *	

As was briefly noted in the April issue, the Executive Committee of the Canadian Nurses' Association voted unanimously to broaden the scope and coverage of one section of the CNA Retirement Plan. Coverage

(Continued on page 495)

spare
your patients
the added
distress of



DESITIN

UNSURPASSED PROTECTIVE AND HEALING AGENT



Soothing, lubricant, anti-irritant
Desitin Ointment works hand
in hand with good medical and
nursing care to keep the skin
soft, supple, more resistant
to bed sores. One application
protects the skin for hours.

for SAMPLES of Desitin Ointment—write **DESITIN** CHEMICAL COMPANY

Sole Canadian Representative and Distributor:

LESLIE A. ROBB
5 Traymore Crescent, Toronto 9, Canada

New Products

Published Through Courtesy of Canadian Pharmaceutical Journal AND IN COOPERATION WITH THE PHARMACEUTICAL FIRMS.

CYNOBYL.

Indications—Cholecystitis, icterus, eczema, urticaria, etc.

Administration—1 or 2 teaspoonfuls at breakfast in a half glass of warm water. Rest on the right side for 15 minutes.

Description-Elixir and granules containing; Peptone, pancreatin, lithium citrate,

sodium hyposulfite, magnesium sulfate and ext. of artichoke.

DARANIDE

Indications—Glaucoma — chronic simple (wide angle), acute congestive (narrow angle), chronic congestive, secondary glaucoma (acute phase).

Administration—Usual adult dosage range is 25 to 50 mg. 1 to 3 or 4 times daily.

Dosage should be carefully adjusted to individual needs.

Description—Dichlorphenamide, orally active carbonic anhydrase inhibitor, especially in the eye. Reduces intraocular pressure by inhibiting formation of aqueous humour. Onset of action within an hour, maximal effect in 2 to 4 hours, duration 6 to 12 hours. Manufacturer-Merck Sharp & Dohme. Division of Merck & Co. Ltd., Montreal, 30.

DIGESTOGEN

Indications—Digestive disturbances where administration of digestive enzymes may

Administration—One to 4 teaspoonfuls after meals or as prescribed. Description—An elixir containing: Pepsin, pancreatin and diastase.

FOR-MATRIX TABLETS

Indications—To relieve low back pain, promote fracture healing and bone matrix formation in 1) menopausal osteoporosis (after a natural or artificial menopause); 2) osteoporosis due to immobilization, e.g. atrophy of disuse in patients with fracture, bedridden, inactive; 3) osteoporosis due to malnutrition (e.g., protein depletion and vitamin C deficiency); 4) in cortisone-like hormone therapy.

Administration—1 tablet daily. In both sexes, a week's rest period is recommended

between 21-day courses.

Description—Each tablet contains: Premarin (conjugated estrogens, equine) 1.25 mg. methyltestosterone 10 mg., vitamin C 400 mg.

Manufacturer—Ayerst McKenna & Harrison Ltd., Montreal.

HYDELTRASOL INJECTION

Indications—For immediate parenteral use in critical situations where an immediate adrenocortical steroid response is mandatory.

Administration—Intramuscularly, intravenously or intrasynovially.

Description—Each cc. of buffered, sterile solution contains 20 mg. prednisone 21phosphate as the disodium salt.

Manufacturer—Merck Sharp & Dohme. Division of Merck & Co. Ltd., Montreal 30.

BARRIERE-MYCIN

Indications-Prophylaxis and treatment of cutaneous pyogenic infections.

Contraindications—Should not be applied in or near the eyes.

Administration—Apply to the affected parts 2 or 3 times daily, rubbing in gently, if possible, until absorbed.

Description—A topical preparation containing 0.5% neomycin sulphate in a nonirritating silicone cream base.

Manufacturer—The British Drug Houses (Canada) Limited, Toronto.

COSA-TERRAMYCIN ORAL SUSPENSION

Indications—Wide variety of common infections of the respiratory, gastrointestinal and urinary tracts, as well as other organs and tissues.

Administration-Children: average infections 5-6 mg./lb./day, severe infections 10-

12 mg./lb./day

Adults: average infections 250 mg. 4 times daily. Severe infections 250 mg. 6-8 times daily or 500 mg. 3-4 times daily.

Description—Recrystallized oxytetracycline with glucosamine.

Manufacturer-Pfizer Canada, Montreal 9, P.O.

TRAL WITH PHENOBARBITAL GRADUMETS

Indications—For combined anticholinergic-sedative action in peptic ulcer and gastrointestinal disorders associated with hyperacidity and hypermotility and in certain spastic conditions of the intestinal and biliary tracts.

Administration-Initially, one twice daily preferably before lunch and at bedtime.

carefully adjust dosage to the individual patient.

Description—Each Gradumet (long-acting dosage form) contains: Tral (hexocyclium methylsulfate) 50 mg., phenobarbital sodium 30 mg.

Manufacturer—Abbott Laboratories Ltd., Montreal.

The Journal presents pharmaceuticals for information. Nurses understand that only a physician may prescribe.

McMASTER UNIVERSITY School of Nursing

DEGREE COURSE IN BASIC NURSING (B.Sc.N.)

A Four-Year Course designed to prepare students for all branches of community and hospital nursing practice and leading to the degree, Bachelor of Science in Nursing (B.Sc.N.). It includes studies in the humanities, basic sciences and nursing. Bursaries, loans and scholarships are available.

DEGREE COURSE IN SCIENCE TEACHING FOR GRADUATE NURSES (B.Ed.N.)

A Two-Year Course designed to prepare graduate nurses to teach basic sciences in schools of nursing and leading to the degree, Bachelor of Education in Nursing (B.Ed.N.) It includes studies in the humanities, the physical, social and biological sciences, teaching and nursing education. Bursaries of Six Hundred Dollars each are offered in both years of this Course.

For additional information, write to:

School of Nursing, McMaster University, Hamilton, Ontario

STELAZINE

Indications—Mental and emotional disturbances mild and moderate, nausea and

vomiting from many causes including pregnancy.

Administration—Adults (not recommended for children under 12 years of age at present) — usual dosage is 1 mg. twice a day, in some cases 2 mg. twice a day. If desired response is not achieved in a week's time, dosage may be increased to 5 or 6 mg. daily.

For immediate control of nausea or vomiting the usual dose is 1 mg. intravenously, repeated if necessary at intervals of 4 or 5 hours with not more than 6 mg. (except rarely) in 24 hours.

Should be administered with discrimination and under careful supervision. Description—Trifluoperazine, low dosage tranquilizer and antiemetic, tablets of 1 mg., 2 mg., 5 mg.; 10 cc. multiple-dose vials 2 mg. per cc.

Manufacturer—Smith Kline & French Laboratories, Montreal.

(Continued from page 492)

of all of the employees of any organization or business where members of the CNA are working is now a possibility. Mr. Norman Beaudin, of the National Life Assurance Company, who has taken such an active part in all of the preliminary arrangements and negotiations explains the pattern that will be followed in drafting Retirement Plan contracts from now on.

How can a 25-year-old be persuaded that it is to her personal advantage to participate in a retirement plan? Age 65 seems

such an interminably long way off. So many things can and will happen to her in that 40-year interval. What arguments, what methods short of compulsion would you use?

The rung of a ladder was never meant to rest upon, but only to hold a man's foot long enough to enable him to put the other somewhat higher.

> - THOMAS HENRY HUXLEY, On Medical Education.

UNIVERSITY OF BRITISH COLUMBIA COURSES FOR GRADUATE NURSES

1. Leading to the Degree of Bachelor of Science in Nursing (B.S.N.):

An integrated program which includes preparation for staff positions in public health nursing as well as the fundamentals of teaching, supervision and administration and their application to clinical nursing. Students are required to select one advanced clinical nursing course — i.e., Medical-Surgical, Obstetric, Pediatric, or Psychiatric Nursing.

Students with an appropriate Senior Matriculation can complete the Course in approximately two years. Those with Junior Matriculation require approximately three years.

2. Leading to a Diploma in Public Health Nursing:

A ten-month course which prepares for staff positions in public health nursing.

3. Leading to a Diploma in Clinical Teaching and Supervision:

A ten-month course which prepares for hospital positions that entail teaching, supervisory and administrative activities. Students are required to select one of the advanced clinical nursing courses listed above.

N.B.: The School of Nursing also offers, for high school graduates with University Entrance, a Basic Professional Course leading to the degree of B.S.N.

For further information write to the

DIRECTOR, SCHOOL OF NURSING, UNIVERSITY OF BRITISH COLUMBIA, VANCOUVER 8, BRITISH COLUMBIA.

Random Comments

Dear Editor:

May I take this opportunity to express my commendation for the *Journal*, which contains much high quality material. I look forward to it as to a letter from home and read it completely through when I receive it.

M. W.. Ontario

Dear Editor:

May I secure a copy of "Summary of Clinical Laboratory Procedures," published in the August, 1956 issue. I want to give it to a friend of mine, a head nurse, who has lost her copy. I find this material especially helpful and carry it with me whenever I work because I always seem to need to look up some test in it. In fact, all the case studies and clinical material in *The Canadian Nurse* are both interesting and helpful.

F. B., New Brunswick

Dear Editor:

I have enjoyed the nurses' magazine so

very much. It keeps me informed about the many interesting things that are being done in nursing today. Nursing has made such gigantic strides since my graduation in 1912 that I find it hard to keep up. However, through our magazine I am continually being brought up to date on what is going on.

I find many familiar names of nurses I have known or heard of. The account of the new honorary members in Manitoba was particularly interesting as I knew them all personally.

Although "out of circulation," I am keenly interested in what the younger nurses are doing and how they are making their contribution to our profession.

B. K., British Columbia

Dear Editor:

I am a nurse working only for short periods each year as health permits. The Canadian Nurse provides very good reading which keeps me alert to the new things in



PROGRAMS FOR GRADUATE NURSES

Teaching and Supervision

To meet the needs of nurses wishing to prepare for positions of responsibility in either teaching or supervision in Schools of Nursing.

Pulic Health Nursing

To meet the needs of nurses wishing university preparation for staff work in public health nursing agencies.

Administration of Hospital Nursing Service

To meet the needs of nurses preparing for head nurse, supervisory or matron positions.

This program is supported by the W. K. Kellogg Foundation.

Diplomas are granted on successful completion of the above programs and credits earned may be applied toward the degree of Bachelor of Science in Nursing.

PROGRAMS FOR HIGH SCHOOL GRADUATES

Leading to the Degree in Nursing

Students with senior matriculation may pursue a combined academic and professional program leading to the degree of Bachelor of Science in Nursing. In the final year students will elect to study Teaching and Supervision or Public Health Nursing. This broad educational background followed by graduate professional experience enables nurses to progress rapidly into positions of responsability.

Leading to the Diploma in Nursing

A three year hospital program is conducted for students meeting the entrance requirement of the University.

For further information or inquiries about scholarships, write to:

DIRECTOR, SCHOOL OF NURSING, UNIVERSITY OF SASKATCHEWAN, SASKATCHEWAN

THE WINNIPEG GENERAL HOSPITAL

Offers to qualified Registered Graduate Nurses the following opportunities for advanced preparation:

- 1. A six month Clinical Course in Obstetrics.
- 2. A six month Clinical Course in Operating Room Principles and Advanced Practice.

These courses commence in January and September of each year. Maintenance is provided. A reasonable stipend is given after the first month. Enrolment is limited to a maximum of six students in each course.

For further information please write to:

DIRECTOR OF NURSING GENERAL HOSPITAL WINNIPEG, MANITOBA

UNIVERSITY OF ALBERTA

SCHOOL OF NURSING

- Basic Degree Course in Nursing (B.Sc.): This
 course provides study in the humanities, basic
 sciences and nursing, and prepares the graduate for community and hospital nursing
 practice. A major field of interest: Public
 Health Nursing or Teaching and Supervision
 is selected in the final year.
- Degree Course for Graduate Nurses (B.Sc.):
 A two-year program designed to prepare the nurse for positions in Nursing Education or Public Health Nursing.
- III. Diploma Course in Public Health Nursing
- IV. Diploma Course in Teaching and Supervision in Schools of Nursing

V.

Certificate Course in Advanced Practical Obstetrics. A five month course of study and supervised clinical experience in the care of the mother and the newborn infant. Two courses will be held: First commences August 31, 1959 and the second commences February 8, 1960.

For information apply to:

THE DIRECTOR, SCHOOL OF NURSING UNIVERSITY OF ALBERTA, EDMONTON, ALTA.

the medical and nursing professions.

I would like to see some articles on the adrenal glands. Doctors are exploring the importance of these glands. It would be very helpful to us nurses if we knew more of their work in connection with high blood pressure — the symptoms we should look for, preand post-surgical care, and the possible after-effects.

A. V. B., Manitoba

Editor's note: A series of articles on several aspects of endocrinology is already planned for a future issue. We shall try to meet your request at that time.

Dear Editor:

Mr. A. Wedgery's article in the February 1959 issue is most impressive in its realistic viewpoint. For too long those overly idealistic sentimentalists, who want most nurses to be dedicated spinsters happily working for a pittance in a life-long vocation, have had an undue influence on nursing which *must* be considered a means of livelihood and a commodity for sale, just as is any other business. Today, the medical and dental professions put great emphasis on monetary returns; so should we in this age of tax-supported hospital schemes, public health programs, prepaid health services, etc.

Another excellent point, in Mr. Wedgery's article, is that it would be better if more male nurses were employed in administrative and supervisory nursing positions. Too many of the women in such positions, though well qualified educationally, are certainly not equally prepared temperamentally, particularly when in their late forties. Staffs under some of those women have to suffer for their periodic emotional upsets, with resultant bitterness and dissatisfaction. Men would tend to be steadier in high tension areas, such as operating rooms, outdoor and emergency departments, as night supervisors, or in industrial shift work, mental hospitals, etc. Also, few men are as submissive and passive as are the majority of women who go into nursing. The men would not put up with unnecessary drudgery or have all sorts of non-nursing jobs foisted on them. In some hospitals, graduate nurses are still expected to put away laundry and supplies or to pinch-hit for clerical workers on holidays.

All female occupations must be second in importance to marriage and motherhood. Nursing is no exception. Therefore, it is unrealistic to expect young, marriageable nurses willingly to go to rural areas, the

DALHOUSIE UNIVERSITY

School of Nursing

COURSES OFFERED

1959 - 1960

1. Degree Course in Basic Professional Nursing

Candidates for the degree of Bachelor of Nursing are required to complete 2 years of university work before entering the clinical field, and one year of university work following the basic clinical period of 30 months. On completion of the course the student receives the **Degree** of Bachelor of Nursing and the **Professional Diploma** in either Teaching in Schools of Nursing or Public Health Nursing.

2. Degree Course for Graduate Nurses

Graduate nurses who wish to obtain the degree of Bachelor of Nursing are required to complete the three years of university work.

- 3. Diploma Courses for Graduate Nurses
 - (a) Public Health Nursing
 - (b) Teaching in Schools of Nursing

For further information apply to:

DIRECTOR, SCHOOL OF NURSING DALHOUSIE UNIVERSITY, HALIFAX, N.S.

northland, to serve on night shifts, etc. when such working conditions adversely affect their marriage chances. Those are places where men could serve far better than women, despite the fact that we women will work for less pay than men. For reasons of economy women are preferred in these personally unsuitable fields. Some doctors are advocating a requirement that married nurses sign a two or three year contract before being employed. There really would be a revolution if such nonsense were tried in Canada!

A. C. P., Ontario

CHILDREN'S HOSPITAL OF WASHINGTON, D.C.

OFFERS

Registered Nurses a 16-wk. supplementary program in pediatric nursing. Admission dates, September 1, 1959, January 5, May 3, August 30, 1960, January 3, 1961.

For complete information write to:
DIRECTOR OF NURSING,
2125-13th STREET, N.W., WASHINGTON 9, D.C.

NOVA SCOTIA SANATORIUM KENTVILLE N.S.

Offers to Graduate Nurses a Six-Month Course in *Tuberculosis Nursing*, including Immunology, Prevention, Medical & Surgical Treatment.

- 1. Full series of lectures by Medical and Surgical staff.
- 2. Demonstrations and Clinics.
- 3. Experience in Thoracic Operating Room and Postoperative Unit.
- 4. Full maintenance, salary & all staff privileges.
- 5. Classes start May 1st and November 1st.

For information apply to:

SUPT. OF NURSES, NOVA SCOTIA SANATORIUM, KENTVILLE, N.S.

MONTREAL NEUROLOGICAL INSTITUTE McGILL UNIVERSITY

GRADUATE COURSE

in

NEUROLOGICAL AND NEUROSURGICAL NURSING AND OPERATING ROOM TECHNIQUE

Classes: Feb. 1 & Oct. 1

One half staff salary is paid during course. Students may live in or out.

For information apply:

MISS E. C. FLANAGAN, B.A., R.N.

Director of Nursing,

3801 University St.

Montreal, Que.

THE NATIONAL HOSPITAL QUEEN SQUARE

London, W.C.1

and

MAIDA VALE HOSPITAL London W.9, England

(Institute of Neurology, University of London)

Postgraduate Nursing Education for Medical Neurology & Brain Surgery One year courses are open to Nurses on the General Register with good educational background.

3 mo. full time instruction in the school under guidance of the Sister Tutor assisted by a teaching staff of senior neurologists & neuro-surgeons.

8-mo. clinical experience, 1 mo. vacation.

Certificate & Badge of the hospital awarded to successful students. Staff nurses' salary paid throughout the year. This work has a special appeal to nurses interested in research & the humanitarian aspect of nursing.

For further particulars apply to the Matron,
THE NATIONAL HOSPITAL

PSYCHIATRIC COURSE

for

REGISTERED NURSES

THE NOVA SCOTIA HOSPITAL offers to qualified Registered Nurses a sixmonth certificate course in *Psychiatric Nursing*.

- · Classes in March and September.
- · Remuneration.
- Preference given to Nova Scotia applicants.

For further information apply to:

Superintendent of Nurses Nova Scotia Hospital Drawer 350 Dartmouth, Nova Scotia

THE MOUNTAIN SANATORIUM

HAMILTON, ONTARIO

TWO-MONTH
POSTGRADUATE COURSE
IN THE IMMUNOLOGY,
PREVENTION & TREATMENT
OF TUBERCULOSIS

This course is especially valuable to those contemplating Public Health, Industrial, or Tuberculosis Nursing.

For further information apply to:

Director of Nursing, Mountain Sanatorium Hamilton, Ontario.

The New York Polyclinic

MEDICAL SCHOOL AND HOSPITAL • Organized 1881

The Pioneer Postgraduate Medical Institution in America

Announces the following Courses (Six Months Duration) for qualified Graduate Nurses

OPERATING ROOM NURSING

MEDICAL SURGICAL NURSING

OUT PATIENT DEPARTMENT NURSING

Courses include lectures by the Faculty of the Medical School and the Nursing Department

Stipend of \$50.00 per month and full maintenance is provided

For information address:

Director of Nursing Education, 345 W. 50th St., New York, 19, N.Y.

WILLS EYE HOSPITAL Philadelphia, Penna.

The largest eye hospital in the United States, offers a six-month course in Nursing Care of the Eye to Graduates of Accredited Nursing Schools. Operating Room Training is scheduled in the course.

- \$205 per month for the first four months. \$215 per month for the last two months.
- REGISTRATION FEE is \$20
- Course starts March 15 & September 15. Ophthalmic Nurses in great demand for hospital eye departments, operating rooms & ophthalmologists' offices.

For information write to:

Director of Nurses, Wills Eye Hospital, 1601 Spring Garden Street, Philadelphia 30, Penna.

COURSES FOR GRADUATE NURSES

In various clinical fields, beginning June 1, August 24, November 16, 1959, and February 8, 1960.

Room, meals, laundering of uniforms, and honorarium provided.

Apply to:

DIRECTOR,
COOK COUNTY SCHOOL
OF NURSING,
DEPT. C., 1900 WEST POLK ST.,
CHICAGO 12, ILLINOIS



Nurses know that the great value of Crown Brand Corn Syrup in infant feeding formulae and on baby cereals cannot be underestimated. Crown Brand Corn Syrup contains the balanced mixture of Dextrin, Dextrose and Maltose that doctors recommend . . . in an easily digested . . . well tolerated . . . ready-to-use form.

Nurses know, too, that Crown Brand is the perfect energy food for children at all stages of their growth . . . and so easy to serve on cereals, on bread, or as a delicious dessert by itself.



CROWN BRAND

is a product of

THE CANADA STARCH COMPANY LIMITED

Makers of Karo & Lily White Corn Syrups Also recommended for Infant Feeding

and makers of

BENSON'S AND CANADA CORN STARCH

THE CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA PUBLISHED
IN ENGLISH AND FRENCH BY THE CANADIAN NURSES' ASSOCIATION

270 LAURIER AVE. WEST, OTTAWA

VOLUME 55

NUMBER 6

MONTREAL, JUNE 1959

A New Milestone

June 1959 — a truly historical date in Canadian nursing! With this edition, The Canadian Nurse, the one official professional journal for nurses in Canada, goes to every member of the Canadian Nurses' Association in a choice of the two major languages of our country. Is this not an appropriate climax during this biennium when the watchword given by our President is "Faith?"

We have read that "If it had not been for the ministrations of the French Nursing Sisterhoods, the settlement of the New World along the St. Lawrence River would have been much slower." Surely it was courage, conviction and faith that brought these brave women to our shores. It would be equally true to say that if it had not been for these French Sisters, the development of nursing in Canada would probably have been much slower and very different. The same intrinsic elements eventually brought Englishspeaking nurses to our shores. These two groups of people, of European and British origin, early became essentially Canadian and blazed the trails of Canadian nursing.

The history of nursing in Canada is an exciting one, marked by struggle but with tremendous achievement. Similarly, as in other groups in Canadian life "it has been not one tributary, but the cooperation of all that has fed the waters and guided



(Wm. Notman & Sons)
MARGARET WHEELER

the currents of the main stream."₂ At times we have doubtless allowed ourselves to separate as to language but it is together that we have achieved our

greatest successes.

History repeats itself. Some 15 years ago, in writing the history of the first 25 years of the Association of Nurses of the Province of Quebec, the late Miss E. Frances Upton, in her book entitled, "An Experiment in Mutual Understanding," made the following statement, "Our membership has increased in quality and quantity each year in spite of our differences of opinion or has it been because of them?" Today, across the country, we are witnessing not only great increases in membership but some proof of mutual understanding.

Each province has made and is making advances in nursing service and nursing education and each is seriously studying ways and means of proceeding with research. Political, social and cultural changes in our country have implications for nursing. As in the past, with faith, we shall meet these challenges, individually and collectively, ready to evaluate the tried and true ideas, and to weigh these against new ideas, new techniques and new methods.

We would all agree, I believe, that sharing of knowledge and of experience is an important step towards progress. The process of sharing requires communication. The need of a means of

1. Gibbon, John Murray, and Mathewson, Mary S. Three Centuries of Canadian Nursing. The Macmillan Company of Canada Limited, 1947. P.2.

communication for nurses in Canada was voiced by a group of English-language nurses in the early part of this century. They then proceeded to fill this need. Their efforts resulted in the publication of a professional journal, which became *The Canadian Nurse* as we know it today.

The Canadian Nurse has proved an excellent medium of communication. Through its pages nurses, not only in Canada but throughout the world, have been able to share knowledge and experience and to become informed of trends and developments in all areas of nursing and medicine. Thus The Canadian Nurse has played an important role in the improvement of nursing care.

For many years the Journal reached only a limited number of its potential readers. In the late nineteen forties, a strong conviction stimulated the editor and business manager of The Canadian Nurse, to encourage members of provincial nurses' associations to subscribe to their Journal through provincial fees. It was indeed with faith that this conviction was pursued. Gradually but consistently, members of provincial associations voted to receive their Journal through annual fees. However, one obstacle still remained before this pattern could be complete. The Canadian Nurse has only been published in one of the two major languages of our country. Happily, many members shared the opinion that "no policy can be regarded as wise which divides the people whose effort and resources must put it into effect."4 Now, for the first time the Journal is also being published in the French language. Thus, in this year 1959, our one official professional journal has truly become a medium of communication for all members of the Canadian Nurses' Association.

> MARGARET M. WHEELER, President, Association of Nurses of the Province of Quebec.

The July 1959 issue of *International Nursing Review* will be a special number celebrating the 60th anniversary of the founding of the ICN.

This issue will contain material of his-

toric value. If you are not already a regular subscriber, place your order for a copy — or a full subscription with the International Council of Nurses, 1 Dean Trench Street, London S.W. 1, England.

^{2.} Canada: Nation on the March. Clarke, Irwin & Company Limited, Toronto, 1953. P.188.

^{3.} Upton, E. Frances. An Experiment in Mutual Understanding. Association of Nurses of the Province of Quebec. P.3.

^{4.} Canada: Nation on the March. Clarke, Irwin & Company Limited, Toronto 1953, P.4.

Welcome to L'Infirmière Canadienne

It is a common saying that in this life we appreciate most the things that require the greatest effort for their achievement. This is very true and applies particularly in the development of L'Infirmière Canadienne. For many years we have been haunted by a dream that some day the Canadian Nurses' Association would be able to publish an all-French journal for the French Canadian nurses so that they might share to the full in the progress of our profession. Many obstacles had to be overcome, not the least of which was how such an ambitious project was to be financed. It has taken the concentrated endeavor of nurses of every province as well as the spirit of teamwork of all the French-speaking nurses who have intellectual advancement at heart to make that dream a reality.

Last June, when I had the honor to be elected president of our Association, without hesitancy I chose as our national watch-

word "Faith." On many occasions since I have been reminded that "faith" can move mountains. I have placed my confidence in you all. I have had faith in your judgment. So today, my dear friends, in your name I bid a warm welcome to our journal, L'Infirmière Canadienne.

Psychologists have demonstrated many times that environment has a greater influence than heredity in the development of an infant. It will be well for us to recall that this "newborn" depends upon us, the French Canadian nurses, for its well-being. It will be necessary for us to shake off our proverbial casualness and feed the kind of material this infant needs to thrive. Let each of us consider ourselves as its godmother and, with legitimate pride, ensure that its future development will bring us honor.

ALICE GIRARD
President,
Canadian Nurses' Association

THE ONTARIO HOSPITAL ASSOCIATION expresses congratulations to the Canadian Nurses' Association upon establishing a French edition of The Canadian Nurse Journal.

The new monthly edition, L'Infirmière Canadienne, will serve an important segment of the nursing profession in Canada, and marks a milestone of accomplishment by a progressive publication.

ONTARIO HOSPITAL ASSOCIATION TORONTO 7, ONTARIO

Renal Transplantation in Identical Twins

KENNETH J. MACKINNON, M.D.

Ouccessful kidney transplantation is possible only in identical twins. Attempts have been made to transplant kidneys in unrelated individuals but in all cases the organ functioned only for relatively short periods of time. Successful transplantation in identical twins has been carried out on eight previous occasions, seven of which had been done at the Peter Bent Brigham Hospital in Boston, Massachusetts.

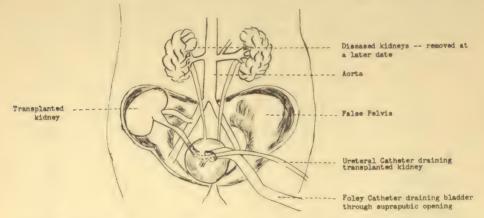
Before considering transplantation certain facts must be established. These

include:

1. The proof of true identity. This was carried out by the studies of a geneticist, the cross matching of all pos-

the healthy twin constituted a mutilation operation since no disease was present. Therefore careful legal advice was sought. Special permission had to be obtained through the Supreme Court of the Province of Quebec. Complete cooperation was secured from the family, from the legal counsel, and the Justice of the Supreme Court in expediting this matter where so much urgency existed.

Exact diagnosis of chronic pyelonephritis was established by renal biopsy. This was done by a percutaneous needle method and later by open biopsy of the right kidney. The plan involved was similar to that carried



sible blood groups and the successful cross skin grafting between twins.

- 2. Establishment of the fact that the donor twin has normal renal function from two normal kidneys.
- 3. A normal lower urinary tract in the recipient to allow for normal continuing function of the transplanted kidney.
- 4. The presence of advanced uremia from irreversible disease.

During the period that the above facts were being established the healthy twin, Nola, having learned of kidney transplantation from press releases, spontaneously offered to donate a kidney to her twin, Moira. The operation of nephrectomy involved in the case of

Dr. MacKinnon is a urologist on the staff of the Royal Victoria Hospital, Montreal.

out in the previous procedures at the Peter Bent Brigham Hospital. It consisted of the use of two operating theatres, in one of which a nephrectomy was performed on the donor Nola. In the other the recipient area was prepared for transplantation of the kidney. The recipient area was prepared and the vascular anastomoses carried out by Dr. J. C. Luke, the nephrectomy being done by a team under the direction of the writer. The nephrectomy was of a standard type except that long lengths of blood vessels and of the ureter were saved. The left kidney was removed and transplanted to the right iliac fossa of the recipient. One artery was present but the kidney was being drained by two veins. The left kidney was chosen because of the fact that one can obtain

longer lengths of blood vessels. It had to be transplanted to the right side of the recipient in order to establish a normal relationship between the veins and arteries in that site of transplantation. Following the removal of the kidney with a long length of ureter the structure was brought to the adjacent theatre where an end to side anastomosis was performed between the renal veins and the common and external iliac veins. The internal iliac artery was clamped and divided; then it was anastomosed end to end to the renal artery. The kidney was out of circulation for a total of 58 minutes. With the removal of the clamps the kidney immediately regained a normal pink color. Within ten minutes normal peristalsis could be seen in the ureter and a very rapid urinary flow was seen

to take place. The team under the direction of the writer then took over to perform the anastomosis of the ureter to bladder. After the peritoneum was displaced from the dome of the right wall of the bladder a trough was fashioned in the muscle on the right side of the latter. The ureter was placed in such a way that it would not be kinked. A cystostomy was performed in the mid line and a point chosen for the new ureteral orifice. This was located approximately one and a half inches above and to the right of the right ureteral orifice. The ureter was then brought in to the muscular trough, under the mucosa of the bladder and finally through the site chosen for the new ureteral orifice. The ureter was anastomosed to the bladder by four interrupted sutures of atraumatic catgut. On the outside of the bladder it was fixed loosely in the muscular trough previously formed. A polyethylene catheter was passed up

the ureter to the renal pelvis and brought through the bladder wall along side a Foley catheter which was to be used for cystostomy drainage. The bladder wall was then closed with interrupted sutures of plain catgut. Two cigarette drains were inserted and the wound was closed in layers. No sutures were used to fix the kidney in its new position as closure of the abdominal well kept it snugly in place.

The postoperative course was associated with many moments of concern but no major difficulties. The renal function in the transplanted kidney gradually improved, becoming normal in all respects approximately five months after operation. When last checked in December 1958, all kidney function tests of both twins were

normal.

In October 1958 Moira was re-admitted for removal of the diseased kidneys. Nephrectomies were carried out one week apart and were quite uneventful. It was considered necessary to remove the kidneys because of some danger of spread of infection from them to the transplanted kidney and also to allow the blood pressure to return to normal. The blood pressure recordings had dropped greatly after the transplantation was performed and no therapy was required because of the slight elevation. However, the pressure was not absolutely normal until the second nephrectomy was performed. It has remained normal since that time.

The outcome of this procedure has been very satisfactory. Contributions to its success were made by many individuals and many departments. Success could not have been achieved in the absence of a fine spirit of cooperation between all individuals and all the

departments involved.

Is there any special "trick" to leg bandaging as an aid to treatment of refractory cardiac failure? Perhaps the most important factor is proper timing. The most propitious time to bandage and elevate the legs is on the day when mercurial injection is administered. This has reportedly helped to increase the extent and duration of diuresis. However, for optimum effect, it is advisable to observe the precaution of waiting for definite diuresis to

be well started before proceeding with the bandaging — Diuretic Review

Work consists of whatever a body is *obliged* to do, and Play consists of whatever a body is not obliged to do.

- MARK TWAIN

Everything happens to everybody sooner or later if there is time enough.—G. B. Shaw

Renal Transplant — Nursing Care

SHIRLEY HARRIS and JOHN DOSSETOR, M.D.

CLIGHTLY MORE THAN one year ago, two 15-year-old girls — twins — were hospitalized. One was in perfect health, the other was suffering from chronic bilateral pyelonephritis and was progressing into severe uremia with certain death as the outcome. These two along with their doctors and nurses were to be the principals in one of those bits of high drama now and then associated with hospital life. One procedure alone could save Moira's life — the transplantion of one of her twin sister's healthy kidneys into her own body.

Before operation could even be contemplated, it had to be established beyond the possibility of any doubt that the girls were identical twins. This involved a multiplicity of tests, one of which was a skin graft from one girl to the other. If the graft was successful, it would help to determine the ultimate success of the kidney transplant since only an identical twin can donate skin for grafting without rejection by the twin who receives it. Proof was established of identical twinship, and preparations for operation proceeded.

This was not the first time in surgical history that kidney transplant had been undertaken but it is still a rare and infrequently performed operation. It was the first time that it had been carried out in the British Empire. There had to be complete recognition by the parents of what the procedure involved, the risks, the possible outcome, the implications for the future life of the healthy donor twin. The latter, Nola would have to be dependent on only one kidney - a factor to be considered in the event of future severe illness. Moira was very ill and there was the possibility that she might not survive even the shock of surgery — in which case her twin would have

Miss Harris, a graduate of Royal Victoria Hospital, Montreal, was one of Moira's private nurses. Dr. Dossetor a member of the renal service, in association with Dr. MacKinnon was in charge of the actual care.

donated her kidney in vain. The formal consent for operation was very carefully devised with expert legal advice and with complete understanding on the part of all concerned.

PREOPERATIVE PREPARATION

Nursing care was to be an important aspect of Moira's treatment. The three private nurses who were to be with her postoperatively began duty the day before operation so that they could become acquainted with the patient and familiarize themselves with her condition. As part of their orientation, one of Moira's doctors discussed with them the condition, the operation to be done and the postoperative care required.

The evening before operation, Moira was given a very thorough skin preparation which was repeated the following morning. Her blood pressure reading was 170/100, her weight 95½

pounds.

Before the patient came back from operation, her room and its furnishings were thoroughly washed with a lysol solution. The bed was made up with sterilized linen and taken to the operating room. All equipment, including drugs, was assembled in Moira's room and each item, where it was practical to cleanse it in this way, was washed with lysol solution.

PLANNING FOR POSTOPERATIVE CARE

The pattern of care evolved for the postoperative period was based on:

1. Anticipated developments in Moira's condition.

- 2. Understanding of the effect of such surgery on total body function.
- 3. The laboratory investigation required in estimating the body's return to normal function.

It was anticipated:

a. That the electrolyte and fluid balance of the body would require careful checking and maintenance.

b. That the rapidity with which the uremia subsided would be a good indi-

cator of the success of the operation.

c. That bladder and anastomosis leakage were both possible complications.

d. That infection as always must be considered a possible complication. Spread of infection to the transplanted kidney might have grave consequences.

e. That emergency equipment would have to be constantly at hand to deal with any sudden crisis in the patient's condition.

f. That when nourishment could be taken by mouth the diet would require careful regulation until the kidney

function approached normal.

g. That all orders related to the care of the patient would require channelling through one specific authority who was completely familiar with *all* aspects of the patient's condition. Where so many medical and surgical consultants had seen the patient at various stages in her illness there was ample opportunity for conflict of ideas.

Practical application to Moira's nursing care of the foregoing required:

- 1. Meticulously accurate estimation of intravenous intake and body output in order to maintain fluid and electrolyte balance.
 - a. Intravenous bottles were numbered in sequence.
 - b. Intravenous fluid in the container beyond the amount ordered for the patient was discarded before administration
 - c. A regular time check was made on each bottle of intravenous fluid while it was being administered.
 - d. When vitamin preparations, potassium chloride and sodium bicarbonate concentrate were added to the intravenous fluid, the volume of the fluid had to be adjusted so that the patient received only the required amount.
 - e. The urine drained into bedside containers stored in small frigidaires.
 - f. Dressings from the wound and vaginal pads were weighed to determine fluid lost.
 - g. When bladder irrigation was performed the amount of irrigating fluid had to be known, the return flow was measured and the difference in the volumes had to be noted. Plain sterile water was used for irrigating purposes since saline solutions would have affected the electrolyte balance.
 - h. Stool was weighed for fluid content.

- i. Alequots (portions) of all collected specimens of vomitus and urine were sent at regular frequent intervals for biochemistry determination of sodium, potassium and chloride.
- j. Blood serum levels for sodium and potassium chloride, carbon dioxide levels, non-protein nitrogenous products and creatinine had to be done at frequent intervals. The amount of blood withdrawn each time was noted in estimating fluid balance.

Electrolyte and fluid balance estimation was done on a three-hourly basis for three days, then every eight hours for three days, every 12 hours for a similar period of time and eventually once a day. The accuracy of the estimated fluid balance of the body was checked by weighing the patient regularly — first on a bed scale and later a chair scale.

Wall charts of blood pressure readings, NPN estimation, and other similar information were prepared and gave a graphic picture of Moira's con-

dition at any specific time.

2. Prevention of urinary tract and wound infection, and of infection of any type was a major concern. This called for parenteral and later oral antibiotic therapy and eventually local application of terramycin powder to the wound. Frequent urine cultures helped indicate the success of this phase of treatment.

In addition to prophylactic drugs, the nurses used an adapted version of

surgical aseptic technique.

a. No drapes or venetian blinds on the windows.

- b. All linen was sterilized by autoclaving.
- c. The floor and all fixtures in the room were washed with lysol solution daily.
- d. Operating theatre gowns, boots and masks were worn by anyone entering the room, including the nurses.
- e. The patient's head was kept covered with an O.R. cap.
- f. The hospital staff had very limited access to the room.
- g. Visitors were limited to members of the immediate family.
- h. A telephone was installed in the room to limit traffic even more.
- i. Sterile gloves were worn when dressings were done.
 - j. The urine was collected in a Duke's

drainage bottle — equipment very similar to the familiar sealed chest drainage units — in the frigidaire. This bottle was changed each day. The sealed drainage helped to avoid the possibility of retrograde infection.

k. The nurses estimated the equipment necessary for each term of duty and collected it all at the same time — again to avoid traffic in and out of the room. Each nurse left the room at meal-time only, changing her uniform for the purpose.

- 3. Preparation for emergency care included the following equipment:
 - a. Mouth gag
 - b. Pressure oxygen mask
 - c. Intubation tube
 - d. Tongue forceps
 - e. Tracheotomy set
 - f. Sterile set for venous cut down
 - g. Examining basket
 - h. Emergency drugs cardiac stimulants etc.

POSTOPERATIVE NURSING CARE

Moira received both spinal and general anesthetic. On return from the operating theatre, she was already beginning to respond verbally. Her blood pressure was 120/100, temperature normal, pulse rate 126. The following treatment had been instituted:

a. Gastric drainage by means of a Levine tube and Wangensteen suction.

b. A venous cut down in her right arm to which was attached an intravenous injection of dextrose 50% solution.

c. An intravenous in her right leg through which she was receiving a second bottle of solution.

d. A cystostomy tube and ureteral catheter had been inserted and had to be connected to the drainage unit. A few drops of bright blood were draining from the cystostomy tube and blood-tinged urine was trickling from the ureteral catheter. All dressings appeared free from drainage.

Moira was restless and an injection of demerol was given shortly after her return to her room. She was started on deep breathing and coughing exercises and leg exercises immediately. Her position was changed every two hours. Vital signs were checked hourly, the temperature being taken rectally. By 6:00 P.M. 810 cc. of urine had drained from the ureteral catheter.

The NPN and creatinine content of the blood serum fell rapidly. Within 24 hours, the NPN reading dropped from 172-60 mg. per cent. Normal levels are estimated at 25-35 milligrams per cent. Thereafter the urine volume decreased and the blood NPN stabilized at 60-70 mg. per cent until the ureteral catheter to the transplanted kidney was removed and then the NPN again subsided slowly.

The day following operation Moira was started on testosterone propionate 50 mg, intramuscularly in order to reduce protein breakdown. She received this medication for a total of 12 days. Moira experienced very little postoperative pain — her greatest discomfort seemed to come from the Levine tube and this was withdrawn on the fourth postoperative day. On that same day she was allowed water by mouth.

The ureteral catheter was removed on the fourth postoperative day also and a Foley catheter inserted through the urethra. The bladder was irrigated with neomycin solution — 5 grams in 1,000 cc. distilled water — every four hours. A slight redness was apparent at the base of Moira's spine where she had had a boil prior to surgery and her anus was excoriated from bowel movements. Thorough soap and water cleansing, a protective cream, and posturing the patient on her side or using an air ring when she was lying flat prevented further difficulty.

By the fifth day postoperatively Moira's weight had dropped to 88½ pounds. Her cystostomy tube was removed the following day and four days later the Foley catheter was removed since it was causing considerable discomfort and not draining well. A few hours later it had to be reinserted because of urinary retention and fear of reflux in the transplanted ureter.

On her 12th postoperative day, Moira started on a carefully regulated diet. The diet was prepared by the metabolic research kitchen and was based on a gradual and steady increase in the protein content. The composition and content of each meal was accurately and carefully determined. Uneaten food was analysed as to quantity and content and the record of intake



NOLA, MOTHER AND MOIRA

(Gazette, Montreal)

adjusted accordingly. Vitamin preparations, potassium and sodium chloride and iron compound were given as dietary supplements. Moira was also given a sulpha preparation as a prophylactic measure against infection. By the 14th day all intravenous injections were discontinued — Moira had had a total of 85 bottles of fluid. She was encouraged to drink 1500 cc. of fluid daily.

On the 17th day is was considered safe for the nurses and doctors to discontinue the very strict aseptic technique that they had been following. The Foley catheter was removed so that Moira could resume normal voiding and she was permitted to sit on the edge of her bed. However, the next day her temperature was elevated to 104.2 degrees and she complained of abdominal pain. Aseptic technique was reestablished, the Foley catheter inserted once more. Her doctors felt that there must have been extraperitoneal leakage from around the suprapubic cystotomy opening into the bladder. The skin opening had healed but the bladder opening could still leak and had caused the febrile reaction. The episode was brief and Moira was nursed in semi-Fowler's position to promote good bladder drainage. Two days after this sudden flare-up, she sat in a chair with no ill effects and shortly afterwards was encouraged to walk around.

Indication of infection of any type was always cause for concern. The appearance of small pimples on Moira's face was an example of this. Her face was washed with an antiseptic detergent and Bacitracin ointment applied

with good results.

Three weeks after her operation Moira's urine became clear. The Foley catheter was removed for the last time and the patient was required to void every two hours day and night. This regime was considered helpful in the event that she might have reflux of urine up the ureter.

Moira was a very cooperative little patient throughout her hospitalization although during her convalescence she showed noticeable depression and required much "cheering-up." She was discharged approximately five weeks after surgery. Her blood pressure at that time was 120/90, her weight 86 pounds. Discharge medications included vitamins, a sulpha preparation — Kynex — for prophylaxis and a urinary antiseptic — Mandelamine.

Moira's story has a happy ending. At last report she had gained 30 pounds and her transplanted kidney was functioning equally as well as her sister's remaining kidney. Moira and Nola are now average teenagers engrossed in school activities and other interests common to youngsters of their age. Probably they are slightly more health-conscious than most teenagers but that is a necessary factor because of their particular circumstances.

Conclusion

Renal transplant is a recent development in urological surgery. In formulating a plan of postoperative nursing care, the routine evolved was based upon anticipated reactions of the body to such extreme surgery; the knowledge that the body's resistance to infection was already low from the

uremia and the extreme importance of preventing infection of any kind — but particularly of the urinary tract.

The anticipated reactions developed essentially as had been foreseen along with other reactions which were detected early because of the meticulous nature of the regime of care. It was discovered, for example, that when the protein intake was high, the rate of weight loss increased. The increased amount of excreted urea caused osmotic diuresis - an increased loss of sodium chloride from the body through the urine. Protein loading also caused the NPN to rise but the creatinine estimation did not which ruled out renal dysfunction. It was felt that the creatinine factor was of much greater importance in determining renal function than urea estimation.

Nola, the healthy twin, was discharged from hospital after an uneventful recovery from a simple nephrectomy. Moira is obtaining satisfactory results from the transplanted kidney and her prognosis can be considered very good.

In the Good Old Days

(The Canadian Nurse - June, 1919)

The machinery that we need to unify and control nursing education . . . is a Board of Licensure of Training Schools which would determine whether or not a training school should exist, under what conditions the pupils in that school should live and work, and, above all, outline clearly and unmistakably the nature and amount of instruction to be afforded.

k ak ak

Application was made some time ago by the Montreal School of Masseuses for affiliation with the Canadian Nurses' Association. After much discussion on the subject, it was decided that the members of the school could only join the Association as individual members.

* * *

It is stated that by means of a new x-ray invention, just completed in London, it is possible to watch the heart beating. It is seen in relief like a stereoscopic photograph.

In Norway, persons about to be married must declare in writing that they are not suffering from epilepsy, leprosy, syphilis or other venereal disease in an infectious form . . . A physician is bound to interfere if he knows that any one of these diseases is being concealed by either party.

The idea of training schools as entities in themselves, apart from the hospital they serve, as educational institutions comparable to our secondary and technical schools, has entered the minds of our public men.

Things cannot always go your way. Learn to accept in silence the minor aggravations, cultivate the gift of taciturnity and consume your own smoke with an extra draught of hard work, so that those about you may not be annoyed with the dust and soot of your complaints.

- SIR WILLIAM OSLER

Is Nursing at the Service of Patients?

JEANNE REYNOLDS, B.Sc.Ed.

Ourrounded by Books, journals and articles, all pertaining to nursing care, I have paused to consider. These represent the scientific references one finds in our various professional publications. This imposing wealth of knowledge makes one contemplate with admiration the progress accomplished up to this time, but it also induces an analytical approach toward what all this progress means to nurses. The following questions cannot but find their way into our minds:

- a. Is modern nursing really serving the patients?
- b. Are our patients psychologically keyed to modernized nursing?
- c. Do nursing efforts tend to humanize our care?

I know that these three questions, and all they imply, may stimulate pronounced reaction among nurses. They may be so upsetting that some of us will feel indignant, while on the contrary others may become quite hopeful. For some, then, there will be a feeling of protestation against the idea of any doubt regarding the real value of our efforts which are directed, without exception towards the realization of better service to patients. Others may express the hope that at last, we may become better understood with regard to the difficulties we are facing during a period of profound change which let us admit it — forces us to a degree of progress that we cannot measure. What shall we do?

Is modernized nursing really at the service of our patients? Could it be that the patient is at the service of nursing? A sound philosophy must guide our thinking. A human being is made of mind and matter, with all that this entails. Thinking, speaking, acting and reacting will all bear the characteristic marks of this union. When a human being goes through any type of disturbance — physical, psychological,

Miss Reynolds, is director of personnel education at St. Luke's Hospital, Montreal.

intellectual or moral — his functional unity, which we recognize, does not become dissociated. On the contrary, the whole person, mind and body, is suffering, and needs care. The persons responsible for giving nursing care have an obligation to follow this basic philosophy, and to respect its values while performing this service. We must recognize that nursing theory — as a whole, down to its minutest details — has been developed with the constant wish to improve care. Therefore, we must theoretically affirm that modernized nursing is designed for good care.

However, who among us can ignore what the practical application of newly acquired knowledge costs in effort? Counting heart beats might seem like child's play to a young girl just entering nursing, until she discovers on the day that she applies the technique to a living person, that she is *practising an art*, and that some pulsations are ex-

tremely difficult to find.

What can be said then of the art and science of nursing care? The attention to minute details - all of them important, the care required which demands professional integrity and a well-balanced personality, the complexity of certain medical orders — all of these factors combine to take possession of the nurse's heart and mind, to concentrate her efforts towards attainment of perfection in her work. All this is good and should be so. Moreover, so that this attention will remain at the service of the patient in a practical way, certain essential conditions are required.

The nurse must be a presence to her patient each time her service brings her to his bed side. In order to be and to remain present, the basic principle of "stop, look and listen" must be applied. To be able to "stop, look and listen," the nurse must possess emotional poise and be able to adjust skilfully, systematically, actively to the diversified situations in which she finds herself. In order to develop this mastery, the nurse must be continually aware of an integral humanism within

herself. She must feel the need to practise a certain spirituality of presence towards the passing moment, the duty to be performed and the human being with whom she must establish contact.

Each time a nurse is near a patient to give service — and at the same time, remains aloof from him in her thoughts - this suffering human being, who regardless of his rights is not treated as such, becomes a being at her service. His usefulness to her becomes the meaning of her work. He is then a "case" to whom she must give the prescribed medication; the "case" who must be prepared on time for scheduled operation, or must be made ready for the required examination. He is no longer the human being who must be prepared for his operation or to whom medication must be given with care.

Is it possible that the nurse's thinking, instead of being centered on her patient as a human being, is mainly geared to the specific technique of such and such a case? Through this attitude, the technique misses completely one of its most essential goals — that of increasing the speed of reflexes by repetition, thus freeing the mind for more attention to the care of the whole human being who is receiving the treatment. A technique, thoroughly mastered, leaves the mind free. On the other hand, a nurse whose technique is imperfect through lack of proper training, is handicapped and moves around aimlessly, without knowing how to "stop, look and listen."

This failing is true of us all and to a more or less serious degree, it is true of our profession as a whole. It forms the discrepancy that always exists between theory and practice, as well as between reality and ideal. The first step towards the mastery over self and matter is an honest recognition of this fact. Refusing to admit this failing, is a sign that pride has become too deeply rooted within ourselves, and remains our master. Each time a member of the nursing personnel is not present in the full sense at the bedside of a patient, that patient is at the service of nursing

Man, is cheated of his most sacred right when matter imposes its power over him. This leads us to our second consideration. Are our patients psychologically adjusted to modernized nursing? Is the psychological development of the human being, sick or well, able to tolerate the application of modern techniques? If so, to what extent?

It is difficult not to wonder when one hears patient's remarks on this subject, and the criticisms of members

of the paramedical professions.

Techniques must change with technological developments but in applying these perfected techniques does our attitude towards the patient show improvement or simply changes which are beyond the possibility of reasonable adaptation? Have we been forced to lose the point of view that we are looking after a human being who has been made more sensitive by illness, and who requires in our service to him not only a high degree of intelligence but also a great deal of sympathetic understanding. The drama is at this point. The nurse is still aware of the needs of her patient, but time, or the lack of it, forces her to sacrifice the most precious aspect of her role as a nurse.

If we question ourselves further, we may bring out these other points:

- a. Do we really distinguish between purposeful activity and "busyness"?
- b. Have we developed a greater capacity for action, or are we just "busier"?
- c. Do we control our duties, or have they gone beyond our scope?
- d. Is our work a source of enrichment and of more complete integration of all intellectual and scientific values, or are we being compartmentalized, disintegrated by our work?

Now let us consider our patient and try to understand the problems that he has to face. The patient who must be given our best attention is the one who has just been deeply disturbed by a diagnosis which will completely change his way of life; the one who is fighting death; the one who expects to be hospitalized for a long period of time. He wonders anxiously: why have I this illness? Why me instead of another? What is going to become of me? What will my family do without me? The patient who is anxious and suffering needs others to help him face his problems. Very often he will prove equal to the test only through the devotion of the nurse, a devotion tempered with humor and understanding. He will form his opinions more on her glance, her tone of voice, her gestures than on the perfection of the care that he receives.

We must admit the painful truth that "in order to give adequate nursing care" many of us have forgotten the patient as a person. Therefore, the patient's psychological needs are not met and an increasing misunderstanding grows between patient and nurse, while the latter fails to fulfill her rule as an educator and a comforter.

A thought expressed in Holy Scripture comes to mind: "La Lettre tue, c'est l'esprit qui vivifie." The letter which kills is the remark made, technically correct, but without feeling, without warmth. It is simply a gesture, a sterile formality.

If the spirit with which we give nursing care has such a great influence on the psychical forces of the human being, and subsequently on his physical state, what is the value of the inner power from which all of our actions spring? From the flame of this inner power comes to us the gift of *light* and reformative action. We have become in some way "dehumanized" through inadequate adjustment. Must we stay at that stage?

How can we humanize nursing care?

I would like to bring to your attention two particular means of doing this. First, the organization of real teamwork requires team spirit. In the second place, the creation of an orientation and educational program for nursing personnel.

Team work

A description of the way teamwork is carried out is not relevant here except to indicate its objectives. The aim of teamwork is:

Children's griefs are little, certainly; but so is the child, so is its endurance, so is its field of vision, while its nervous impressionability is keener than ours. Grief is a matter of relativity; the sorrow should never be estimated by its proportion to the sorrower; a gash is as painful to one as an amputation to another. — Francis Thompson

a. To provide care for the patient that takes into account his total needs.

b. To limit the number of patients in a given situation in order to safeguard the individuality of the patient and of personnel caring for him.

d. To maintain a stable personnel in

the care of the patient.

e. To provide work satisfaction for the various members of the personnel through assignments based on individual capacities and aptitudes.

The main goal of teamwork is to promote a common effort towards alleviation of illness, understanding and adequate treatment of the patient, while, at the same time, providing personal satisfaction for each member of the nursing team.

This common stock of human values, can be exploited by a dynamic program of orientation and education for

the nursing personnel.

Program of Orientation and Education

The purpose of this program is to promote the cultural, moral, professional and religious development of each member of the health team, for the purpose of speeding up the adjustment of each one to technical developments.

These are some ideas presented to you for consideration. The humanization of a hospital milieu cannot be the task of a single category of the personnel, but must be a united effort on the part of all personnel. A single glance at the general plan of development will prove that numerous efforts in humanization are being made in many places. We must try, as nurses, to play our roles harmoniously remembering that the nobility of our profession lies in the demands it imposes on us, in the obligation to go beyond ourselves to serve the patient in spirit and in truth.

Clubs at which senior citizens may meet for social activities, hobbies and forming new friendships, have been established in many communities in Canada. It is found that these clubs help to prevent the loneliness that is often the cause of mental and physical illness in old age. — Dept. of National Health and Welfare.

The Other Three R's

W. HARRY HICKMAN, PH.D.

Some aspects of professionalism

IN SPITE OF ALL the current criticism of the teaching profession and our schools, it is fairly safe to assume that all young people who set out to prepare themselves for a profession have some ability in reading, writing and arithmetic. Nurses need to read thermometers, write reports and practise arithmetic, if only to count pills and match the patient to the number on the door of his room. Moreover, they should be able to add, subtract and divide — to add up the number of hours per week that they are on duty, subtract imaginary ills of their patients from real ailments, and divide their attention equitably between their duties and their leisure hours.

Are the other three R's descriptive of the life of a nurse, who must endure the reeling, writhing or rheumatics of her patients? Unfortunately, I haven't the experience or the wit to develop and embroider a talk based on such reeling, writhing and rheumatics.

Should I therefore be practical and realistic by listing the three R's which we professionals who choose to serve mankind, should expect as our due from society? We would like (1) respect (2) recognition (3) remuneration. We would like to demand these important attitudes and rewards of society — we cannot have them unless we are truly professional people, possessed of the basic qualities that make us worthy of respect, recognition and adequate remuneration.

It seemed to me that I should attempt to define professionalism with the hope of discovering three R's which might describe the qualities that the world should expect of us! I turned to books and articles for a definition, only to find that writers have agreed

Dr. Hickman, who is principal of Victoria College, Victoria, B.C., presented this address at the annual convention of the Registered Nurses' Association of British Columbia last year.

that "a general definition of profession, satisfactory to everyone, is impossible"— because all attempts to define it have caused nothing but controversy and protest. Carr-Saunders and Wilson, after extensive treatment of the characteristics of a profession conclude, in delightfully non-committal fashion, that "certain vocations, possessing the following characteristics in a greater or lesser degree, approach more or less clearly to the condition of a profession." In briefest form, here are the five most important criteria:

1. Professional activity is intellectual and responsible in character. A true profession involves responsible brain work. Here is the first R — responsibility, to which I shall return later, for it calls for judgment, individual performance

and understanding.

- 2. A profession is based on a body of general and specialized knowledge. Nurses will agree on the skills that are to be mastered in a training school. They will agree that only those capable of mastering the course of studies should enter and should graduate from the school. Of course, as our world and its inhabitants change, certain changes will take place in curricula. There will be a great need, for instance, for more care for the increasing numbers of the elderly as well as the emotionally disturbed citizens,
- 3. A profession has practical objectives. It would be rather futile to study law, medicine, or nursing in a purely academic and theoretical way; one always intends to apply and to practise one's knowledge. Otherwise it would be useless, and would rust away.
- 4. The prime motive of a profession is altruistic service. Although it is quite proper to desire praise and pay for one's professional services, a truly professional person decides at the most idealistic of ages (around 18) to enter a career in which he or she could be of service to humanity. No doubt complete devotion is an ideal, often compromised, and yet most professional people would admit that there are faster ways of making

money, and that they deplore the lack of ethics of the few who use medicine or law or music or religion for monetary gain.

5. A profession moves toward internal organization and self-government. Your association was founded to draw registered nurses together, to establish and maintain standards of training, practice, and service. Non-professionals form organizations for more selfish purposes. Heaven help the professions if a time comes when their members meet mainly to assure themselves of more power and more money! I am very disturbed that professional women should have to struggle so much for money. I believe that publicity and haggling threaten to undermine the idealism which I feel should be so strong in dedicated persons.

Those, then, are the five criteria which characterize a profession. It is not for me to decide where the line is drawn. Traditionalists might demand a university degree of all professional men. Yet in our modern society, more and more groups are seeking status society does not refuse it to pharmacists, librarians, dentists, officers in the forces, actors, journalists, architects — but what about plumbers, hairdressers, real estate salesmen? Not all of either group have a university degree. All of them do organize themselves into groups, announcing that they wish to safeguard standards of the services they render. Garbage collectors and automobile salesmen have standards, and a code of ethics. They wish to be competent and they wish to be respected.

Without appearing academic or snobbish, how will men differentiate? There will be fringe groups — between the old-established professionals and the ambitious upstarts. Without entering into a sociological controversy, we should protect ourselves and our associations by maintaining an inner integrity — an idealism — a professional attitude towards work and towards pay, and towards all men — colleagues, clients, employers, general public and self. This inevitably brings me back to the first of the traits — that of intellectuality and responsibility.

Dr. Sterling, President of Stanford University, has described an educated or civilized man — he was talking to new university graduates — as the one

who can entertain a new idea, entertain another person, and entertain himself. This is a neater way of emphasizing what I called attitude towards one's work, towards mankind and towards one's self. From time to time, we should ask ourselves if we can entertain, accept, analyze, a new idea. And how do we entertain, "put up with," treat, consider, respect or psychoanalyze our fellow men? Are we tolerant? Are we selfish? Are we sufficiently altruistic?

It is a difficult and complex matter to try to judge one's self — and one's attitude towards life. Modern literature portrays many modern men. I like the contrast that emerges from the analyses of three modern men described by three modern French writers of great talent in three short stories which we studied in French classes this year. Like which of these men are we?

Albert Camus, the Nobel prize winner, whom you may know through his symbolical novel La Peste, in which he describes how different men act under pressure in a city isolated by the plague. The hero, by the way, is a doctor who helps men but sees through men. When the city is liberated, everyone rejoices wildly except the doctor, who is realist and pessimist enough to know that the bacillus of the bubonic plague may be dormant for years, but that rats will inevitably carry it periodically to infect other cities. This novel was particularly significant, as, during the German occupation, Frenchmen, isolated from the rest of the world, acted in various ways - as collaborationists and as resistance workers. When liberation came, people rejoiced, but the realist and the pessimist contemplates the possibility of war (the plague) recurring at intervals to punish and cause suffering to men.

In his other famous novel — *The Stranger*, Camus, the Existentialist, describes the indifference, the hopelessness of the modern man who is at odds with his fellows, a stranger to whom society is an organized enemy. He has no beliefs, no hopes, no ambitions. Death is a happy release.

Another modern man is the man of action as portrayed by André Malraux in *Tchen*, the Chinese Communist, who does not believe in God, who does not

believe in Man, but in political power. Here is an egoist, willing to die for a political faith. Tchen, too, is out of touch with his fellows. He decides to save the world — alone. In a desire to assassinate Chang-Kai-Shek, he throws himself with a bomb under the General's car — which was empty. Such futility — nothing of value accomplished!

The third story is by Saint Exupéry - author-aviateur, philosopher and man of courageous action. His hero is Mermoz, who pioneered in establishing air routes across the Sahara Desert, over the South Atlantic, over the Andes mountains and by night flights. To an aviator, alone, engaged in battle against the forces of nature, what is the greatest luxury? The beauty of a rose, of a star that money cannot buy, and most of all the treasure of friendship - friendship which grows among people who work together, know and face the same difficulties. I'm certain that you, as nurses, agree with St. Exupéry on the value of friendship and the importance of human relationships.

Another of his heroes - his life-time flying friend, Guillaumet - survived a crash in the Andes after struggling through cold and ice. Upon his return to civilization, his first words were -"What I did, no animal could do!" Why, says the author? Because Guillaumet had the greatest of human virtues, which is not courage, but a sense of responsibility, a desire to struggle and live because he felt a responsibility towards his family, his comrades, his life's work and himself. He calls it that feeling of responsibility which urges man to place his stone in the structure of progressing civilization.

To illustrate further, St. Exupéry tells the story of a gardner - he must have been a professional gardner - an old man who had worked hard, cursed his lot at times, but who regretted dying because he was conscious of all the digging and pruning yet to be done. Life to the noble, honest, competent, responsible being, then, consists of laboring to the betterment of the world and its inhabitants. As nurses and doctors and teachers, that is what we wish to do . . . Perhaps I've sounded moralizing - but how can one speak of the first of my three R's without being serious? I have let a French aviator speak for me on responsibility, which in the professions implies and demands discipline and intellectual achievement.

Education, and more education, "continuous learning" (that motto of adult education) are essential to us as the leaders of society. For nurses, Florence Nightingale realized this when she wrote:

Unquestionably the educated will be more likely to rise to the post of superintendent, not because they are ladies, but because they are educated.

Entrance to many newer professions will be through the universities. In many fields, there will be two kinds of people: technicians and full professionals.

This has happened in libraries. There is a dearth of professional librarians who require a B.A. and one year in Library School. Since there are too few graduates, many of the specialized routine jobs are being done by non-professional librarians, university graduates without the techniques of cataloguing, selecting and advising.

There must be many professional engineers doing work which could be accomplished by highly trained technicians. Teachers under the College of Education will require a four or five-year degree before being true professionals. There is no harm, in the meantime, with continuing the old "Normal School" scheme - now called an Emergency program, which trains teachers in one or two years. It trains them to do quite a fine job, but it does not place these people as professionals comparable to lawyers and doctors. They are trained, but not fully educated: they might be called teachersin-training, but not master teachers until they reach professional standards.

So, with nurses, surely there are many types of work that can be done by well-trained technicians — (do you call them assistants or auxiliaries?). More and more the responsible, administrative and supervisory work will require, as in teaching, a five-year university-type course.

Another real problem — in spite of the fact there are five times as many professional people as 100 years ago, is the shortage of such.

The dilemma confronting almost every profession is whether its members shall concentrate on strictly professional work and lose their power to direct it, or learn administration so as to be able to remain in control of it, thus losing the time to practise it. Administration is devouring professional talent at a phenomenal rate: every profession faces the problem of producing enough managers and organizers.

No one can prove that brief training has not produced brilliant, efficient and well-trained nurses and teachers. Are they judged, though, by their brains, personality, charm and enthusiasm? Often we call them "born teachers," "born nurses."

What I foresee, is, that in the social structure of the future, teachers and nurses, in order to count themselves professionals along with engineers and doctors, in order to meet the complex requirements of our scientific age, in order to understand the individual in society, in order to demand his respect and his dollars will be obliged to lengthen and deepen their professional standards along the lines of education in sociology, psychology, history, social sciences, communication, and the liberal arts.

We have come to expect efficiency business; science has given us mechanical efficiency; now we must work for social efficiency . . . not a vague welfare for mankind, but a planned, socially scientific means of treating efficiently the individual in

But, instead of visualizing the future, it might be more practical to consider what can be done now, for us, who wish to be up-to-date, efficient, contributing, members of our professions. I'll call this second R refreshment. This refreshment can be obtained in many ways for two or three main purposes:

1. To improve one's competence in

one's special field.

2. To broaden one's general outlook, one's understanding of the whole

3. To increase one's zest for life.

More than ever before, adult education in universities is developing programs to meet the needs of educated people who wish to be more educated.

To the nurse who, like the doctor, is more and more conscious of medicine as a social science as well as a biological science, there is the need to study

sociology, and psychology. Through reading and refresher courses and discussion groups, you will learn more about the whole patient, who may not be sick, poor or underprivileged, but who, ill in the chaotic society in which he lives, requires that you know something about the economic and emotional sides of his life, something about his environment and his anxieties.

There is no reason why the social data should not be of the same scientific value as those from the laboratory or x-ray department. The time is gone when we had to content ourselves with information on the composition of the family, number of rooms, rent, sleeping arrangement, and the questionable presence of a bath, when asking about the social conditions of our patient. We know now that in order to understand the patient we must learn about his family relations, ties, and tensions, his work, friends, aspirations, hopes and frustrations, about his development, his attitude to his place in society, his habits, his compensating and escape mechanisms.

To remain alert and to grow, there is great value in exchanging experiences, ideas, attitudes and values with professional people in allied fields think of social work, pharmacy,

therapy and administration.

In a book on adult education — University, the Citizen and World Affairs," the authors outline courses for attentive citizens stating that "a liberal education is indispensable to complete citizenship" and that the educated person must interest himself in local, national and international affairs. He must study such problems as crowded schools, teacher shortages, highway construction, unemployment, civil liberties, crime and delinquency, budgets and taxes, prices, conservation of resources, trade policy, national defence, foreign policy — all this, as a sort of supplement to the main study of one's special field.

It is exciting to realize the new role of universities everywhere on this continent as, over twenty years, they have developed adult education programs which assist in many fields of study and which, in the eyes of the authors of this latest volume should give us "an ability to face and assess facts, a capacity for critical judgment, an insight into pervasive themes in foreign affairs, and a theoretical understanding of international affairs."

I hope you will not consider it too much a tour de force for me to modulate from Refreshment through a synonym Re/creation of self to Recreation or Relaxation or Repose or Respite which I take as a third R.

In order to give the service we wish to give, in order to be responsible, to see in perspective the people of the world around us, in order to have a little serenity and balance, we must "get away from it all." This is difficult for tense, sensitive, conscientious people in a life of speed and pressure.

Each person will find a way of resting and refuelling. Can you forget everything else in the garden, at golf, at the piano, in a good book? It may be that relaxation can be creative or contributive. It may be on a very personal and individual basis or through a group or community enter-

prise.

"Escape" may be found in painting, modelling, music, or crafts, in sporting activities. Or do you find a sort of second life in your church, or in a club or charitable organization? Do you take an active part in one community affair — symphony, art gallery, Women's Canadian Club, or Red Cross — or do you take a leisuretime evening course in Spanish, French, Current Events, Dressmaking, Antique Furniture, Rock Gardening?

A 30-minute motion picture dealing with the over-all worldwide problem of cross-infections in hospitals will be produced co-operatively by the American Medical Association, American College of Surgeons, and the American Hospital Association. This timely film has been made possible by Johnson & Johnson Company of New Brunswick, New Jersey. The film will be in sound and color. It is designed to educate all levels of hospital personnel concerning the many avenues by which infection can be spread throughout a hospital. It will utilize the staphylococcus as an example of one of the most important causes of the problem.

Produced under the supervision of Dr. Carl Walter of Boston, Associate Clinical Professor of Surgery, Harvard Medical School, a pioneer investigator in this field, and a committee representing the AMA,

Good intelligent conversation is an art. Recently I heard a friend of mine asking a group of men to assess themselves by applying Jules Romains' criteria:

Small minds talk about people Medium-sized minds talk about events Great minds talk about ideas.

This desire and need for escape rises from the fact that we have minds and imaginations. Once more I could call on St. Exupéry to illustrate: In a fantasy called *The Little Prince*, the aviator meets the prince, far from man-made civilization. Alone, in the desert, he discovers this other self, a little person who understands him. The little prince inhabits a planet of his own where he tends one rose bush (symbol of beauty), where he has time to contemplate the rest of the universe which seems vast, materialistic and dull and routine.

To escape and relax, we must then give our imaginations a fair chance. We must seek romance — and that romance can be found through travel, through the creative arts, through a brief flight in day-dreams, just as well as through human relationships!

If, as professional people, we accept responsibility and seek refreshment for the mind and relaxation for the body and the spirit, I trust that we may the better deserve those other R's which are due to thinkers and leaders of society: respect, recognition and remuneration.

ACA and AHA, the film will deal with the broad fundamentals of the problem and will lay the groundwork for its relation to specific fields in a subsequent series of short films. The film will have its premiere showing at the annual meeting of the American Medical Association in Atlantic City in June, 1959. The production of this film will be coordinated by Ralph P. Creer, Chicago, Director of Motion Pictures and Medical Television of the American Medical Association.

All Canadian coins were minted in England until the establishment of the Canadian mint at Ottawa in 1908.

A man gazing on the stars is proverbially at the mercy of the puddles on the road.

- ALEXANDER SMITH

The Relationship between the Quality of Nursing Care and its Cost

SISTER MANCE DÉCARY, M.B.E., B.Sc., Ed.N.

An important economic factor to be considered in nursing is the quality and quantity of care required by patients over a 24-hour period, seven day's a week, 365 days a year. To estimate costs specific norms must be established, either hypothetic or based on present standards. The factors affecting these norms must be determined and the advantages to be derived from setting up norms must be calculated.

The economic aspect of administration is dependent upon statistics and norms. Norms in nursing should be based on the number of patients in any specific service, classification according to illness, the type of care required, the number of professional and nonprofessional staff engaged in the care of these patients. To illustrate the means used to determine norms we can refer to the project carried out by the National League for Nursing in 1947; to a study done in nine New Jersey hospitals in 1951 or to a similar study in Ontario in 1954. Valuable information can be found in the analysis of nursing requirements in neurological and neurosurgical nursing as described by Miss Eileen C. Flanagan in The Canadian Nurse, November, 1955, and in my own case, from hospital records kept since 1951.

In evaluating the results of these studies, there is a range of 3.5-14.2 hours of nursing care in 24 hours. Physical care undoubtedly accounts for a major proportion of the time spent with the patient but these figures are more understandable when viewed in the light of the patient's emotional, social and spiritual needs as well. Some patients may require 3.8-4.0 hours of nursing care per 24 hours, for example in neurosurgery, thoracic surgery or certain medical conditions.

Mention should be made also of the

Sister Décary is director of nursing of Notre Dame Hospital, Montreal.

care provided in an obstetrical unit where a permanent staff must be ready to receive 10-12 mothers and babies in 24 hours but where the "idleness" of certain periods would lead you to believe that the stork had gone on strike! In a specialty service such as this, the personnel must be maintained 24 hours a day exactly as in guard duty. It goes without saying that all of these factors have a marked effect on the cost of nursing in a hospital.

The following factors also have considerable significance and will modify nursing norms in varying degrees.

1. The function, the aims and the philosophy of the hospital. The governing board of an institution determines the pattern of care to be extended to the patients after taking into account any obligations stemming from university affiliation and research activities.

- 2. The policies and customs of the hospital. Are patients admitted to extra beds placed in corridors with resultant complications in service? Are patients admitted at meal times or during the evening? Are patients admitted to a department not equipped for the service which they will require? Any one of these factors will cause a fluctuation in the hours of work whether for direct or indirect care.
- 3. The organization of the nursing service as related to demands arising out of advances in medical science. The nursing load is increased by the type of treatments given as techniques are perfected which reduce the hospitalization period for the patient. Nurses are finding that the care they must give to patients is becoming increasingly elaborate. Statistics for one medical service showed that over a five-year period, treatments and medications given within a 24-hour period increased from 8.3 to 14.2 per patient. For one single treatment - intravenous therapy - there was a 700 per cent increase over an 18-year interval.

A few years ago blood pressure was taken by the attending doctor or the interne once a week. This has currently become the responsibility of the nurse and may be ordered as often as every 10 minutes. In some hospitals where internes are scarce, the nurse must assume other duties normally carried by the doctor.

4. People who compare hospitals which have identical bed capacities and offer identical services often forget to include an evaluation of the physical facilities. A study in one hospital showed that the nursing personnel spent 4.2 hours a day answering patient's call-bells and running errands. In contrast to this, another hospital equipped with an intercommunication system linked to patients' rooms and other departments cut this time to 1.8 hours. A poorly planned plumbing system, an inadequate number of elevators, oxygen tanks stored too far away, means a loss in the time spent with the patient and, conversely, requires an increase in nursing personnel.

5. Conditions of work and delegation of duties require emphasis. To a large extent these two will determine the number of professional and non-professional personnel required to give adequate care and thus have a direct bearing on drawing up a budget.

As a matter of fact, a 40-hour week requires 10 per cent more personnel than a 44-hour week. The simple question as to whether vacations are taken during the summer months or are spread over the year can change the work force needed.

6. Work satisfaction also affects nursing care. To have a stable staff, the personnel must be happy. The administrative tone must be such that the per-

sonnel feel that they belong to the hospital family.

This brings to my mind the story about the three carpenters who were working on a new home. When a philosopher stopped and asked them what they were doing, the first one replied, "I am nailing down boards." The second carpenter said, "I am putting on a roof." To the same question, the third carpenter replied, "I am helping to build a house where a family will live and enjoy many birthdays, Thanksgiving days and Christmases together for years to come."

In conclusion, a study of the foregoing factors can serve as a foundation for developing a plan to control the cost of nursing care. Once familiar with these factors, in a few minutes each day the director of nursing can check the personnel in each service, decide if the staff is adequate to give the best and most progressive care. When proportions appear inadequate to her, or seem to overstep the bounds, she can make the desired adjustments immediately. It is a good idea to report the actual conditions each week or each month to the administrator. In administrative budgetting, norms are indispensable particularly when it is realized that about 60 per cent of the budget for hospital salaries are charged to nursing service.

A word of caution is necessary here. Let us always keep in mind that the aims of all hospitals are dependent upon human factors. Consequently, it would be unreasonable to attempt to reduce the process of administration to a simple listing of figures. Statistics are valuable only inasmuch as they make possible more complete cooperation in the care of the sick.

No man is really happy or safe without a hobby, and it makes precious little difference what the outside interest may be — botany, beetles or butterflies, roses, tulips, or irises; fishing, mountaineering or antiquities — anything will do so long as he straddles a hobby and rides it hard.

- SIR WILLIAM OSLER

An American doctor, a pioneer in the application of statistical methods to biological phenomena, was known for his studies of human longevity. He once suggested that the surest way for a person to live long was to pick out two parents and four grandparents whose ages at death would add up to over 500 years. • American Heart Association

There is only one thing in the world worse than being talked about, and that is not being talked about. — WILDE

We know nothing of tomorrow, our business is to be good and happy today.

-- SAMUEL COLERIDGE

Writer's Cramp

FRED W. POLAND

Writer's crample (71) writer's cramp! This painful constriction is perhaps most likely to afflict you when you set out to "get something down on paper" for The Canadian Nurse.

What follows is not a Madison avenue treatise on the physical phenomenon in the pen hand, exhorting you to rush right out and buy a new nostrum that will relieve the condition with minimal side effects. It is rather concerned with the feelings of a nurse, whose commonest literary experience is concerned with a patient's chart. Then she is asked to write an article for the Journal!

This article had its origin in the orientation program for the editorial advisers when your editor asked me to set down some suggestions that might help in the preparation and writing of a journal article.

One of our best magazine writers has a colorful method of tackling his first draft of an article after he has completed his research and interviewing. He writes out his notes rather fully on sheets of paper of various sizes, then pastes them in rough order on long strips of brown paper which he hangs on the walls of his office round his desk.

Then he starts editing with a thick pencil, rewriting as he goes and gradually whipping the piece into shape

from one draft to the next.

As a Canadian Nurse correspondent or feature writer, you are not likely to need such an elaborate system. But you will probably find it useful to arrange your notes in some order, approximating the way they are going to be used as you write the piece.

Professional news writers are early taught to get into the first paragraph as much as possible of the answers to the classic questions: Who? What? When? How? This is because the piece may be cut from the bottom up by an editor in a hurry and vital

Mr. Poland is medical editor with The Montreal Star.

information included too low down

may be lost.

You are not concerned with the first paragraph. But you may find it convenient to check off the answers as you arrange your notes so that essential elements are not forgotten.

Then simply fire away with typewriter or ballpoint in a relaxed manner, much as if you were writing to a friend — with perhaps this difference. Try to start off with something designed to interest the reader at the outset. As you go on with the article, ignore anything in your notes that is not strictly pertinent to your general theme or does not really seem interesting and likely to sustain the reader's attention.

The readership survey showed the popularity of the case history as a form of writing up material of pro-fessional interest for Journal readers. Even here a little ingenuity can sharpen the introduction into a teaser.

For example, a lead sentence might read: "Routines for nursing a case of double appendectomy are exacting and exhausting, calling for special effort on the part of personnel." The reader's reaction is likely to be, perhaps unconsciously: "Must read that

later — most important."

But how about: "Mrs. A. a 23year-old three-headed farmer's wife in good general health, was admitted to the surgical ward for what was planned as a humdrum removal of the appendix. Interest of nurses as well as orderlies was heightened when it was learned that she had two appendices and might qualify for a wholesale rate." Surely most readers are going to want to look further into the article - right now.

In more serious vein, remember that over half your readers are general duty nurses and that their favorite magazine reading includes Reader's Digest, Maclean's and Time magazine. It may pay you to study some of the pieces in these magazines and notice the techniques they use to capture

and hold reader attention.

Paste on the front of your typewriter the slogan: "Short sentences — simple words."

Having those general duty nurses in mind, it will probably pay you, even

in a fairly technical article, to insert in brackets a simple explanation of a scientific term which it is necessary and proper to use in telling your story to professional colleagues.

How You Can Help

NORMAN R. BEAUDIN, C.L.U.

THE CNA NEEDS the cooperation of every nurse in publicizing the advantages of its Retirement Plan.

Your CNA Pension Committee has kept constant watch on the progress of the association Retirement Plan since it came into active organization in September 1958. It is their duty and responsibility to report to the CNA Executive and make any appropriate recommendations to make sure that the retirement plan is fulfilling to the utmost what it was designed to do and give every member participant maxi-

mum future security.

In the few months that the plan has been in operation, Plan A, which was designed for the individual private duty nurse, has been developed according to plan and is doing everything that was expected of it. Applications and the enthusiastic interest of the members is a vote of thanks and appreciation for the hard work that has gone into the planning research, promotion and administration necessary to make the plan available to the members of the association. Your pension committee is indebted to the provincial associations and their executives, The Canadian Nurse and many other groups for the wonderful cooperation and effort in helping to make the plan known and understood by the CNA members. It is the sincere hope of everyone concerned that more and more members will take advantage of this arrangement for their individual security and thus enable the plan to reach maximum potential.

Our experience in the promotion

Mr. Beaudin is Pension Consultant with the CNA Pension Committee.

of Plan B with hospitals and other employers who have nurses on their staff, has been such that it was obvious that the plan in its original form would not completely achieve its aim. The reason for this is that these prospective employer participants would not entertain a pension plan that would cover nurses only with the necessity of setting up another separate plan for other classes of employees. Most employers felt that they would have to turn to some other type of plan which, while not as attractive and productive as the CNA plan, would cover all employees including nurses, minimize administration and avoid possible discrimination between the employee groups. Under those circumstances, it was felt necessary to give serious consideration to the possibility of extending the scope of the plan to protect members of the association who might otherwise be denied participation.

The pension committee, after careful study of this problem in its every aspect, made their recommendation to the Executive Committee at the Seigniory Club, Montebello, last February. As a result of their recommendation, the following motions were discussed at length and passed by unanimous

vote:

- 1. That Plan B of the CNA Retirement Plan be amended to allow the inclusion of other personnel in addition to registered nurses; and that such amendment should apply to doctors, hospitals, health organizations, nursing associations, or any other person or organization employing one or more members of the Canadian Nurses' Association.
 - 2. That applications under Plan B

which appear to require study be referred for study to the Pensions Committee before being accepted.

This major step, properly publicized, should play an important role in the successful development of the CNA Retirement Plan - Section B. While we have been offered certain facilities for publicity from The Canadian Nurse, the Canadian Hospital Association and Canadian Medical Association journals, we would like to call on our provincial associations and their members to extend this publicity to the employer-employee level where it will be the most effective. Certainly it is a perfectly natural situation that the nursing directors and their staff, in cooperation with the other hospital employee groups, should invite their employees to study and consider the CNA Plan and its attractive features.

Once these negotiations are under way, the field organizations of National Life and Royal Trust will be available to discuss details of the proposed plan and finalize the arrangements. We must agree that it would be most difficult to promote our Plan to the employer without the obvious interest of the employee groups. Since many hospitals are now actively engaged in considering pension benefits we feel they would welcome the suggestion that the CNA Plan be included in their field of study.

In those provinces that are participating in the National Hospital Insurance Plan, hospitals may have their share of pension costs considered as an operating expense in their budget estimates. Under those possibilities, it is not a case of "will there be a plan," but, "which plan will it be?"

We have a strong case to present with respect to our plan. It has not been seriously challenged by any other group. While larger hospitals may have access to similar benefits, they do not have access to the same projected annuity rate guarantees. The smaller hospitals do not have the potential accumulation of contributions to take advantage of volume discounts and low administration charges that enhance

the CNA benefits to a substantially greater extent than similar plans.

There is really no comparison to be made between the CNA R.P. and other retirement plans available under government annuities and insurance companies. These plans provide for fixed benefits depreciated by inflationary trends, and in the case of insurance plans, administration charges are heavy, reducing the benefits. While government annuities are subsidized by general taxation and compare favorably, administration is weak, rate guarantees are not projected but subject to change year by year. They also involve other restrictions such as limited amounts of pensions (\$100 a month); generally speaking, no contribution refunds on termination of service: and a heavier burden of administration on the part of the emplover.

It has been suggested that other methods of providing retirement ben-efits are better than the CNA R.P. While other competitive groups in the investment field will make fantastic and eyecatching predictions and unguaranteed promises, our Trustees will not use these tactics to attract participation. Other CNA type plans administered by National Life and Royal Trust companies, such as the Canadian Medical Association plan, are currently earning as high as 26 per cent interest. It would be unfair and presumptive to use such earnings in any calculations projected 20 — 30 — 40 or more years, because in the common stock part of the plan, these interest earnings will fluctuate from time to time but should maintain a high average yield.

We ask the CNA members to have the same faith in their association and its advisers as the public has shown in the Trustees of our plan making them leaders in this field. Your CNA Pension Committee knows that the CNA Retirement Plan is second to none. It has the unqualified recommendation and endorsement of your Association Executive which always has the best interests of the membership at heart

ship at heart.

Nursing Profiles

Early this year a group of nurses, representing each province in Canada, met with members of the Journal Board and staff for an information-packed two and one-half days. The visitors had been picked by their individual provincial nurses' association to serve for an extended period of time as cditorial advisers. The conference was called to give the advisers an opportunity to meet the editionial staff and to acquaint themselves with the intricacies of journal production, "deadlines," article procurement and the like. Now, for the next three years at least, our advisers will help us with the many tasks that go with publication of a professional journal. Already they are busily engaged in arranging for articles and each will welcome the help that the nurses in her province can give. In return, the editorial adviser will be glad to receive your requests for information about the Journal and its activities.

Naturally, one topic discussed at that conference was the publication of the *Journal* in the French language. This is an exciting venture and it was felt that the French nurses in particular would be interested to meet, through these pages, the people most directly concerned with seeing that the *Journal* reaches the subscribers every month. At the same time we are presenting the editorial advisers so that, in each province, you will know to whom to turn in matters related to the *Journal*.

Margaret E. Kerr, the executive director, needs very little introduction to Canadian nurses. Her work with the *Journal*, which began in 1944, has taken her to all of the provinces and many of you have met her personally.

A graduate of Vancouver General Hospital and with her Master's degree from Columbia University, Miss Kerr left her position as assistant professor in public health nursing at the University of British Columbia to take over the duties of editor. With the publication of the *Journal* in both languages, beginning with this month, a dream comes true for her. The wish that the French-speaking nurses might, some day, have the same opportunities as their English-speaking sisters to keep abreast of develop-

ments in their profession and, in turn, share their knowledge with others has been a long standing one.



MARGARET E. KERR

Jean Elizabeth MacGregor joined the staff of the *Journal* as an assistant editor in 1955. A graduate of the Royal Victoria Hospital, Montreal, and of the School for Graduate Nurses, McGill University she was instructor in nursing arts at her home hospital prior to joining the editorial staff.

Gabrielle Dolores Coté joined the staff in March of this year as the French assistant editor. A graduate of St. Justine's Hospital and of the University of Montreal, Miss Coté obtained her certificate in public health nursing from McGill University in 1946. Later she returned to the same institution to complete requirements for her baccalaureate degree in administration and supervision in the same field. In 1955, she attended Teachers College, Columbia University and graduated with her Master's degree in public health.

In 1942, Miss Coté joined the R.C.A.M.C. and served overseas until 1945. Apart from this interruption she has been on the staff of the City Health Department, Montreal, since graduation. She retired from her position



JEAN E. MACGREGOR

as assistant nurse in chief to take up her present duties.

A keen student, she has always excelled in her studies and apart from her professional preparation she treasures the time spent at l'Ecole de la Sorbonne, Université de Paris, from which she emerged with a diploma in the study of the French language and its translation. A native of the province of Quebec, versed in the customs and heritage of the French-speaking Canadians, intimately acquainted with the activities of her profession, both on a provincial and a national level, her assistance in the publication of L'Infirmière Canadienne will be invaluable.

Off duty she reads avidly — her love of literature dating back to the time when a small girl delved into the books hidden away in the attic of her grandmother's home. She is a "do-it-yourself" fan when it comes to minor repairs, carpentry, picture-framing and the like but has an equal interest in such housekeeping tasks as cooking. A warm welcome is extended to her.

Next August, Pamela Eleanor Poole will also join the editorial staff. She, too, is a native of Quebec, bilingual, a graduate of the Queen Elizabeth Hospital of Montreal, class of 1949. She holds her Bachelor of Nursing degree from the School for Graduate Nurses, McGill University, where she majored in administration. She also did postgraduate study at the New York Polyclinic Hospital.



(André Larose) GABRIELLE D. COTÉ

General duty nursing and private nursing have occupied part of her time since graduation. Her most recent position has been that of nursing instructor in her home school. She is the president of her alumnae association and co-chairman of the Public Relations Committee for the A.N.P.Q.

An enthusiastic sportswoman, Miss Poole also enjoys amateur theatricals and especially



PAMELA POOLE

her association with the Montreal West Operatic Society.

Irene Margaret Robertson is our editorial adviser for the province of Alberta. She is a graduate of the Calgary General Hospital and holds her diploma in public health nursing from the University of Alberta.

Shortly after graduation she joined the Royal Canadian Navy as a nursing sister and was stationed at H.M.C.S. Stadacona, Halifax. After her discharge she did school nursing in Calgary for two years before joining Imperial Oil Limited as the Health Centre nurse at the Regina Refinery. Since 1951 she has been a nurse supervisor with the Edmonton branch of the same company. Miss Robertson has always taken a very active interest in the affairs of her provincial association, as her colleagues know and that interest will be carried over into her present rôle.



IRENE M. ROBERTSON

British Columbia is well-represented in the person of **Marion Edith Macdonell.** She is a graduate of Vancouver General Hospital and of the University of British Columbia where she obtained her Bachelor's degree in public health nursing. Later she attended Teachers College, Columbia University and secured her Master's degree.

The Metropolitan Health Committee of Vancouver has occupied her professional life since 1941 when she began her work with it



(Tony Archer)
MARION E. MACDONELL

as a staff nurse. During the years 194\$-47 she was a nursing sister with the R.C.A.M.C. stationed in British Columbia. Upon discharge she returned to her duties with the Metropolitan Health Committee, 1947-51, and then went on to New York, for experience in the Community Service Society as a staff nurse from 1951-54. Since 1955



SHEILA NIXON

Miss Macdonell has been a nurse supervisor with Metropolitan Health Unit No. 5.

Sheila Margaret Nixon is our editorial adviser in Manitoba. Born in England, she came to Canada as a small girl and completed her basic education in Brandon.

A graduate of Toronto General Hospital, she went on to secure her Bachelor of Science degree from the University of Western Ontario and her Master's degree from Teachers College, Columbia University. During World War II, prior to her professional training, she served in Egypt and England with the British Red Cross while attached to the Royal Navy. In appreciation of her services she was awarded the Associate Royal Red Cross. As relaxation from her duties as director of nursing of Children's Hospital, Winnipeg, she enjoys her membership in the Philharmonic Choir of the city and her church choir.

Shirley Yvonne Alcoe is the representative from New Brunswick: A native of that province, she chose the Metropolitan School of Nursing, Windsor, Ont. for her professional preparation, graduating in 1952 as a member of one of the classes enrolled in the Demonstration School.

Since that time she has obtained her certificate in public health nursing from the University of Toronto and has been appointed health instructress of Teachers' College, Fredericton. Miss Alcoe also holds a Bachelor of Arts degree from Acadia University and is a graduate of the business



SHIRLEY ALCOE



(The Musical Clock Ltd.)
ISABEL SUTTON

college in Fredericton. At the present time she is busy completing a course of study in anthropology in addition to her teaching duties and her efforts on behalf of the *Journal*. She loves to travel and has quite a good record in that respect — almost all Canadian provinces, the Yukon, Alaska and 13 European countries so far.

Isabel M. Sutton who, for the past 11 years has been director of nursing services for the Newfoundland division of the Canadian Red Cross Society, will help us keep abreast of developments in nursing in her province. She is the chairman of the Public Relations committee for her provincial association and is a member of the board of management for the St. John's branch of the Victorian Order of Nurses. An extremely busy person professionally, she enjoys her membership in the Zonta club during her leisure time.

Hope M. Mack, instructor of nursing, Payzant Memorial Hospital, Windsor, N.S., has been a loyal *Journal* correspondent for several years. It is particularly fitting that she should be editorial adviser for Nova Scotia.

A graduate of McLean Hospital, Waverly, Mass., Mrs. Mack remained as night supervisor for a short time and then held a supervisory position at Greystone Park State Hospital, N.J. for a year. As head nurse and then director of nurses, she worked at the Nova Scotia Sanatorium, Kentville, N.S. for



HOPE S. MACK

14 years before transferring to the Blanchard-Fraser Memorial Hospital as superintendent. Prior to her present position she had spent six years as assistant superintendent and later, superintendent of nurses, Verdun Protestant Hospital, P.Q. She has served as president of the R.N.A.N.S., president and councillor of the Valley Branch, R.N.A.N.S. and is presently chairman of the provincial Public Relations Committee. Off duty, in her own words "my grandchildren are my particular hobby — Kevin, four years, and Melody, aged two."

Jean Cockburn Watt, the R.N.A.O.'s membership secretary, has frequently helped us secure information in the past and is extending this help as the editorial adviser from her province.

Born in Aberdeen, Scotland and educated in Durban, South Africa and London, Ont., Miss Watt is a graduate of Victoria Hospital, London. She secured her certificate in public health nursing from the University of Toronto and then joined the Victorian Order of Nurses, serving in Truro, Montreal and Hamilton. This was followed by general public health work with the Township of York as nurse in charge until she joined the RCAMC in 1942, subsequently serving in Canada, England and Italy. In July 1945 Miss Watt went to Germany as a nursing supervisor with UNRRA, remaining there until 1947.

Her hobbies centre around all the activities of maintaining a home — carpentry, electrical repairs, sewing and needlepoint — but also include photography and reading —



(Joseph Schmid)

JEAN C. WATT

mainly history and English literature — but "even the labels on cereal and soap boxes" if nothing else comes to hand.

Sister Mary David, director of nursing service at Charlottetown Hospital, Prince Edward Island is the adviser from the littlest but certainly not the least of our provinces. A graduate of the Charlottetown Hospital, Sister did postgraduate work in obstetrical nursing at St. Michael's Hospital, Toronto.

For a few years after graduation she did general duty nursing and then became surgical supervisor for a period of two years. Following this, Sister was appointed as obstetrical supervisor, a position she held until taking over the duties of director of



SISTER MARY DAVID

nursing service in 1953. She has also been assistant superintendent of the hospital since that same year. She has served on various committees of the provincial association and is presently a member of the public relations committee.

Not long ago in this column we introduced **Mabel Victoria Antonini** to you as the new executive-secretary of the SR NA. (*The Canadian Nurse*, November, 1958.) Now we greet her as the editorial adviser for Saskatchewan.

A graduate of Regina General Hospital and of the School for Graduate Nurses, Mc-Gill University, from which she obtained her Bachelor's degree, Miss Antonini's interest had been chiefly in the field of pediatrics until she joined her provincial office staff.



M. VICTORIA ANTONINI

Representing the English-speaking nurses of Quebec is **Sister Mary Assumpta**, graduate of St. Mary's Hospital, Montreal and supervisor of its obstetrical department.

Born in Outremont, P.Q., Sister received her basic education and secretarial training in the local schools before undertaking her professional education. In addition to her hospital duties she is currently doing post-graduate study at Marguerite d'Youville Institute.

The French-speaking nurses of Quebec have an able representative in the person of **Genevieve Lamarre**, director of nursing education, Hôpital de l'Enfant-Jésus, Quebec city. Born and educated in the province of Quebec, Miss Lamarre received her professional education at Hôpital de l'Enfant-Jésus. After graduation she went on to secure her Bachelor of Science degree from Laval University, Quebec, and in 1948 added



(Jacques Légaré) GENEVIEVE LAMARRE

study in social service work. Miss Lamarre also teaches at the University in the school for nurses — her subjects being the philosophy of education and methodology, she is currently a vice president of the A.N.P.Q., a member of the Board of Management and a member of several other committees. Miss Lamarre has a wide variety of outside interests to occupy the precious moments of leisure-time remaining to her.



SISTER MARY ASSUMPTA

The Evaluation of Personnel

H. Boshouwers

WE COULD EASILY spend days on the vast subject of evaluation, but we must arrive at an approach in this

one article.

When I joined the Employee Appraisal Section at Canadair, a rating plan was already in operation. We have 7,000 employees in the Manufacturing Division alone, working under 450 supervisors, and in 520 different types of jobs. It is obvious that with such a large number of people some management device was needed to ensure that whatever tasks were to be performed would be carried out in an economical way with a minimum of effort, a maximum of result and with the least possible confusion.

In manning our departments and planning ahead we need information on the day-to-day performance of our labor force. We have to narrow down the field of potential candidates for promotion, transfer, upgrading. A "trial and error method" is too costly.

Satisfactory work in exchange for satisfactory pay is a critical element in our success as an economic enterprise. Satisfactory work does not exist by itself but in relation to departmental requirements. Departmental supervisors have the required knowledge of performance on a day-to-day basis and report this as one of their functions. But we needed something

more than a reporting device.

Canadair is a large industrial concern. We tend to attract people who find satisfaction in being one of a large number. This requires a levelling process, some type of conformity to group behavior. A new employee accepts this when he first begins to work but after a while he seems to feel that he has lost his identity completely. It is a wise arrangement on the part of management to make it one of the functions of supervisors to talk to their men about the manner in which they fit in to the over-all scheme, whether or not their performance comes up to

Mr. Boshouwers is supervisor of employee appraisal, Canadair Ltd.

expectation, and in what way they can change for their own and the

company's benefit.

We needed a program that would be both a reporting and a counselling device. We studied several plans, borrowed a few ideas here and there, and drew up a plan of which our supervisors approved. From our reports we can study Mr. Average. We can crosscheck and compare. We can make an analysis of the need for further training and improvement, of the influence of seniority and age on performance. We can watch the percentages of non-typical employees in any department. The population is large enough to make large scale comparisons and to narrow down the field as we look for candidates for any move that management has in mind.

Generally speaking, any system of evaluation — properly administered is better than no system. There are some problems in an evaluation system such as ours. The first is that a complex human being can never be reduced to a set of figures. Figures imply an accuracy which, in reality, does not exist. We say that a man has a right to know where he stands. Very true. But does he really, in all cases, wish to exercise this right? In all probability he only wants to be re-

assured occasionally.

Another worry is that no matter how well-meant the plan and no matter what uses we may have for the final results, we do give 450 people an official right to sit in judgment over others. It is a curse of mankind that too many people like to sit in judgment over others. We had too many people who liked to forbid little things; liked to tell others what was good for them or what they should do; liked to run other people's lives, or to impose their views on them. Do we have the right to sit in judgment over other people? Do we have the right to direct, to influence or to manipulate their behavior? Do we have the right to more or less shape their destiny? Is it correct to infer that the supervisory

position has inherent authority to run

other people's lives?

Finally, many of our daily tasks are repetitive, routine jobs. If our work tends to be repetitive, it must be expected that our performance will become repetitive. If our performance is repetitive, then it must be expected that the appraisal of the performance will likely be repetitive.

It is true that authority given to the wrong type of supervisor might aggravate antagonisms. Fortunately, we believe that none of the supervisors used this report as an instrument of revenge. Occasionally we had to see to it, that an unfortunate choice of words was corrected, but that was all. People quite often make scathing remarks about others while talking, but if they have to sit down and write them on a piece of paper, they are much more careful.

The final form of the evaluation report is relatively unimportant. It is very important that you should decide first what you want to achieve. Then you must decide how far you are willing to go or are obliged to go to achieve this goal. Only as the final step do you have to worry about the mechanics involved. The mechanics of the plan must be directed towards the goal

that you have set.

To decide what you want, to analyse your problem, requires discipline of thought and of reasoning which in turn can come only from complete honesty with yourself. Wishful thinking, personal beliefs and sentiments have no place here. As a beginning you need a clinical examination of your relationship to other people. Individual rights and duties must be defined. You must forget for the moment what these have been in the past, how they have come about and how they have established themselves through precedent.

Serious efforts to improve your personnel situation in an intelligent manner should be undertaken only if such a plan will do something for your institution, for you and for your personnel. You can only hope to be effective if your efforts are economically justified, intellectually sound and

ethically appropriate.

APPLICATION TO NURSING
Let us examine the relationship

between supervisors — as part of the management team — and the employees. In the pursuit of your professional and institutional aims your most difficult problem seems to be the duality of responsibility — respon-sibility towards your profession and responsibility towards those with whom you work. Your profession is a de-manding one. You cannot require maximum efforts to fulfill professional obligations at the expense of the happiness of your employees. The nursing personnel on the other hand, may have a never-ending list of desires, which you cannot possibly satisfy if it is at the expense of professional efficiency. The solution to this problem is to find the work-level at which the best possible professional service can be given, consistent with the work satisfaction of the nursing personnel.

It is difficult to find and even more difficult to maintain a suitable work-level under this dual responsibility. Peace of mind is very dependent on our sense of fairness in give and take. If you demand the maximum from your people, but give in return only what you can get away with, then it is not surprising if you end up with disturbed feelings. To achieve the maximum in both directions seems impossible. To demand the maximum and give less in return is unsatisfactory.

Perhaps you have phrased the problem in these words: In the pursuit of our highly idealistic purpose — to provide service to the sick — it is our right to demand from our nursing staff that they give the best they can offer. Frankly, I cannot agree with you. You have my sympathy but you do not have the right to demand anything. Your problem is that though you need a lot, you can demand little. You may say: "How can I get what I badly need, if it is such a far cry from what I can demand?"

As a supervisor you are in command of a work situation. You have a function which embraces and commands other smaller functions. You are never in command of people. It is your distinct task to see that the work is done in such a manner that there is continuity of service. It is your responsibility to see that you have a proper match between the individual and her duties. If you have good

reasons to believe that the two are not matched, one way or the other, or if the matched employee slips up occasionally and jeopardizes the proper working of her unit, you have to

speak up.

This is not a question of your right, it simply is your duty. A right you can exercise or not subject to your own free will. However, when you act as a watchdog to guard proper functioning, to prevent failure, you are duty bound to speak up. Leniency is a liability. Tolerance at this point ceases to be a virtue. At this critical dividing line, below which failure is detrimental to your profession, you have to take corrective action.

Is it possible to draw the line between success and failure? Can you come up with a clearly worded, easily understood and generally agreed-upon set of work expectations below which the nursing staff cannot go? I am now asking for basic issues, important aspects of the function itself. I am not concerned with differences in degree, more or less satisfactory, but with differences in kind, satisfactory or unsatisfactory. These work expectations may differ in various jobs - horizontally - throughout your institution. They may differ in the degree of training required for their performance. They certainly will differ on the various organizational levels — vertically.

At this failure mark or minimum level of satisfactory performance you are truly a faithful watchdog for your profession. Here you have to segregate the satisfactory from the unsatisfactory, the assets from the liabilities. At this line of minimum performance, with a simple "yes" or "no" you make an assessment. Since you decide only on critical elements you should make this assessment formal, rigid and simple. Whatever at this line can be measured, you should measure. Whatever at this line of minimum performance can be

tested, you should test.

Evaluation is a mix-up of substance and feeling. Because of this mix-up it is unreliable and never objective. To reduce the danger of subjectivity, it is wise — whenever possible — to evaluate in committee, to put in a safety-check against prejudice and bias.

A match between a staff member and

her task may very well have to be checked on 10 different basic factors. Nine of these may be answered positively with a "yes" and one with a "no." In practice it will amount to many "Yes, but's" and many "No, however's." You may need some specific qualifications to understand the why's for this "yes" and the why's for this "no." But the very purpose of this audit is to identify failures in performance on basic issues. If you are under-staffed and overloaded with work, there is a danger that this evaluation — which should be a continuous affair - will get brushed aside. However, it is such a critical element in the success or failure of any job that it should become a habit, at predetermined intervals, to prepare a record in an orderly and systematized manner.

PERFORMANCE AUDIT

While keeping track of general staff performance, you may want to use a simple form as a vehicle for other information as well, for instance additional skills presently not being used or promotability, but its basic purpose is the identification of liabilities. That is a good word to indicate what I mean but it does have an unpleasant sound.

I would like to refer to this sort of evaluation as a "Performance Audit." It should apply equally to those who contribute to success, as well as those who contribute to failure. So, horizontally and vertically it should apply to all people in your organization. This failure line, this line of minimum satisfactory performance beyond which you cannot go, has to be watched constantly and carefully. To prevent failure at this line you constantly require a management of direction and control, which inevitably demands a certain degree of conformity and discipline to guarantee continuity.

As you formulate minimum work expectations, you will be painfully aware of the fact that though these may be sufficient for continuity, they will not promise improvement or growth. It is an honorable objective to strive for improvement, for growth instead of continuity, for maximum utilization of personnel, for potential and dynamic effectiveness. You need considerably more than a bare mi-

nimum. You would like to see a plus performance. The unfortunate thing is that first, you have no right to demand this plus performance. Secondly, direction and control, conformity and discipline (all levelling actions) are insufficient, even detrimental, in generating the ambition, loyalty and devotion you would like to see. You need something else to bring about the desired qualities. By their very nature, the ingredients of plus performance have to be offered voluntarily by your subordinates to their function, not to

you personally. At the minimum requirement level, with a management of direction and control, the staff members resemble taxpayers, entitled to a fair and known taxation table, under obligation to contribute at a predetermined rate. For plus performance, beyond this minimum, you are dealing with voluntary contributions. Here the staff may resemble blood donors. All blood donors are taxpavers but not all taxpavers are blood donors. If you are after a blood bank, you need volunteers. You do not have any right to hold it against anyone if, for reasons of their own, they do not voluntarily contribute to your blood bank. So beyond this minimum level you need another type of management that will obtain the results which cannot be demanded. Let us look at your chances of success in this area.

If you plan to go fishing you must keep in mind that the choice of bait is determined by the taste of the fish. This may not be an apt comparison for nurses but it has some very useable truths in it. What is the taste? What are the incentives all people search for in their working life?

INCENTIVES

A very obvious one that is the most clearly understood by everybody, is the financial incentive. Here your hands are tied. Hospitals usually operate in the red. On the other hand, the nurses knew this from the start. I have never heard of people joining the nursing profession to get rich.

There are three non-financial incentives everybody is after. The first of these is: identification with the institution and its purpose. You have a very easy one here, because all the

staff are proud to be in your profession and like to be identified with the work of the hospital. The second incentive is: an opportunity to improve. They want help and encouragement to grow. The third incentive is: Equity of opportunity for advancement. Quite often this is erroneously called security.

If you create and maintain a climatic condition in which people can find identity, growth and advancement, if you will encourage them to seek satisfaction or self-fulfillment needs, then you have done your share. You have no control over the end results.

The motivations, the potential for development, the capactiv for assuming responsibility, the readiness to direct behavior towards organizational goals are all present in your staff long before you lay eyes on them. It is a distinct task for management to make it possible for the staff to recognize and develop these characteristics. Most people can — if properly assisted change their behavior and adjust their ways to fuse with the needs of the institution. But, no system or procedure or package plan can ever replace or compensate for a lack of mutual confidence and a steady climate of effective relations.

RELATIONSHIPS

Relationship is not a matter of technique, but of mutual sincerity, common honesty, thoughtfulness and respect for basic rights. Effective employee relationship resulting in lasting optimum performance is never brought about by coercion, manipulation of behavior or an effort to shape destiny. Whether you bully or push, whether you tell them bluntly what is good for them, whether you demand or try to squeeze gently, it is all the same. You violate the sovereignty of a free and responsible individual. The fact that you have the very best of intentions does not make it right.

Integrity does not allow the manipulation of people. It is wise and rewarding, however, to manipulate conditions which by themselves will invite your staff to join in a profitable course of activities.

The essential task of management
— in the interest of professional ends
— is to arrange organizational con-

ditions and methods of operation in such a manner that the staff can achieve their own best, by directing their own efforts on their own volition towards institutional objectives. This is a process primarily of creating chances for learning, releasing potential, removing obstacles, encouraging growth and providing guidance. It is the planned creation and guarding of a climatic condition in which a staff member takes voluntary responsibility for her own development, plans for herself and learns how to put her plans into practice. In the process she can gain satisfaction for she is utilizing her own capabilities to achieve simultaneously her own objectives and those of the institution. The result will be genuine development for mutual benefit.

After the proper climate has been set and maintained, it is the nurse's task to improve her own well-being. She is the principal participant in her own development and responsible for it. She will realize that her gains are largely dependent on her own voluntary contribution to organizational objectives. Her dedication to her work and her self-determination in her career are of intrinsic value and carry their own reward. She cannot possibly complain that she does not get anywhere, because nobody is pushing.

Genuine support by the employees is only aroused by genuine appreciation by management. You must provide the proper climate in ethics, policies and procedures. Conditions, external and internal, will provide opportunities. Staff must provide abilities and the will to succeed. Mutual sincerity in this combined effort will give optimum rewards. In providing equity, the fairest possible break to all, help and encouragement to participate in growth, you will recruit intelligence, ambition and loyalty which money can never buy.

Staff participation is, first and foremost, focussed on full effectiveness in their present occupation. Their career-development is in proportion to their ability, their will for action, their power of vision, their knowledge and their readiness. Participation in this mutual development program is a voluntary contribution and open to all.

Thus it would appear that one program, one plan, will not achieve the

desired results. A performance audit is needed but for different reasons a career development program is also essential. The performance audit applies to all staff members and will provide:

- 1. Regular control on satisfactory work.
- 2. Indication of where individual performance needs improvement.
- 3. Indication of the promotability of staff.
- Continuous inventory of suitability, additional skills and potential of all personnel.
- 5. Guarantee that no member is overlooked or forgotten.

THE CAREER DEVELOPMENT PROGRAM

In contrast, this program will not be applied to all staff members, but only to those who, of their own free will, choose to participate. Although the program is completely voluntary and a supervisor consequently is free to decide not to participate, it is still her responsibility to carry the program out in letter and spirit for all personnel under her jurisdiction who wish to take part in it. This program aims to:

- Increase effectiveness and obtain maximum performance and a greater degree of interchangeability.
- 2. Foster in the staff the desire for self-direction and self-improvement.
- 3. Aid the staff through guidance and counselling.
- 4. Provide opportunities for learning.
- Release potential and remove obstacles that hinder the optimum use of available talent on an organizationwide basis.
- 6. Prepare potential candidates for future promotion.

Human success or failure is not inborn, but comes as a result of the use to which an individual puts her talents and the way she is helped to develop them. Improvement and development can only be achieved by the person herself. She must truly want to improve and must really be willing to make the extra effort to increase her effectiveness. Improvement is at the core a matter of self-insight and willingness to adjust and contribute. This self-evaluation may at the beginning of the program be widely at variance with the opinion of the supervisor.

A nurse's busy day frequently leads to inadequate nutrition ...

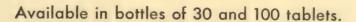
for prevention or correction of vitamin deficiency...

"BEFORTE"

brand of

VITAMINS B with C and D





We will be glad to send you a bottle for your personal use. Just send us your name and address.



Charles E. Frosst & Co. Montreal, Canada

The individual knows however, or can learn, more than anyone else about her own capabilities, needs, strength, weaknesses and goals.

The role of the supervisor in the career development program is two-fold

- 1. Toward staff members: To provide encouragement, guidance and assistance while improvement is taking place.
- 2. Toward the organization: To provide continuous and systematic reports on progress and promotability.

The supervisor is responsible for helping the staff integrate their personal goals with the needs of the institution so that both are served. This role, comes naturally since the supervisor can use her wider knowledge of

the organization.

In setting her own objectives or reaching agreement on them with her supervisor, the individual involved has already established criteria for performance. The nurse knows very well where she stands in relation to her own targets and consequently does not have to be judged. She evolves her own index of achievement and confronts herself with the reality that rewards and satisfaction from her career are largely dependent on her own voluntary contributions.

The supervisor should limit her influence to stimulation of thinking, rather than supplying recommendations. She should be willing to consider all ideas on improvements that the staff member brings up. Her function is to discover the nurse's interests, not to expose her to extensive faultfinding, to inquire but not crossexamine, to guide not dominate, to help not push, to encourage not pro-

mise.

Counselling will never be a rehash of past mistakes or attempts at amateur psychiatry. Accent is on performance, not on personality. If the career possibilities are sympathetically explored in mutual interest, the climate will stimulate new ideas and lead to increased job interest as well as a better use of the nurse's talents.

Good supervisors are concerned with training and developing their staffs to the greatest extent possible. The ultimate objective of the program is to ensure an adequate supply of qualified candidates for promotion at all levels of the institution. The supervisor herself will make the first step for her own promotion if and when she has developed an understudy who can take her place.

The picture is still not entirely complete even with these programs actively functioning. For important jobs, for functions with a high reason for existence, specific information may be needed which was not available from either of these two sources. For instance, an opening occurs higher up in your organization and you have three potential candidates in varying degrees of readiness to assume this new responsibility. This new position may require a sense of cost-consciousness which was never an evaluating factor in your two programs. Here you may have a need for a specific appraisal in a typical area on a comparison basis. This type of appraisal again should be performed in committee but for the two out of three where the outcome is negative, the persons involved should not be informed. It does not serve any purpose to tell them that they were weighed and found wanting.

SUMMARY

For general use, two programs will do the job. One performance audit — compulsory for everybody; the other — career development — on a truly voluntary basis for anybody who wishes to take part.

I have tried to point out that you must decide first what you are after. The plan itself, the form or shape is

relatively unimportant.

I have also tried to point out that one plan — combining reporting and counselling — looks good but may fail to achieve both ends. In that case it will deteriorate into a half-hearted routine where nobody really cares if it is maintained or not.

By an honest effort in due time the combination of two different programs will be a far more simple and economic method. Not only that, but something else will happen too. You will find that the combination of these programs will result in making your world a better place to live in and maybe that is what you had vaguely in mind all the time.



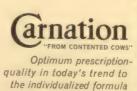
Carnation Protects Your Recommendation

Special homogenization makes Carnation the finest form of milk for baby's bottle — the most digestible, the most nourishing, and the safest. Carnation's quality controls assure the same dependable nourishment every time.

Carnation Evaporated Milk provides:

- All the food values of pasteurized whole milk, in a more digestible form.
- All the butterfat of whole milk, so important for normal energy.
- Increased Vitamin D-800 units per pint of Carnation.
- Known bacteriological safety.
- Safeguards of uniformity.

Carnation protects your recommendation—warrants your specification.







PREPARED IN YOUR NATIONAL OFFICE, CANADIAN NURSES' ASSOCIATION, OTTAWA

Canada Participates in International Study

A study of psychological problems in general hospitals, sponsored by the International Council of Nurses, International Hospital Federation and the World Federation for Mental Health is presently being conducted. Twelve countries, national member associations of the above organizations, have been

invited to take part.

Representatives of the sponsoring organizations believe that there is a need for wider study of this subject by those who work in general hospitals. A study has therefore been designed, which could be carried out by general hospital personnel, of the situations and happenings occurring sometimes by chance — sometimes as part of hospital procedure — which affect the mental health of the individual and the relationships within the hospital setting.

It was recommended that study groups be formed of not less than six and not more than 12 people. Groups of this size would be small enough to induce easy and cooperative discussion yet large enough to contain balanced representation of the main staff groups, medical, nursing and administrative, with possibly one or two other people with experience in sociology, psychia-

try or psychology.

One such study group has been formed in Ottawa. The three general hospitals — Ottawa Civic, Ottawa General and St. Louis Marie de Montfort are taking part. Dr. P. A. Christie and Dr. L. R. C. Chalke, who direct the the mental health clinics in Ottawa, and Father Swithun Bowers, Director of the School of Social Welfare, St. Patrick's College, are assisting as con-

sultants. Miss Laurie McColl from National Office will also be a member of the group. It is hoped that study groups will be formed in other parts of Canada.

Miss Elizabeth Barnes of the World Federation for Mental Health, who is Coordinator for the study visited Canada in April. While in Ottawa, she visited National Office and also met with the Ottawa group.

Research Committee

Plans are developing for the first meeting of the permanent Research Committee under the chairmanship of Lola Wilson of Regina. The meeting will be held in Ottawa next September. Members of the Committee are:

Miss Dorothy Percy, Chief Nursing Consultant, Department of National Health & Welfare.

Miss Nettie Fidler, Director, School of Nursing, University of Toronto,

Mrs. Isobel MacLeod, Director of Nursing, Montreal General Hospital,

Dr. Aileen Ross, Sociologist, McGill University, Montreal,

Dr. Murray S. Acker, Director, Co-Ordination and Planning Branch, Dept. of Public Health, Saskatchewan,

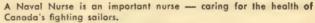
Dr. F. E. Whitworth, Chief, Research Section, Dominion Bureau of Statistics, Ottawa.

Where They Are What They are Doing

Early in 1959, questionnaires were sent to graduates of the Metropolitan Demonstration School of Nursing, Windsor, Ontario.

Thirty-nine of the 72 questionnaires distributed have been returned. It is of





She leads an eventful life — with opportunities to engage in special fields, both medical and surgical and others — to travel — to serve her country — to enjoy the status and privileges of an Officer in Canada's senior service.

Our expanding Navy has openings now in its Nursing Service — for provincially-registered graduate nurses who are Canadian citizens or British subjects, single and under 35 years of age.

Apply today! Upon entry you will be offered a permanent or short service commission with officer pay, allowance for uniforms, full maintenance and other benefits including 30 days annual leave with pay and full medical and dental care.

As a Naval Nurse, you'll find real opportunity to advance in your profession! For full information apply to:

MATRON-IN-CHIEF,
NAVAL HEADQUARTERS, OTTAWA

YOUR NEAREST NAVAL RECRUITING OFFICE



CN-5-57

Royal Canadian Navy

interest to note that since 1954, 13 of these graduates have taken further postgraduate studies. Three are pres-

ently attending university.

Those actively engaged in nursing have chosen a variety of fields, including institutional nursing, nursing education, occupational health, public health, Victorian Order of Nurses and missionary nursing. Some are scattered across Canada, some are living in the U.S.A. and one is nursing in South Africa.

Of the 39 graduates who completed the questionnaire, 19 are married. Many are inactive at the moment, but still maintain a keen interest in nursing. Some are contemplating the possibility of undertaking further study in the future.

Although one-half of those who answered the questionnaire are married and not, at present, engaged in active nursing, it is gratifying to note that three-quarters have continued active provincial membership. Many of these participate in chapter and provincial activities. CNA Alumnae members will be pleased to learn that one of their group has been appointed as an Editorial Adviser to *The Canadian Nurse* in her own province.

We have read the comments regarding the educational program conducted at this school with renewed interest. Opinions have not changed. The majority still feel that this program was very good in that it stressed the true philosophy of nursing and the basic principles of nursing, thus enabling the graduates to adapt to new techniques and situations with confidence and assurance. Many mentioned that the program had stimulated them to undertake advanced education and expressed their appreciation and gratitude to the Canadian Nurses' Association, the Canadian Red Cross Society and their instruc-

The Canadian Nurses' Association thanks those who have completed the questionnaire. We were pleased to hear from you and would still welcome news from other alumnae members. We are always happy to learn of your activities so next time, don't wait for a questionnaire. Let us know should you change your address or your position.

tors for giving them the opportunity to

participate in this project.

Our Nurses Abroad

An interesting letter arrived in National Office recently from a group of Canadian nurses, wives of R.C.A.F. personnel and two R.C.A.F. Nursing Sisters who have organized an association.

These Canadian nurses are stationed abroad for approximately three years and during this time, wish to keep abreast of newer nursing trends. It was with great interest that we learned of these nurses and the work they are doing. The CNA is pleased to provide information and materials to assist this group in their endeavors.

Spring Activities

During the past few months nurses in most of our provinces have had occasion to meet our officers or National Office personnel at various meetings.

ALICE GIRARD, President, has attended and addressed the following Annual

meetings:

The Registered Nurses' Association of Ontario in Toronto and the New Brunswick Association of Registered Nurses in Campbellton.

PEARL STIVER, General Secretary, participated in the Registered Nurses' Association of British Columbia meeting in Vancouver.

HELEN MUSSALLEM, Director of the Pilot Project for the Evaluation of Schools of Nursing and F. LILLIAN CAMPION, Nursing Secretary both addressed the Saskatchewan Registered Nurses' Association meeting in Saskatoon and Miss Campion also took part in the Alberta Association of Registered Nurses meeting in Banff.

Later this month, RITA MACISAAC, Assistant General Secretary, will attend the Registered Nurses' Association of Nova Scotia meeting in Shelburne.

T.C.'s 60th Anniversary

Canadian nurses are proud to salute the Division of Nursing Education. Teachers College, Columbia University, New York City celebrating its 60th Anniversary and the 100th Anniversary of the birth of its founder, Miss Mary Adelaide Nutting. Teachers College was the first educational institution in the world to offer

NEW! Swift's Balanced Meat Dinners-IN GLASS



So pure and fresh in sparkling glass, Swift's new Meat Dinners for Babies are a carefully balanced combination of Swift's lean, 100% meat, vegetables and a little cereal. Like Swift's well-known 100% Meats for Babies, they're prepared from only the very finest ingredients. The leanest, freshest meats . . . the youngest, freshest vegetables—all trimmed, cooked, and pureed with the greatest care—make Swift's Meat Dinners nutritious, easy to digest.

Swift's new Meat Dinners provide another fine way to include the important values of meat in the infant diet. You can recommend Swift's Meat Dinners for Babies with confidence. 5 varieties: Beef, Chicken, Ham, Veal and Lamb. (Most are also available in chopped form for Juniors.)

OTHER MEATS FOR BABIES FROM SWIFT . . .

Beef • Lamb • Pork • Veal • Chicken • Chicken & Veal • Ham • Liver • Liver & Bacon • Beef Heart • Pork with Applesauce • Ham with Raisin Sauce • Lamb with Mint flavour • Egg Yolks • Egg Yolks & Bacon.



both collegiate and graduate education to nurses. Through the past six decades it has awarded baccalaureate, masters and doctoral degrees to many nurses from many parts of the world. Its program continues to be the largest in the United States. The current enrolment of 1,418 graduate nurses represents 40 different states, 3 territories and 29 countries.

Mary Adelaide Nutting, a woman of wide vision and keen intellect, helped to bring about new concepts of nursing education that have greatly influenced nursing services in many parts of the world.

International Representative

Alice Girard, our President, will

represent the International Council of Nurses at the World Medical Association 13th General Assembly to be held at the Queen Elizabeth Hotel, Montreal, September 7th to 12th, 1959.

A Salute to our French-Speaking Colleagues

Nurses everywhere will wish to join us in greeting our French-speaking colleagues who, this month, will commence to receive this official *Journal* in the French language.

To L'Infirmière Canadienne and the people responsible for this achievement in our nursing profession we extend our best wishes.

In Memoriam

Mary Elizabeth Bradley who graduated from General Hospital, Stratford, Ont. in 1934, died January 29, 1959 after a long illness.

Anna Isobel (Brown) Buckland, a graduate of Owen Sound General and Marine Hospital, Ont. in 1923, died on March 18, 1959. Ill health had forced her retirement from active nursing a year ago.

Junietta M. Carpenter, a New Brunswick nurse, died on April 6, 1959 at Fredericton.

* *

Grace (Nichol) Crawford who graduated from Kingston General Hospital in 1885, died on July 2, 1958.

Sandra Forrester, a graduate of St. Mary's Hospital, Montreal in 1958, died on March 17, 1959. Following her graduation she was on the operating room staff of her hospital until illness forced her retirement.

Edna Graham who graduated from Kingston General Hospital in 1922 died on July 17, 1958. She had worked in Detroit, Michigan during most of her professional life.

Sara Selena Henderson who graduated from Saint John General Hospital in 1938, died in Montreal on March 24, 1959. Following graduation she served as medical social worker at the Children's Memorial Hospital (now the Montreal Children's Hospital) and for 14 years she was a staff member of the mental hygiene division, Department of Health, City of Montreal.

Margaret Jane (Sharp) Hinds, a graduate of Belleville General Hospital, Ont., died March 14, 1959. An overseas nurse during World War I, Mrs. Hinds served for a number of years on the staff of Christie Street Hospital, Toronto.

Jean Houston who graduated from Winnipeg General Hospital in 1915, died in Vancouver on March 17, 1959. She had served overseas with the Canadian Army Medical Corps during World War I and for 19 years she was the superintendent of nurses at Manitoba Sanatorium, Ninette.

Della Louise Jewett, a graduate of Victoria Public Hospital, Fredericton in 1930, died on March 10, 1959. In 1958 she had retired from the staff of the East Saint John Tuberculosis Hospital after 24 years of service.

M. Victoria Kenney who graduated from the Ottawa Civic Hospital in 1944, died on March 16, 1959. Miss Kenney was a member of the operating room staff, Anson General Hospital, Iroquois Falls, Ont., and president of District 12, RNAO.

Michelle Brigitte Levesque, who graduated from St. Luke Hospital, Montreal in

Canadian doctors at the EDINBURGH C.M.A.-B.M.A. MEETING

ENJOY THESE "CANADIAN" CLUB PRIVILEGES AS THE GUEST OF FARMER'S WIFE

- * Comfortable club rooms
- Convenient mailing address and message exchange
- ★ Fresh-made Canadian-style coffee, free at all hours
- * Canadian newspapers flown in daily
- ★ Canadian radio newscasts and programs
- ★ Daily Toronto Stock Exchange quotations
- ★ Information Bureau on shopping facilities

Farmer's Wife

MEMBERSHIP CARD

(Doctor's signature)

This card entitles bearer to special club privileges at the Overseas League House, 100 Princes Street, during the Edinburgh Medical Convention, July 18th through July 25th. See map on reverse side.

Ask for YOUR free Membership Card

• At the Convention Registration Desk

. At the "Canadian" Club

Farmer's Wife has a complimentary "Canadian" Club membership card reserved for Canadian doctors and their families, attending the Edinburgh Medical Convention. The convenient Club Rooms will add pleasure to your leisure—they're located in the centre of the convention activities, at the Overseas League House, 100 Princes Street. Plan on making this your Edinburgh mailing address and message exchange centre. Farmer's Wife looks forward to being your "Canadian" Club host during your Edinburgh visit.

Farmer's Wife INFANT FORMULA MILKS

1957 died as the result of an accident on January 4, 1959.

Mildred I. Lorentz, a graduate of the University of Cincinnati College of Nursing and Health, died on March 21, 1959. Miss Lorentz was the first vice-president of the National League for Nursing and director of the department of nursing, Michael Reese Hospital, Chicago.

Catherine (Goodwin) Lovatt who graduated from Winnipeg General Hospital in 1941, died on October 24, 1958. She had served overseas during World War II and for the past three years had nursed in Souris District Hospital, Man.

Barbara Mills, a nurse in Moncton, N.B., died in an automobile accident on April 8, 1959.

Barbara (Walker) Paul who graduated from Brockton Nursing School, Mass. in 1898, died recently. She was a former resident of Red Rapids, New Brunswick.

Agnes C. Sargeant, a graduate of Montreal General Hospital in 1918, died in Winnipeg on December 3, 1958. An overseas nurse during World War I, she served for several years with the Department of Immigration as a health officer on the Roosevelt Bridge, Cornwall. She retired from active nursing in 1948.

Vera (DeGeer) Schuetze who graduated from Vancouver General Hospital in 1955, died on March 27, 1959 at Revelstoke, B.C. when a mud and rock slide engulfed the home in which she was visiting.

Beulah (Shannon) Sleeth who graduated from Kingston General Hospital in 1927 died on January 5, 1959 after a long illness.

Olive Blanche Todd, a graduate of Kingston General Hospital in 1920, died on December 3, 1958. She had engaged in private nursing until 1948.

Some startling effects are produced by airborne radar. Under some conditions dry steel wool may be ignited. Photographers' flash bulbs have been set off at distances up to 350 feet. Ignition is caused by the heating of the fine wires to a point of incandescence under the influence of radar microwaves which are shorter than radio waves. Fuel vapors also can be ignited by a microwave beam if there are metal chips or wires in close proximity. An electric potential is built up between two metal particles and if a disharge takes place the resulting arc ignites the fuel.

It is generally conceded that the primary hazard to the body from microwaves is due to the heating effect. Injury does not occur instantaneously but chronic exposure to high levels may cause tissue damage. Tests have been conducted on small fur-bearing animals to determine the effects of microwaves. The first test revealed potential health hazards. These tests were highly publicized and gained the attention of persons in all walks of life. The tests themselves do not necessarily apply to man for many important reasons. The small furry animal does not have an efficient heat regulating mechanism. It is quite easy to elevate its body temperature to a critical point.

Man is a relatively large object with a very efficient heat regulating system that can resist the effect of microwave heat more effectively. Usually he works in open areas where it is easy to lose body heat to the surrounding cooler air. Another important factor is that the animals were exposed to a stationary beam. Most humans are exposed to beams from rotating antennas. This gives the person exposed to the microwave a chance to lose heat to the surrounding air between exposure intervals. Complete physical examinations have been given to personnel occupationally exposed to microwave radiation. The history of exposure varied from a few days to greater than 10 years. The results of these examinations showed that there was no significant evidence of any temporary or permanent body changes or injury which could be attributed to microwave radiation.

- Industrial Health Conference

There is no duty we underrate so much as the duty of being happy.

- ROBERT LOUIS STEVENSON

Medicine — the only profession that labors incessantly to destroy the reason for its own existence.

— JAMES BRYCE

A DOCTOR'S EDUCATION

goes on ... and on ... and on



"It's not unusual on Heinz, Mrs. Samson"

Another thing you learn . . . Heinz Junior Foods are the increasingly popular aid for babies making the transition from strained to adult foods. Familiar flavours and fine-chopped "chewy" texture encourage the baby to chew, and to like chewing. Heinz Junior Foods are thoroughly digestible—even if incompletely chewed.

Samples for tasting or testing are yours for the asking. Write now, asking for Junior food samples, to HEINZ BABY FOODS, LEAMINGTON, ONTARIO

Heinz Baby Toods

THE GOOD THEY DO NOW-LASTS A LIFETIME BFM-159A

Itinerary Especially Planned for Canadian Nurses' Association European Tour

Travel Arrangements by Thos. Cook and Son World Travel Service

The following tour is being planned as a post-convention attraction of the 30th Biennial meeting of the Canadian

Nurses' Association which will be held in Halifax, Nova Scotia, June 19 to 24, 1960. Among the highlights of this European tour will be professional observation visits designed to meet the requests of the nurses participating.

1960

Sat. June 25

European Tour Arrangements Leave Halifax in the morning by air via Gander and London for Edinburgh.

Sun. June 26	Prestwick: Due to arrive. Transfer by private motor coach to Edinburgh.
Mon: June 27	Edinburgh: Arrangements will be made for a day's professional observation
thru	visits as requested by the various groups of nurses taking part in the tour.
Thu. June 30	Ample time will be provided for sight-seeing visits around the city and a
	full day excursion by motor to Loch Lomond and Trossachs.
Fri. July 1	Leave Edinburgh by air for London.
Sat. July 2	London: Three days will be planned for observational professional visits
thru	which would include a visit to the International Council of Nurses head-
Wed. July 6	quarters, the Royal College of Nursing, hospitals and health agencies,
rred. July 0	according to the interest and wishes of the nurses.
	Planned tours of the City of London will be arranged.
Thu. July 7	Leave London in the morning by air for Paris.
Fri. July 8	Paris: Tours of such places as the Louvre Museum, Tuileries Gardens
and	and the Champs Elysees will be arranged. In addition, ½-day excursion
Sat. July 9	to the Palace and Gardens of Versailles.
Sun. July 10	Leave Paris by night sleeping car train for Nice.
Suil. July 10	Leave Faris by hight sleeping car train for tylee.
Mon Tule 11	Nice. Helf dee motor trie to Crosse and Corres du Lour
Mon. July 11	Nice: Half day motor trip to Grasse and Gorges du Loup.
and Total 12	
Tue. July 12	
Wad Tal. 12	I Nine her marker week min Errords and Italian Divisions for Canas
Wed. July 13	Leave Nice by motor coach via French and Italian Rivieras for Genoa.
Thu. July 14	Leave Genoa by day train for Rome.
Fri. July 15	Rome: Drives through the city visiting such places as the Pantheon,
and	Pincio (panorama of the city), Basilica of St. Peter, Square of the Capitol,

della Salute, and including visit to a Glass Factory.

Thu. July 21

Fri. July 22

and

della Salute, and including visit to a Glass Factory.

Leave Venice by day train via Milan for Geneva.

Geneva: Tour of the city and planned professional visits to World Health

Organization, League of Red Cross Societies and other points of interest.

Leave Florence by early afternoon train for Venice.

Leave Rome by motor coach via Assisi and Perugia for Florence.

Cathedral, Grotto's Campanile, Baptistry and the Palazzo Pitti.

Florence: Whole day motor tour of the city including Medici Chapels,

Venice: Morning sightseeing stroll visiting the Church of St. Mark, the

Doge's Palace, the Dungeons and the Bridge of Sighs. The afternoon is spent gliding along the Grand Canal in a sleek Venetian gondola via the Ca d'Oro, Rialto Bridge, Church of the Frari, the Church of Santa Maria

Colosseum and many other places of interest.

Mon. July 25

Sat. July 16

Sun. July 17

Mon. July 18

Tue. July 19

Wed. July 20



Likes her coffee sweet ... and her calories low

That's why she carries the 100-tablet bottle of Sucaryl with her when she travels. Just the idea that she's got her Sucaryl along — can have her coffee as sweet as she wants, whenever she wants, without being penalized by calories — helps make dieting lots easier. The point: Sucaryl, more and more, is becoming an important part of the daily pattern of living in (and outside) the home.

Abbott

ABBOTT LABORATORIES LIMITED • MONTREAL



Mon. July 25 Leave Geneva in morning for Mainz by way of Lucerne, thence transfer by motor coach to Wiesbaden.

Tue. July 26 Leave Wiesbaden by Rhine steamer to Koblenz and in the afternoon continue by train to Brussels.

Wed. July 27 Brussels: Half-day tour of the city visiting the Bourse, Town Hall, Fountain Boy, Palais de Justice, Royal Museum, Parliament and Sainte-Gudule Church.

Thu. July 28 Leave Brussels by morning train for Amsterdam.

Fri. July 29 Amsterdam: Visit to old and modern Amsterdam. Half-day drive to the picturesque fishermen's village of Valendam and by boat to the isolated Isle of Marken where old Dutch costumes and customs are proudly maintained.

Sat. July 30 Leave Amsterdan in the morning by air via London for Montreal.

Sun. July 31 Montreal: Due to arrive.

Approximate Tour Fare — \$1,270.00

All fares are based on Tariffs and Exchange Levels existing March 6, 1959, and are subject to change.

The Tour Fare Includes

Travel in Europe: First class or best class on European trains using parlor car seats for day travel where available. For overnight journey, berth in sleeping car compartments will be requested. For motor coach travel, seats in private vehicles are provided. Hotel accommodations: Beds in double room without private bath at ordinary first class hotels. Supplement for a single room, where desired, would be \$83.00.

Meals: Three table d'hote meals daily, namely, meat breakfast, lunch and dinner, with the exception of Edinburgh, London and Paris where meat breakfast only will be provided. When travelling by train or motor coach meals are also provided.

Sightseeing: Comprehensive program of sightseeing in each city where specified in the itinerary with the assistance of local lecturers and guides.

Transfers of passengers and two pieces of personal hand baggage between railroad stations, airports and hotels throughout the itinerary.

Baggage: Transportation of two pieces of personal hand baggage in accordance with the usual weight allowance of transportation companies. (Luggage of this size —

12" x 18" x 26" — generally fits the compartment racks of most European railroad carriages). Limit on size of baggage is due to the width of baggage racks in European conveyances. A limit of 44 pounds of baggage is allowed because of air flights. Charges for excess (if allowed) must be paid direct to airline. Cook's employ every reasonable means to provide during the tour for the careful handling of the baggage through the customary and available facilities, but at "owner's risk," and without any liability on the part of Cook's for damage, loss or pilferage. Baggage Insurance may be purchased through any office of Thos. Cook & Son.

Tips: Fees or tips to hotel servants to the extent of the services included in the tour fare, also tips to porters, chauffeurs, etc., while accompanied by the Tour Escort, also admission fees to museums and monuments on sightseeing trips.

Tour Manager: To accompany each group from Prestwick arrival to Amsterdam departure.

The Fare Does Not Include: Passports and visas; laundry; wines; liquors; mineral waters; luncheons and dinners in Edinburgh, London and Paris.

Requests for applications or further details should be submitted to

Canadian Nurses' Association 270 Laurier Avenue West Ottawa, Canada

Iron and steel mills, until a few years ago, were notorious for their air pollution. Aviators used to report that they could follow the smoke cloud from a single mill for 300 miles.

- National Conference on Air Pollution

1958. U.S. Dept. of Health, Education & Welfare.

What a man thinks of himself, that it is which determines, or rather indicates, his fate.

— HENRY DAVID THOREAU

Today's foremost adjunct in the treatment of hemorrhoids and related anorectal conditions

New Stainless PAZO

Ointment and Suppositories

The effectiveness of New Stainless Pazo for symptomatic relief of the pain and swelling of hemorrhoids, and other disorders of the proctologic area, has been established in clinical tests. Patients appreciate the comforting relief and, in cases where home treatment is indicated, the ease of administration, and the stainless quality of Pazo.

New Stainless Pazo Ointment and Suppositories are now available at Pharmacies throughout Canada. For a Professional Sample, and a copy of "A Report on Two Clinical Studies of Anorectal Conditions in 122 Cases" mail the coupon below.

DEPT. N, Grove Division of BRISTOL-MYERS CO. OF CANADA LTD., 120 North Queen Street, Box 185, Toronto 18, Ontario.

NAME_____

ADDRESS_____

CITY____PROV.___

1820



Infectious Hepatitis

MAVIS TRENCHARD

Social History

THE ATTRACTIVE 34-year-old woman, was admitted with a diagnosis of infectious hepatitis. She had been in the hospital several times previously—to have an appendectomy and for the births of her four children. Mrs. Mann was a highly intelligent, friendly, somewhat sophisticated, happily married woman of Scottish and Irish parentage. She was well-educated, with a Bachelor of Arts degree, and had served in the RCAF for a period of two years prior to her marriage.

Unpacking her bag, and taking out four thick books, she explained that she intended to make her stay in the hospital worthwhile. She obviously enjoyed reading, since she read at least 15 books during her 11-day stay. Throughout her hospitalization she made every adjustment easily and cooperated readily with all personnel.

MEDICAL HISTORY

Infectious hepatitis is an infectious disease of the liver cells. The cells swell, and are functionally disturbed. This is caused by an ultra-microscopic virus. The condition is characterized by jaundice and there is usually a loss of appetite, nausea, an elevated temperature, vague epigastric distress and an enlarged and painful liver — all of which may last from four to eight weeks. The administration of 0.01 cc. per pound of body weight of gamma globulin during the two to six-week incubation period may prove effective if given within a period of a few days following exposure.

Probably the most significant fact in Mrs. Mann's recent history was that six weeks before her illness, her husband had been admitted to the hospital with infectious hepatitis. During the week preceding her own admission, Mrs. Mann stated that she felt as if

Miss Trenchard is a student nurse at the Royal Columbia Hospital, New Westminster, B.C. she were "getting the flu." She felt fatigued and had general malaise. The morning of her admission to the hospital, she was nauseated, and had a low grade fever, with a headache. Her urine was characteristically dark. She was not jaundiced at any time except that her sclera were slightly yellow. Neither did she experience much of an appetite loss.

LABORATORY REPORTS

1. There was a decreased number of white blood cells which indicated a decreased defence against infection.

2. The lymphocytes showed an increase which happens in certain infec-

3. A rise in sedimentation rate indicated the tissue breakdown that occurs in the liver with this condition.

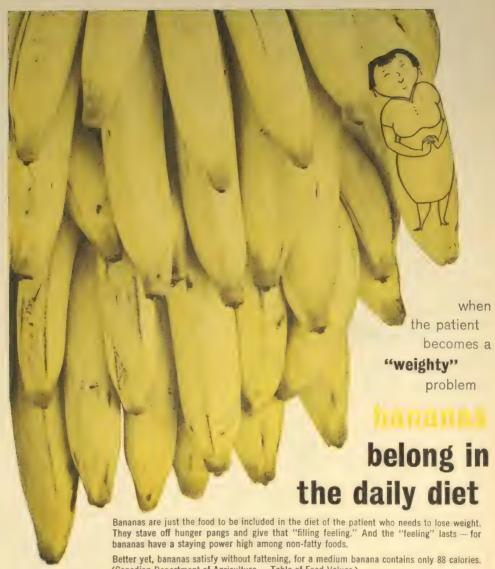
4. An increase in bilirubin causes jaundice, Mrs. Mann showed such a slight rise that she exhibited very little jaundice.

5. There was an increased bromosulphalein reading which pointed to the possibility of jaundice as well.

NURSING CARE

Special diet and bed rest are probably the most important factors in caring for the patient with infectious hepatitis. The diet should be high in protein, carbohydrate and low in fat. Vitamins — especially the vitamin B group which guards against liver damage — are equally important. Fluids must be given in abundance.

The purpose of the diet is to avoid any additional strain on the liver, and to aid in its regeneration. The high protein content of the diet prevents fat stagnation or fatty infiltration and aids in the recovery of the liver cells from injury. The carbohydrate intake keeps the glycogen stores of the liver at a high level and prevents degenerative changes. In more severe cases of infectious hepatitis, glucose may be administered intravenously. The desired effect was achieved although Mrs.



(Canadian Department of Agriculture — Table of Food Values.)

Bananas are also rich in taste appeal and per calorie contain more than their quota of most of the vitamins lacking in many weight-reducing diets.

high in appetite satisfaction—bananas fill without fattening

Help your patient to easier weight control - only 88 calories in a medium banana . . . and they satisfy!

Help your patient to greater vitality — Vitamins A, B₁, B₂, C, and niacin in every banana. Help your patient to better digestion - smooth, bland, bananas contain helpful pectins and non-irritant fibers.

And why not help yourself to a banana — they taste so good.

CANADIAN BANANA COMPANY LTD.

Mann complained that the diet was

slightly uninteresting.

The treatment of the patient with infectious hepatitis is almost completely symptomatic. Any complaints of discomfort are relieved to ensure a maximum amount of rest. Good general nursing care plays a major role. The nurse must deal with the needs of the patient and also prevent the spread of infection to herself and others. Medical asepsis — disinfection of excreta and equipment, etc. — is very necessary. Mouth care is important when the attack is acute and the patient is more severely ill. The skin may tend to become dry and itchy. Application of olive oil or lanolin is soothing and helpful. Since the lack of adequate rest may lead to the development of cirrhosis — the final stage of liver injury — the patient must be placed on bed rest for a period of time determined by her doctor and largely dependent on laboratory results.

Since Mrs. Mann was not severely ill, she was only kept on complete bed rest for a very short time — two days — until her temperature returned to normal. Thereafter she was allowed bathroom privileges until two days before discharge when she was permitted to be up at will. While on complete

bed rest, she was bathed by her nurse.

Medications: Slight stomach acidity and gastric distress were relieved by calcium carbonate preparations. Gravol tablets were used to control nausea and vomiting. In most cases of infectious hepatitis, relief from discomfort is provided by aspirin or its compounds. Mrs. Mann only required such medication on one occasion to relieve a headache. Carbrital was ordered for her on the day of her admission as a hypnotic to ensure a restful night. This was later replaced by chloral — a sedative preparation.

As Mrs. Mann's diet called for forced fluids, she was given an abundance of sweetened fruit juices to help to increase her carbohydrate intake as well. It was not necessary in Mrs. Mann's case, but in more severe attacks, vitamin B preparations and casein hydrolysates are administered to supply amino acids and protect the damaged liver cells.

Fortunately, there were no particular problems to be met in the nursing care of this patient. Her illness was well defined, a relatively mild degree of infectious hepatitis was experienced. She was an extremely cooperative patient which contributed to an uneventful re-

covery.

Records assembled more than 30 years ago on tens of thousands of individuals in several hundred families have been brought out of locked files at Johns Hopkins University and are being put to use in a study of the heredity factor in high blood pressure.

Between 1925 and 1930 a professor of biology operated a "Constitution Clinic" at Johns Hopkins Hospital. Its purpose was to study the human constitution in relation to disease by using medical data, body measurements and genetic factors. Patients were selected from hospital clinics and wards and examined in great detail. Of 527 persons so studied, 212 had high blood pressure. Data on each patient's family — his immediate ancestors, brothers and sisters, children and grandchildren — were recorded.

The new study, which began in July, 1958, is expected to take five years. By that time it is hoped that almost all of the original patients and many of their families can be traced. There have been many new develop-

ments in the study of human genetics since the original data was gathered. Modern blood grouping systems were not in use as genetic markers at that time. Another record which will be studied now is the amount of cholesterol in the blood. Cholesterol is one of the fatty substances deposited in arteries in the disease known as atherosclerosis, although its exact relationship to the causation of the disease is not yet understood.

It is too early to draw any conclusions from this study. Studies by others indicate that inherited blood pressure is not due to any single gene but probably to several genes. This present study is expected to be of use in testing results of other investigators who have found that blood pressure increases with age. Data will also be gathered on possible family traits in conditions other than high blood pressure. These include cancer, allergy and kidney disease, as well as known hereditary disorders like dwarfism.

- American Heart Association



Canadian Nurses' Association

PUBLICATIONS LIST ORDER FORM

	CHARGE	NUMBER ORDERED
Public Relations Guide	\$1.00	
Job Analysis and Job Evaluation	1.00	
Report of the Canadian Conference on Nursing	.75	
I.C.N. What it is What it does . : . How it Works		
(1 dozen)	.50	
Report of the Special Committee to Study the Teaching	40	
of Professional Adjustments	.40	
International Code of Nursing Ethics (1 dozen) CNA Brief to Royal Commission on the Economic Future	.30	
of Canada	.30	
Orientation Manual	.25	
Nurses, Their Education and Their Role in Health		
Programs	.10	
FREE PUBLICATIONS		
FREE PUBLICATIONS		
A.B.C. of C.N.A.		
A.B.C. of I.C.N.		
C.N.A. Act of Incorporation and By-Laws — 4 amended 1958		
C.N.A. Is Your Association		
C.N.A. The First Fifty Years		******
Canadian Nurses' Association Retirement Plan		
Nursing		
Opportunities for Registered Nurses in the Mental Health Field		
Pilot Project Study Folio		
Policies Regarding Nursing Service and Nursing		
Education		
Report of the Evaluation of the Metropolitan School of Nursing		
Report of the Study of the Functions and Activities of		
Head Nurses		
Student Nurse Recruitment Folder		
The Nursing Profession in Canada		
What to Look for When Choosing a School of Nursing		
(not available in quantity)		
Will Accreditation Lead the Way to Better Nursing?		***************************************
F		
Return to —	From(NAME)	
CANADIAN NURSES' ASSOCIATION		
270 LAURIER AVENUE WEST,	(ADDRESS)	
	releva	
OTTAWA, CANADA (CITY)		

556

"...a distinct advance in parenteral chloramphenicol therapy"

Chloromycetin Succinate

you can give it intravenously

intramuscularly

subcutaneously

Highly soluble in water or other aqueous parenteral fluids. CHLOROMYCETIN SUCCINATE solution is easily prepared for use by recommended parenteral routes in a wide range of concentrations. Tissue reaction at the site of injection is minimal permitting continuous daily dosage, even in children. **EXCELLENT CLINICAL RESULTS**—CHLOROMYCETIN SUCCINATE provides broad-spectrum antimicrobial effectiveness and may be used whenever CHLOROMYCETIN is indicated. Since effective blood and tissue concentrations of the antibiotic are produced within a short time, clinical response is generally rapid. Signs of irritation at injection sites have been few.

SUPPLY—CHLOROMYCETIN SUCCINATE (chloramphenicol sodium succinate, Parke-Davis) is supplied in Steri-Vials, each containing the equivalent of 1 Gm. of chloramphenicol: packages of 10.

CHLOROMYCETIN is a potent therapeutic agent and, because certain blood dyserasias have been associated with its administration, it should not be used indiscriminately, or for minor infections. Furthermore, as with certain other drugs, adequate blood studies should be made when the patient requires prolonged or intermittent therapy.

Ross, S.; Puig, J. R., & Zaremba, E. A., in Welch, H., & Marti-Ibanez, E.: Antibiotics Annual 1957-1958, New York, Medical Encyclopedia, Inc., 1958, p. 817.

PARKE, DAVIS & CO., LTD., MONTREAL, P.Q.

B

CP-845

Unique Award

Each year the Women's Auxiliary of the American Swedish Historical Museum gives an award of a life membership in the Foundation to a woman of Swedish background who in the opinion of the committee has made an outstanding contribution in her field as well as in service to others.

This year, the Auxiliary has honored the President of the International Council of Nurses, Miss Agnes Ohlson, by conferring a life membership upon her as a mark of appreciation for her magnificent accomplishments.

- ICN Newsletter No. 75

Rabies, the most dreaded of all diseases, is produced by direct contact with an infected animal usually through a bite. The virus causing rabies is excreted in the saliva of an animal during a limited period in the course of the animal's infection. When the virus is introduced by means of a bite the chain of transmission of this disease begins to take its course.

Once the clinical symptoms of rabies have developed in a bitten person death invariably occurs within a few days. Fortunately the incubation period is usually sufficiently long for preventive treatment to be effective.

What to do when bitten

The most important preventive step can be taken by the bitten individual himself. Wash the wound as soon as possible, thoroughly and completely, with copious amounts of soap and water. Even before the advice of a physician is sought, this simple step can serve to remove most, if not all, of the rabies virus which has been introduced into the wound.

Any animal bite should be reported immediately to a physician or a health authority. In a country where rabies is a problem

there is always a possibility that the animal is rabid and that the bitten person has been exposed to infection. Specific antirabies treatment must then be instituted. This can be done only by physicians or in special clinics equipped for this purpose.

Every effort should be made to capture the biting animal alive and to arrange for it to be observed under isolation and in secure confinement by a competent veterinarian for at least 10 days.

A definite diagnosis of rabies in an animal is much more easily made if the disease is allowed to run its natural course. Then the symptoms can be observed and the brain and salivary glands can be examined for the rabies virus after the animal has died. If the animal is killed during the early stages of the disease it is frequently much more difficult to be certain about the presence of rabies. If there is any doubt, the long and unpleasant series of rabies inoculations must be undergone by the bitten person.

If the animal is not captured, as is often the case with wildlife or stray dogs, there is no way of telling whether it is rabid or not. Specific treatment is usually indicated.

- Health, Jan.-Feb. 1959.

Book Reviews

Education for Nursing Leadership by Eleanor C. Lambertsen, R.N., Ed.D. 197 pages. J. B. Lippincott Company, 4865 Western Ave., Montreal. 1958. Price \$5.00. Reviewed by Miss Kathleen W. Ellis, formerly executive secretary, Saskatchewan Registered Nurses' Association, 268 Cambie St., Penticton, B.C.

In the pages of this book most aspects of nursing education, including many practical applications and problems, are considered. Emphasis is placed on the nursing team. "Education for Nursing Leadership" is not "easy reading." However, it is thought-provoking and well worth the effort of interpretation which it demands.

The preface and introduction to Dr. Lambertsen's book give a helpful outline of the four parts in which the content is presented. In the opening chapters there is a comprehensive review of the history of nursing, the social changes affecting each period

and subsequent developments. This section of the book should be of particular value to nursing students as well as teachers in interpreting and understanding the evolution of nursing.

Many important studies and surveys affecting nurses and nursing are dealt with under such headings as: 1873-1893 — Pioneering Period; 1893-1913 — Period of Expansion of Training Programs; 1913-1937 — Period of Standard Setting and Stocktaking, etc.

Later in the book, the nature and significance of the functions of nursing, including both the duties of "professional nurses" and of those persons in the sphere of "occupational or semi-professional" nursing, are discussed. The responsibilities and interdependence of these groups in the so-called "nursing team" are also presented. Particular emphasis is placed on the growing importance of this fairly recent method of presenting nursing care. A strong case is made for it throughout the book and the discussion includes helpful information concerning the type of organization essential to the success of team nursing. At the same time, development of leadership and its practical application is kept before the reader.

One chapter deals almost entirely with the nursing team and includes discussion of nursing care conferences, continuity of nursing care, supervision and leadership of the team, guides and graphs for assignments.

Those nurses, apparently not a few in number, who are deeply concerned with the question "Is Nursing a Profession?" should find the answer, or obtain help in arriving at it, through this book. In the introduction it is stated: "The point of view taken here is that nursing is clearly an occupation with a tendency towards professionalism in certain selective phases of practice for certain workers in the occupation" and later in the book: "Professional education prepares one to become a practitioner rather than to be a practitioner." The author also discusses the changing concepts of "professions." The principles of professional education, the philosophy and science of nursing education, the nature and continuing significance of the occupational as well as the social forces on nursing and nursing education are dealt with throughout. These and the conclusions reached are summarized in the final chapter.

The book is well-documented. Authorities referred to are widely known for their special contributions. The bibliography includes lists of books and studies. Most of



these are American in origin and made possible through American philanthropy. However, with many more such projects, they have proved of *international* value. Over the years, their impact and influences have done much to improve and encourage standards of nursing generally throughout the civilized world.

"Education for Nursing Leadership" no doubt will prove its value in many hospital and school of nursing libraries and in its use by nursing organizations. It is especially adaptable to use by more advanced students. Even the occasional lay reader may find it of interest, especially those parts dealing with professions.

Scientific Principles in Nursing by M. Esther McClain, R.N., B.S., M.S. and Shirley Hawke Gragg, R.N., B.S.N. 535 pages. The C. V. Mosby Company, St. Louis, Mo. 3rd ed. 1958. Price \$4.50.

Reviewed by Mrs. K. Wright, Director of Nursing, Moncton Hospital, Moncton, N.B. The authors have written this text with

the main objective of presenting and stressing principles of anatomy and physiology, microbiology, chemistry, pharmacology, physics, psychology and sociology as they apply to the various nursing situations, rather than giving detailed nursing procedures.

The text is patient-centered, and the student rightly sees her patient as a "member of a community." The use of "referrals" is given a prominent place.

The content of the book is broad. It includes chapters on radiation, diagnostic tests, communicable diseases and the geriatric patient, to mention a few of the topics covered. The section on observation of the patient should be most helpful to the young student. The summaries are good. The suggested review questions are excellent in helping the student apply principles to actual nursing situations.

As the authors point out, the majority of hospitals have manuals of nursing procedures. A text based on principles is excellent for the student of nursing so that the reasons for the various methods employed may be fully understood.

Microbiology and Epidemiology by La Verne Thompson, R.N., M.A., M.S. 581 pages. W. B. Saunders Company, West Washington Square, Philadelphia, Pa. 4th ed. 1958. Price \$6.00.

Reviewed by Sr. M. Calasanctius, Director of Nursing Education, St. Clare's Mercy Hospital, St. John's, Nfld.

This text will help to meet the change in our conception of nurse education, which today involves public health, disease prevention and methods of control.

Experience has taught us that a clearer concept of epidemiology and control of infectious diseases is obtained if an orderly pattern of thought is followed. With this in mind, the author has discussed microorganisms in their relation to phases of infection that concern nurses. The subject matter is presented in an easy, direct style with stimulating questions at the beginning of each chapter which create interest and orient the student rapidly.

Three strong points in this new edition are:

- 1. The explanation of the influence of host, parasite, and environment on the occurrence of infectious diseases.
- 2. The application of bacteriology in nursing.
- 3. The inclusion of public health aspects. New material comprises the nature of virus diseases including poliomyelitis and the use of Salk vaccine, testing for the efficiency of sterilization methods, examination of blood plasma and serum, skin tests for evidence of allergic response.

As a text it should give a good background for understanding infectious diseases, operative aseptic technique and methods of control of infection.

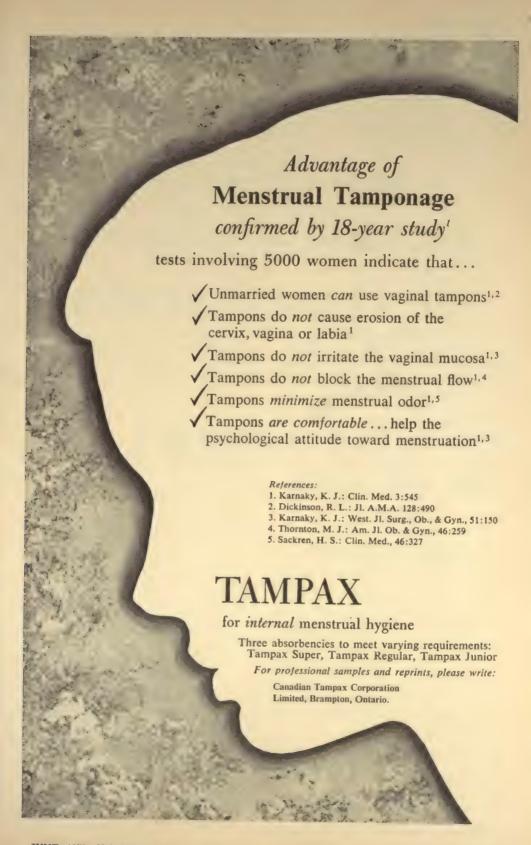
Essentials of Pediatrics by Philip C. Jeans, A.B., M.D., F. Howell Wright, B.S., M.D. and Florence G. Blake, R.N., M.A. 714 pages. J. B. Lippincott Company, 4865 Western Ave., Montreal. 6th ed. 1958. Price \$6.00.

Reviewed by Sister Marie Vianney, Clinical Instructor, St. Joseph's Hospital, Guelph, Ont.

This revised edition is arranged to present to us the "widening scope of pediatric nursing." It enables us to understand the emotional aspects of disease and the new scientific techniques employed in diagnosis, treatment and prevention.

Unit 1 deals with the normal growth and development of the healthy child. Attention is given to the nutritional requirements for growing children. A general picture of personality formation from the neonatal stage to the adolescent period is also included.

Unit 2 gives a picture of the causes and rates of infant mortality and morbidity. The specific signs and symptoms of conditions which affect children are discussed. The authors indicate how these diseases differ





from those affecting adults. The importance of prophylactic care is pointed out, including education of parents regarding accident prevention, proper nutrition, prenatal and postnatal programs and the advantages of the child health clinic.

Unit 3 points out the interrelatedness of the physical and emotional aspects of nurs-

THE JOHNS HOPKINS HOSPITAL SCHOOL of NURSING

Offers to qualified Registered Nurses a 16-week supplementary course in

OPERATIVE ASEPTIC TECHNIC

with instruction and practice in the general surgical, neurosurgical, plastic orthopedic, gynecologic, ophthalmologic, urologic and ear, nose and throat operating room services. Maintenance and stipend are provided.

For information write to:

DIRECTOR, SCHOOL OF NURSING
THE JOHNS HOPKINS HOSPITAL
BALTIMORE 5, MARYLAND, U.S.A.

ing care and indicates how they affect the individual's whole being. Emphasis is placed on the importance of the nurse having insight into her own emotions and behavior and those of others in order to promote personality development in her patients. Specific descriptions of various behavior patterns prove very enlightening. Illustrations of techniques employed in restraining and supporting children during administration of medication and parenteral fluid therapy are most helpful.

Unit 4 is devoted to infant nursing. "Normal" irregularities such as forceps marks and molding of the skull are discussed and distinguished from congenital anomalies.

Unit 5 presents the latest medical findings regarding diagnosis, treatment and nursing care of disease. Discussions of nursing care are detailed and well-organized stressing the importance of the psychological and physical factors in restoring the child to normal health.

Illustrations and color plates throughout the entire text are appropriately chosen and provide an additional source of information. This book is a most useful guide to all concerned with pediatric nursing. It will help the student to develop a sound foundation for all phases of child care.

Handbook of Cardiology for Nurses by Walter Modell, M.D., F.A.C.P. and Doris R. Schwartz, B.S., R.N. 328 pages. The Springer Publishing Company, Inc., New York. 3rd ed. 1958. Price \$4.25.

Reviewed by Miss Florence Gass, Director

Baby's Own Tablets

satisfactorily relieved

every one of 40 babies* with

constipation

and 34 out of 35 babies* with

teething

gastrointestinal upset and malaise

with complete easing of straining at stool, gas distress, disturbed sleep, restlessness, crankiness and anorexia.

REMARKABLY SAFE — "Throughout the study . . . in no instance was there any untoward reaction" whatsoever.

BABY'S OWN TABLETS provide Phenolphthalein 3/16 grain, mildly buffered with Precipitated Calcium Carbonate 3/2 grain, and Powdered Sugar q.s. Pleasant, convenient.

*2 months to 24 months of age.

For a sample supply and literature citing references 1-15 write...

Typical Case History

CASE #50. Baby R.S., age 12 months, weight 20 lb. 10 oz., had gastrointestinal discomfort and malaise associated with teething. Baby had no teeth as yet, but gums were tender, puffy and swollen. Baby was cranky, irritable, restless and couldn't sleep. Drooling was excessive; appetite poor.

BABY'S OWN TABLETS were given, one each night at bedtime.

Baby had satisfactory relief of symptoms. Appetite improved. First days, then nights, became more comfortable. Baby now has six teeth.

G. T. FULFORD CO., LIMITED, Brockville, Ontario

BLAND'S NURSE UNIFORMS

SO EASY TO WEAR—

JUST WASH AND WEAR

AGAIN AND AGAIN.

"SO EASY TO BUY TOO."



Catalogue if you wish one

just write to us:

BLAND AND COMPANY 2048 Union Ave., Montreal, Canada

ROYAL VICTORIA HOSPITAL

SCHOOL OF NURSING MONTREAL, QUEBEC

Postgraduate Courses

 (a) Six months clinical course in Obstetrical Nursing.

Classes — September and February.

(b) Two month clinical course in Gynecological Nursing.

Classes following the six month course in Obstetrical Nursing.

(c) Eight week course in Care of the Premature Infant.

Six month course in Operating Room Technique and Management.

Classes — September and March.

3. Six month course in Theory and Practice in Psychiatric Nursing.

Classes — September and March.

Complete maintenance or living-out allowance is provided for the full course.

Salary — a generous allowance for the last half of the course.

Graduate nurses must be registered and in good standing in their own Provinces.

For information and details of the courses, apply to:—

Miss H. M. Lamont, B.N.
Director of Nursing,
Royal Victoria Hospital,
Montreal, P.Q.

of Nursing, Victoria General Hospital, Halitax.

This book was written originally as a reference for nurses in the medical management of heart disease. In a subsequent revision the book was expanded "nursing-wise" with an amplification of the nurse's approach to the care of these patients. Further expansion in the latest edition gives an upto-date source of reference for newer techniques and forms of treatment, including many new drugs.

The text was written, according to the authors, "with a hope that it will facilitate the nurse's understanding of the physician's instructions." They describe the nurse's position as "in the middle" because her responsibilities cannot end with the carrying out of the doctor's orders. She has her own area of responsibility to her patient. Too frequently the nurse finds herself so confused with the many divergent plans of therapy and opinions concerning the care of the cardiac patient that it is difficult for her to either help the doctor carry out his particular plan or help the patient to respond to it. With the detailed and comprehensive information that is found in this book, the nurse can develop the intelligent understanding whereby she can be of help to both.

The description of what to observe in taking a pulse — an art that seems to be losing place to the technique of blood pressure reading; a brief explanation of electrocardiogram results; a very full table of foods with their sodium content and a discussion of the neurotic patterns of behavior which may develop in a patient with heart disease, are only a few of the details which contribute to the nurse's understanding.

The use of surgical techniques in the treatment of cardiac disease is touched upon very briefly. The surgical nurse will have to search elsewhere for a discussion of the immediate preoperative and postoperative care. It is unfortunate that this was not included to ensure a comprehensive reference book.

One is pleased to find such a book written so specifically for the nurse. We must not lose sight of the fact, however, that in a field where there is so much research being carried out, this text will readily become out-dated. Fortunately, many of the nursing aspects developed in such explicit detail are not likely to change. A nurse in any field, be it ward administration, general duty, private nursing, teaching or public health will find this book rich in information and one that she will use time and time again.

In MATINÉE you'll find the finest...



A cigarette of elegance... with the finer filament filter



CASH'S NAMES

Permanent, easy identification. Easily sewn on or attached with No-So Cement. From dealers or CASH'S Belleville 5. Ont.

CASH'S: 3 Doz. \$1.80; 9 Doz. \$3.00; NO-SO NAMES: 6 Doz. \$2.40; 12 Doz. \$3.50; 35¢ per tube

When they ask . . .

"WHAT'S GOOD FOR TEETHING PAINS?"

WILDER'S
TEETHING LOTION

is the answer!

Mild Astringent - Masticatory - Sedative Contains no opiates or scheduled drugs.

Available wherever medicine is sold.

Employment Opportunities

ADVERTISING RATES — \$5.00 for 3 lines or less; \$1.00 for each additional line. U.S.A. & Foreign — \$7.50 for 3 lines or less; \$1.50 for each additional line.

Closing date for copy and cancellations: 1st of the month preceding the month of publication. All letters should be addressed to: The Canadian Nurse Journal, 1522 Sherbrooke St. W., Montreal 25, Quebec.

Instructors (Classroom & Clinical) for 200-bed hospital, 85-student school of nursing. Salary \$3,630-\$4,080 per annum, 40-hr. wk. Apply: Director of Nursing Education, St. Michael's

Hospital, Lethbridge, Alberta.

Clinical Instructors for medical & surgical clinical services needed for large expanding City Hospital. Salary range \$310-\$340; 40-hr. wk. liberal sick leave & vacation. Permanent employment, opportunities for advancement. For particulars apply to: Director of

Nursing, Royal Alexandra Hospital, Edmonton, Alberta.

Matron for 51-bed hospital fully staffed. Excellent equipment, Lab & X-Ray Technician. Wages \$375-\$400 with increments. 2-room suite with bath, maintenance \$26 per mo. Pension plan available. Situated in a thriving district, with bus & rail transportation daily. 4 doctors, 1 dentist, orderly on staff. Write or phone: W. N. Saranchuk, Sec.-Treas. Municipal Hospital, Elk Point, Alberta.

Registered Nurses for a large expanding City Hospital in Edmonton, Alberta for summer relief & permanent employment. Experience available in all departments including oprating rooms & case rooms. Credit given for postgraduate work & past experience. Opportunities for advancement. Liberal sick leave, vacation, 40-hr. wk. General Duty \$255-\$285 per mo. plus laundry. Staff Nurses \$285-\$315 per mo. plus laundry. For particulars apply to: Director of Nursing, Royal Alexandra Hospital, Edmonton, Alberta.

Registered Nurse for 35-bed busy General Hospital offering a variety of experience. 40-hr. wk., rotating periods of duty. Gross salary \$270 per mo. \$35 deducted for maintenance & laundry. 4 semi-annual increments of \$5.00, 3-wk. vacation, 10 statutory holidays, 12 days sick leave yearly, cumulative to 30 days. Accommodation in hospital wing — single & double rooms. Viking is 90-mi. southeast of Edmonton, on main highway & railway with daily bus & train service. Apply to Matron-Supt., Municipal Hospital, Viking, Alberta.

Graduate Nurses (2) for small country hospital in northern Alberta (40-mi. paved road to next city). Starting salary for R.N., \$265; for Gr.N., \$250 less \$30 room & board. Good working conditions. Foreign nurses are given opportunity to register in Alberta after 1-yr. service. Newly decorated residence, single rooms. Apply: Matron, Hythe Hospital, Hythe, Alberta.

Nurses (2) immediately for 20-bed hospital, 40-hr. wk. Wages \$285 plus annual raises; 4-wk. vacation after each year's service. Living in quarters available. Apply to Matron, Coronation Municipal Hospital District No. 39, Coronation, Alberta.

Registered Nurses for Operating Room with operating room postgraduate courses and/or experience, for 140-bed hospital. Travel allowance paid. For particulars, write Matron, King Edward VII Memorial Hospital, Bermuda.

Registered Nurses for General Duty Staff. Salary commences at £46-0-0 per mo. with full maintenance. Transportation allowance. For full particulars apply Matron, King Edward VII Memorial Hospital, Bermuda.

Supervisor of Nursing for 40-bed General Hospital, a very active western town in the world famous Cariboo ranching country. Construction of new 100-bed, double corridor design, 5-story hospital to start this fall. All applications considered but preference to graduate in nursing administration. Quarters in nurses' home, 40-hr. wk. 28 annual & 10 statutory holidays, $1\frac{1}{2}$ -days sick leave per mo. accumulative, position vacant July 1, 1959. State age, experience & references in first letter to: Administrator, War Memorial Hospital, Williams Lake, British Columbia.

Registered General Duty Nurse for 30-bed hospital. Starting salary \$260 per mo. with \$10 yearly increment. Board & room \$40, $1\frac{1}{2}$ day sick leave per mo. 40-hr. wk. 11 statutory holidays & 28 days vacation after 1-yr. service. Comfortable nurses' residence next door to hospital. Rotating shifts. Please apply to: The Matron, Community Hospital, Grand Forks, British Columbia.

Head Nurses for Operating Room: 42-bed pediatric unit in 434-bed hospital with nurses' training school. Postgraduate or equivalent experience required, B.C. registration required, 40-hr. wk., statutory holidays, 28-days annual vacation. Credit given for past experience & postgraduate preparation. Salary \$295-\$354. Apply: Director of Nursing, Royal Columbian Hospital. New Westminster, British Columbia.

Laboratory Technician (1) X-Ray Technician (1) fully qualified; Registered Nurses (3) for 30-bed hospital in Central B.C. on the Jasper Prince Rupert Highway, 70-mi. from Prince George. Salary for each of the above positions \$290 per mo., 10 legal days with pay per year; 1½-days sick leave per mo., 28-days vacation after 1-yr. Laundering of uniforms by hospital; modern nurses' residence \$50 per mo. Also Certified Practical Nurses (3) salary \$190 per mo., 1½-days sick leave per mo. 10 legal days with pay per year; 2-wk. vacation after 1-year. Kindly apply giving qualifications & references to: Sister Superior, St. John Hospital, Vanderhoof, British Columbia.

General Duty Nurses for small active hospital. Salary \$250 for unregistered. \$260 registered with yearly increments. Nurses' home available. For further particulars write, The Administrator, Lady Minto Hospital, Ashcroft, British Columbia.

General Duty Nurses for General Hospital with school of nursing. Salary \$275-\$327 per mo. B.C. registration essential. Apply: Director of Nursing, Royal Inland Hospital, Kamloops, British Columbia.

General Duty Nurses (vacancies available for all floors) & Operating Room Nurse (1) Starting salary \$260 per mo. or \$273 for 2-yr. satisfactory experience, plus \$10 per mo. additional for postgraduate certificate in any of the nursing fields. New 125-bed hospital to be opened early in autumn, new modern nurses' residence ready for occupancy in April of this year. For further information write to: The Director of Nursing, Prince George & District Hospital, Prince George, British Columbia.

General Duty Nurse for well-equipped 80-bed General Hospital. Initial salary \$270, maintenance \$47.50; 40-hr. 5-day wk. 4-wk. vacation with pay. Apply: Sacred Heart Hospital, Smithers, British Columbia.

General Duty Nurses for modern 154-bed General Hospital. Generous personnel policies nurses' residence. Apply: Director of Nursing, Trail-Tadanac Hospital, Trail, British Columbia.

General Duty Nurses: Starting salary \$260 — \$312, for those with 2 yrs. nursing experience \$273, annual increment \$13, full maintenance \$45 per mo., 10 statutory & 28 annual holidays, 1½ days' sick leave per mo. accumulative indefinitely, very active town, world famous Cariboo cattle country, annual Stampede. Apply: Director of Nurses, War Memorial Hospital, Williams Lake, British Columbia.

General Duty & Operating Room Nurses for 434-bed hospital with training school; 40-hr. wk., statutory holidays. Salary \$280-\$336. Credit for past experience & postgraduate preparation; annual increments; cumulative sick leave; 28-days annual vacation. B.C. registration required. Apply: Director of Nursing, Royal Columbian Hospital, New Westminster, British Columbia.

General Duty Graduate Nurses (2). Salary \$280 per mo. with annual increments of \$10 per mo. Room, board & laundry: \$40. 28-day vacation after 1-yr. service. All statutory holidays paid. Customary sick leave. Graduate complement, 5. Apply giving full details to Matron, Slocan Community Hospital, New Denver, British Columbia.

Graduate Nurses for 70-bed General Hospital. Salary \$260-\$280; 5-day wk., 28 days vacation plus 10 statutory holidays, after 1 yr. Apply: Matron, St. George's Hospital, Alert Bay. British Columbia.

Graduate Nurses: for new 63-bed hospital, 30 miles from Vancouver in the Fraser Valley. For salary rates & personnel policies, apply: Director of Nursing, Maple Ridge Hospital, Haney, British Columbia.

Graduate Nurses for 37-bed hospital, salary \$250 per mo. with annual increments — 28-dy. annual vacation, cumulative sick leave. \$50 monthly board, lodging, laundry. New 50-bed hospital to be erected 1959. Apply: Administrator, Terrace & District Hospital, Box 1297, Terrace, British Columbia.

Graduate Nurses for new 64-bed Children's Hospital located by the sea in Victoria, British Columbia. 40-hr. wk., 28-day vacation after 12-mo. service. Salary \$275 gross, uniforms laundered, welfare plan available. For further particulars, apply stating age & qualifications to: Director of Nursing, Queen Alexandra Solarium for Crippled Children, P.O. Box 600, Victoria, British Columbia.

Operating Room Nurses (2) with postgraduate or equivalent experience. Head Nurse & General Duty Nurses for new 24-bed nursing unit. Positions available at once. Please apply to: Director of Nursing, General Hospital, Chilliwack, British Columbia.

"STOP! IS THIS WHAT YOU ARE LOOKING FOR?" Applications are invited for positions on the permanent or "vacation relief" Staff of a 50-bed active hospital 35-mi from Vancouver. R.N.A.B.C. Personnel Policies in effect. Apply to Director of Nursing, Langley Memorial Hospital, Murrayville, British Columbia.

Night Supervisor (Experienced) for new 85-bed General Hospital. Good salary & generous personnel policies. Apply: Director of Nursing, Portage Hospital District #18, Portage La Prairie, Manitoba.

Registered Nurse (for general floor duty) Salary \$290 per mo. less \$25 for full maintenance, yearly increments, 44-hr. wk. For further information apply to: John Hiscock, Secretary-Treasurer, Baldur Medical Nursing Unit, Baldur, Manitoba.

Registered Nurses (2) as soon as possible for 16-bed hospital. Salary \$280 per mo. gross. \$40 per mo. deducted for board & room. 40-hr. wk. 3-wk. vacation with pay after 1 full year employment, 4-wk. after 2 full years. Sick leave one day for each full month of employment plus 1 day for each full 6-mo. employment cumulative to 30 days. Living quarters in hospital. Apply to A. C. Laughlin, Secretary, Wilson Memorial Hospital, Melita, Manitoba.

Registered Nurses (2), Practical Nurses (2) for 30-bed hospital. Salary \$285 & \$185 respectively. Board & room \$35. Minor & major surgery. 44-hr. wk., vacation pay, statutory holidays, paid sick leave. Apply: Administrator, DeSalaberry Hospital, St. Pierre, Man.

Clinical Instructor Medical & Surgical Nursing. l-class a year. For further information please apply: Superintendent of Nursing, Charlotte County Hospital, St. Stephen, New Brunswick.

Head Nurses & General Staff Nurses for new 26-bed phyciatric division opening July 1, 1959. Apply to: Director of Nursing, Saint John General Hospital, Saint John, New Brunswick.

General Duty Nurses for modern 35-bed hospital situated on beautiful South Shore. Good personnel policies. Excellent living quarters. Apply Superintendent, Fishermen's Memorial Hospital, Lunenburg, Nova Scotia.

General Staff Nurses for 400-bed Medical & Surgical Sanatorium, fully approved student affiliation & postgraduate program. Full maintenance. Recreational facilities. Vacation with pay. Sick benefits after 1 yr. Blue Cross coverage. Attractive salary; 40-hr. wk. For further particulars apply Supt. of Nurses, Nova Scotia Sanatorium, Kentville, N.S.

Director of Nursing for 88-bed hospital located in busy town of 4,000 people. Well equipped hospital offering a challenging future. Salary offered & qualifications desired are in accordance with suggested R.N.A.O. schedules. Apply: Administrator, Lady Minto Hospital, Cochrane, Ontario.

Director of Nurses for 55-bed, well equipped hospital. Good personnel policies. Starting salary commensurate with experience & qualifications. Apply to: Administrator, Alexandra Hospital, Ingersoll, Ontario or telephone collect 1100.

Director of Nursing for General Hospital with new wing under construction is situated in the Georgian Bay vacation area, invites applications for the above position. Salary range \$5,000-\$7,000 per year, depending on qualifications & experience. Details available on request. Apply to: The Administrator, General Hospital, Parry Sound, Ontario.

Assistant Director of Nurses, Registered Nurses for General Duty in new 50-bed hospital. Apply: Superintendent, Meaford General Hospital, Meaford, Ontario.

Registered Nurse (1) immediately for Margaret Cochenour Memorial Hospital (modern 15-bed) located on the lake in Red Lake mining district & tourist area. New nurses' residence beautifully furnished. Salary: \$275 basic with increment plan. Maintenance including uniform laundry, \$30 per mo. 44-hr. wk. Holidays. 4-wk. vacation with pay yearly. Transportation expense will be paid after 6-mo. employment. Apply, stating age & references to I. MacNaughton, Matron, Cochenour, Ontario.

Supervisors (including 1 for Operating Room), Head Nurses & General Duty Nurses for General Hospital. Good salary scales & personnel policies. Hospital with new wing under construction is situated in the Georgian Bay vacation area invites applications for the above positions. Details available on request. Apply to: The Administrator, General Hospital, Parry Sound, Ontario.

Operating Room Supervisor for 175-bed General Hospital, 5-modern operating rooms. Operations in 1958; major 1,132, minor 1,411. Excellent personnel policies, pension policy. Apply: Director of Nursing, General Hospital, Stratford, Ontario.

Supervisor of Nurses minimum salary \$4,200. Public Health Nurse minimum salary \$3,200 both with allowance for experience for generalized program. Pension, surgical-medical & cumulative sick leave plans. 4-wk. vacation. Car provided if required. Apply to: T. H. Alton, Sec.-Treas., Bruce County Health Unit, Walkerton, Ontario.

Instructor (Qualified) for teaching of psychiatric nursing. Good salary & personnel policies. Apply: Director of Nursing, Victoria Hospital, London, Ontario.

Registered Nurses for 50-bed Hospital, Obstetrical & General Duty. Rotating shifts, 40-hr. wk. Apply: Director of Nursing, Ajax & Pickering General Hospital, Ajax, Ontario.

Registered Nurses for 73-bed General Hospital on Lake of Woods. Tourist & industrial town of 10,000. General duty salary \$265-\$295 for nurses currently registered; \$245 for non-registered qualified nurses. Excellent personnel policies. Apply to: Superintendent, General Hospital, Kenora, Ontario.

Registered Nurses (Several) for immediate & future vacancies in modern 42-bed hospital, Starting salary: \$265 per mo. plus shift allowance. 40-hr. wk. 4 wk. vacation after 1 yr. Apply: Superintendent of Nurses, New Liskeard & District Hospital, New Liskeard, Ontario.

Registered Nurses (Toronto Area) for 30-bed hospital for chronic illnesses. Salary \$12 per day; 5-day wk.; 3-wk. vacation per year. Apply: L. Mackie, Director of Nursing, The Villa Private Hospital, Box 490, Thornhill, Ontario.

Registered Nurses & Licensed Practical Nurses for new 33-bed General Hospital with well equipped surgery wing, in new mining town, about 250-mi. east of Port Arthur & northwest of White River, Ontario. Starting salary commensurate with experience & qualifications. Apply: stating qualifications, experience, age, marital status, etc. to Mr. W. Harrison, Room 1715, 44 King Street West, Toronto, Phone EMpire 4-1194, or to Administrator, Manitouwadge General Hospital, Manitouwadge, Ontario, Phone Tāylor 6-3251.

Registered Nurses & Nursing Assistants (for regular staff & summer relief) in 47-bed hospital, tourist town, good personnel policies, full maintenance in residence. Apply: Superintendent, General Hospital, Kincardine, Ontario.

Registered Nurses for General Duty in all departments including operating room. Apply to: Director of Nursing, General Hospital, Belleville, Ontario.

Registered Nurses for General Duty in all departments including operating room, premature & newborn nursery. Good salary & personnel policies. Apply: Director of Nursing, Victoria Hospital, London, Ontario.

Registered Nurses for General Duty in modern 18-bed Private Hospital in iron mining town, 180-mi. north of Sault Ste Marie, Ontario. Excellent accommodation & personnel policies. Starting salary \$268 minimum to \$303 maximum for experience, less \$20 per mo. maintenance. Transportation allowance after 6-mo. service. Operating Room Nurse, starting salary \$288 minimum with postgraduate course, \$323 maximum with 3-yr. experience or more. Apply: Superintendent, Miss O. Keswick, Lady Dunn Hospital, Jamestown, Ontario.

Registered Nurses for General Duty starting salary \$250 per mo., 44-hr. wk., sick leave, 3-wk. vacation. Apply: Superintendent, Public Hospital, Smiths Falls, Ontario.

Registered Nurses for General Staff & Operating Room in modern hospital (opened in 1956). Situated in the Nickel Capital of the world, pop. 50,000 Salary: \$260 per mo. with semi-annual merit increments, plus annual bonus plan. Recognition for experience. Excellent personnel policies. Assistance with transportation can be arranged. Apply Director or Nursing, Memorial Hospital, Sudbury, Ontario.

Registered General Duty Nurses. Salary: \$230 per mo. 40-hr. wk. Apply Director of Nursing General Hospital, Cobourg, Ontario.

General Duty Nurses for 65-bed modern hospital. Salary & personnel policies upon application to: Director of Nurses, Memorial Hospital, Campbellford, Ontario.

General Duty Nurses for 88-bed hospital in a town of 4,000 in Northern Ontario. Salary according to Ontario Registered Nurses' Association recommended schedule. Apply in writing to: Administrator, Lady Minto Hospital, Cochrane, Ontario.

General Duty Nurses for an accredited 64-bed hospital. Starting salary: \$250-\$260. Good personnel policies with sick leave benefits, holidays & paid vacations. Apply Director of Nursing, Douglas Memorial Hospital, Fort Erie, Ontario.

General Duty Nurses & Certified Nursing Assistants for 86-bed hospital. Living accommodation available. Collingwood is situated on Georgian Bay & is noted as a vacation land in summer with 7-mi. of sand beach, along with great skiing on the Blue Mountains in winter. For further information apply Director of Nursing Services, General & Marine Hospital, Collingwood, Ontario.

General Duty Nurses & Certified Nursing Assistants for 26-bed hospital in Northern Ontario. Starting salary \$290 per mo. & \$195 per mo. Board & room available at \$28.50 per mo 51/2-day wk. 8-hr. duty, annual vacation, 1-day sick leave per mo. after 6-mo. Apply: Mrs G. Gordon, Superintendent, District Hospital, Nipigon, Ontario.

McKellar General Hospital, Fort William, Ontario has openings in all departments for General Staff Nurses. Basic salary \$250 per mo., 40-hr. wk. Good personnel policies for other benefits. Resident accommodation available. Apply to: The Director of Nursing.

Operating Room Nurses for general operating room work which includes cardiovascular neurosurgery, genito-urinary & orthopedic surgery. Good salary & personnel policies Apply: Director of Nursing, Victoria Hospital, London, Ontario.

Operating Room Nurses for eye, ear, nose & throat operating room. Good salary & personnel policies. Apply: Director of Nursing, Victoria Hospital, London, Ontario.

Public Health Nurse (qualified) for completely generalized program. Salary range, pension plan & other personnel policy given on request. Applicant must have car. Apply to: Dr. W. H. Cross, Muskoka District Health Unit, Bracebridge, Ontario.

Public Health Nurses (Qualified) for a generalized program in suburban & rural areas with Peel Country Health Unit. Unit headquarters near Toronto. Salary range \$3,400 - \$4,200. Annual increment \$150; pension plan, car allowance, cumulative sick & holiday leave. Optional Blue Cross & P.S.I. protection. Apply to: Mrs. Helen Littleton, Supervisor of Public Health Nursing, 44 Nelson Street West, Brampton, Ontario.

Public Health Nurses (Qualified), generalized program. Minimum salary \$3,350; annual increment \$150, liberal transportation allowance & other benefits. Apply to: A. E. Thoms M.D., Director, Leeds & Grenville Health Unit, Brockville, Ontario.

Public Health Nurse (qualified with Public Health Certificate) for Haldimand County School Health Service. Good salary allowance for experience, 5-day wk., excellent working conditions starting September 1, 1959. Maximum car allowance. Apply stating qualifications & experience to: William T. Oster, Chairman, Administration Committee, R.R. #1, Cayuga, Ontario.

Public Health Nurse (for generalized program) minimum salary \$3,250 with allowance for experience, pension plan, Windsor Medical, Blue Cross, sick leave, 4-wk. vacation, car allowance for own car. Apply to: M. Mackenzie, Supervisor, Chatham Board of Health, Chatham, Ontario.

Public Health Nurse (Qualified) generalized program includes some bedside nursing. Salary \$3,200-\$4,250, annual increment \$150, 5-day wk. Car provided or car allowance. Apply to: Dr. Charlotte M. Horner, Director, Northumberland - Durham Health Unit, Cobourg, Ontario.

Public Health Nurses for generalized program in Seaway Development area. Good transportation policy & pension plan. Apply to: Mr. L. C. Kennedy, Secretary-Treasurer, Board of Health, Stormont, Dundas & Glengarry Health Unit, County Buildings, Cornwall, Ontario.

Public Health Nurses (Qualified) salary \$3,500-\$4,250; allowance for experience. \$150 annual increments; 5-day week; 4-wk. vacation; sick leave credits; P.S.I. plan; pension plan, car allowance. Financial assistance towards purchase of car. Apply to Mr. A. F. Stewart, Secretary-Treas., Wentworth County Health Unit, Court House, Hamilton, Ontario.

Public Health Nurses: required in a generalized program in rural & semi-urban area adjacent to metropolitan Toronto. Excellent working conditions including pension plan, group insurance & transportation arrangements. Write: Dr. R. M. King, York County Health Unit, Newmarket, Ontario.

Public Health Nurses (Qualified) for a generalized program in the City of Oshawa. Annual increment \$200; 5-day wk. 4-wk. vacation, allowance for experience. Pension plan, group insurance, hospitalization & P.S.I. employer shared. Transportation provided. R.N.A.O. salary schedule effective July 1st. Other personnel policies given on request. Apply: Dr. C. C. Stewart, Medical Officer of Health, 50 Centre Street, City Hall, City of Oshawa, Ontario.

Public Health Nurse (Qualified) for generalized program 20-mi. from Toronto. Salary \$3,500 - \$4,250 effective July 1st; allowance for experience, annual increment \$150, 4-wk. vacation, cumulative sick leave, hospitalization & shared medical & surgical group in effect, pension plan. Apply: The Director, Ontario County Health Unit, (Southern Area), Pickering, Ontario.

Public Health Nurses for generalized program, rural & urban. Salary range \$3,300-\$4,300, annual increment \$200; pension plan, Blue Cross, 4-wk. vacation, cumulative sick leave Apply: J. R. Mayers, MD., D.P.H., Director, Norfolk County Health Unit. 58 Peel Street Simcoe Ontario

Public Health Nurses for generalized program in a municipality of Metropolitan Toronto. Particualrs regarding salary, hospitalization & pension plan will be given upon request. Consideration is given for 2 or more years public health nursing experience. Apply: Personnel Department, York Township Municipal Bldg., 2700 Eglington Ave. West, Toronto, Ontario

Public Health Nurses (Qualified) for generalized public health nursing service. Salary range: \$3,727-\$4,216. Starting salary based on experience. Annual increments. 5-day wk. Vacation, shared hospitalization sick pay & pension plan benefits. Apply: Personnel Department Room 320, City Hall, Toronto, Ontario.

Public Health Nurses (Qualified) for Victorian Order of Nurses (Toronto Branch). Minimum salary \$3,432, consideration given to past experience. Annual increments, 5-day wk., 4-wk vacation, \$100 uniform allowance, PSI & supplementary Blue Cross available. Pension plan benefits. Apply: Director, 281 Sherbourne Street, Toronto 2, Ontario., WA. 1-3184.

Educational Director, unusual opportunity in unique well-staffed hospital well known for both scholastic standing & bedside patient care. Excellent work situation, warm, friendly atmosphere, above usual remuneration, excellent housing & personnel policies. Midwest location in rapidly developing industrial area. 3-yr. program, 100-students, completely new facilities, college affiliation. State approved, desire accreditation. Present director retiring Apply: Box F, The Canadian Nurse Journal. 1522 Sherbrooke Street West, Montreal 25, Que

Registered Nurse (1) immediately for modern 9-bed hospital in mining town of Chapais in Chibougamau district of Quebec. Nurses' residence attached to hospital. Salary \$270 per mo. with \$10 per mo. increment plan at 6-mo. & 1-year. Maintenance including uniform laundry \$30 per mo., 42-hr. wk. with rotating shifts, 3-wk paid vacation yearly, transportation paid after 6-mo. Apply stating age & qualifications to: Opemiske Copper Mines (Que.) Ltd., Chapais, Quebec.

Registered General Duty Nurses for 28-bed General Hospital in Huntingdon, Quebec, 45-mi. from centre of Montreal with excellent bus service. Gross salary \$235 with full maintenance in nurses' home at \$35; 3-increases at 6-mo. intervals to \$250; 44-hr. wk., 8-hr. rotating shifts; 1-mo. annual vacation; 7 statutory holidays; 2-wk. sick leave, Blue Cross paid. Apply: Mrs. M. G. Curran. R.N., Huntingdon County Hospital, Huntingdon, Que.

General Duty Nurses for Tuberculosis Hospital in centre of Laurentian resort area. Apply to: The Director of Nursing, Royal Edward Laurentian Hospital, Ste. Agathe des Monts, Quebec.

Matron for 15-bed modern hospital in good town, starting salary \$325 with increments of \$5.00 every 6-mo. for 2-yr., 1-mo. vacation with pay after 1-yr. employment, full maintenance in good residence at \$34.50 per mo. Registered Nurses (2) starting salary \$270 per mo. with the same increments & vacation time as above. Certified Aid starting salary \$180 with 3-wk. vacation after 1-yr. employment. Applicants please apply to: Matron of Union Hospital, Eatonia, Saskatchewan.

Registered Nurses for 95-bed hospital. New nurses' residence. For particulars write to: Director of Nursing, Lloydminster Hospital, Lloydminster, Saskatchewan.

Registered Nurses (2) for 19-bed hospital. Gross salary \$260 with increments & benefits us per S.R.N.A. Nurses' residence on grounds with T.V. Apply: Union Hospital, Vanguer 1. Saskatchewan.

Registered Nurses: Positions available in all areas & on all shifts. Ultra modern, new 254-bed General Hospital located in the heart of beautiful sunny Castro Valley, just 30 minutes drive from San Francisco. This is a busy residential community which offers casual California living at its very best. Many excellent schools & colleges within easy commuting distance. Progressive personnel policies include free hospital & surgical insurance, paid sick leave, paid vacations, 7 recognized holidays & other benefits. No split shifts, evening & night duty salary differential, also differential paid for operating room, delivery room & nursery service. Uniforms laundered free. Basic salary for general staff duty, \$320 per mo. Salaries for other positions commensurate with assignments. Please write: Personnel Manager, Eden Hospital, 20103 Lake Chabot Road, Castro Valley, California.

Registered Nurses for new 157-bed General Hospital located in fast growing City of Fremont approximately 1-hr. from heart of San Francisco. Good salary, vacation, sick leave & hospitalization plan. Contact Director of Nursing Services, Washington Township Hospital, P.O. Box 656, Niles, California.

General Duty Nurses (English speaking) 500-bed General Hospital in Sunny Southern California. \$315-\$360 base plus \$15 shift differential until California Registered. \$330-\$375 base a month plus \$33 shift differential upon registration. Employee health & pension plan. Generous holiday & vacation benefits. Nurses' residence located on grounds. For information apply: Director of Nursing, Cedars of Lebanon Hospital. Hollywood 29, California.

Attention! General Duty Nurses 400-bed County Hospital located 2 hr. drive from San Francisco, ocean beaches & mountain resorts in modern & progressive city of 35,000. 40-hr. 5-day wk., 3-wk. pd. vacation, 11-pd. holidays, pd. sick leave, retirement plan & social security. Accommodations in nurses' home, meals at reasonable rates, uniforms laundered without charge. Starting salary \$333 per mo. plus shift & service differentials. Must be eligible for California Registration. Write Director of Nursing, Stanislaus County Hospital, 830 Scenic Drive, Modesto, California.

General Duty Nurses (California, between Sacramento & San Francisco) for 84-bed general short term JCAH hospital. Starting salary \$325, nurses' home, excellent working conditions, Write, Director of Nurses, Clinic Hospital, Woodland, California.

General Staff Nurses for 370-bed approved General Hospital with intern & resident program. \$315 per mo. starting salary. \$15 per mo. merit increases at 12, 24 & 36 mo. 40-hr. wk. 2-wk. paid vacation, paid sick leave, 7 paid holidays. Pleasant coast city in outstanding recreational area. Apply Director of Personnel, Seaside Memorial Hospital, Long Beach 13, California.

Staff Nurses 600-bed general & tuberculosis teaching institution in central valley City. Accredited State & Junior Colleges in immediate vicinity, Liberal personnel policies. Salary \$320-\$360. Full maintenance available. Write — Director of Nursing Service, Fresno County General Hospital, Fresno 2, California.

Staff Nurses (Earn while vacationing in California) 35-bed accredited hospital, exp. to 100-beds. Starting salary \$320, 40-hr. wk. Centrally located between Los Angeles & San Francisco for week-end recreations. Write Sister Administrator — Sacred Heart Hospital — Hanford, California.

Staff Nurses for 300-bed General Hospital. Attractive personnel policies plus differential for specialties, afternoon & night duty. Opportunities for advanced education. Apply to Director of Nursing Service, Kaiser Foundation Hospital, Oakland 11, California.

Operating & Delivery Room Nurses (English speaking) 500-bed General Hospital in Sunny Southern California. \$325-\$370 month base plus \$15 shift differential until California Registered. \$340-\$385 month base plus \$33 shift differential upon registration. Employee health & pension plan. Generous holiday & vacation benefits. Nurses' residence located on grounds. For information apply: Director of Nursing, Cedars of Lebanon Hospital, Hollywood 29, California.

Matron for 22-bed hospital, salary \$350 per mo. less \$35 maintenance. Separate suite in new nurses' residence, also Registered General Duty Nurses, salary \$290-\$350 maximum per yr. Apply: giving qualifications to R. Gill, Sec-Manager, Union Hospital, Leader, Saskatchewan.

Registered General Duty Nurses for 154-bed General Hospital with expansion program under way. Along the shores of Lake Michigan, 25 mi. from Chicago. Salary: \$340 for days, \$370 for evenings, \$360 for nights, 5 day wk. Good personnel policies. Apply Personnel Director, Highland Park Hospital Foundation, 718 Glenview Ave., Highland Park, Ill.

General Duty Nurses for 320-bed General Hospital. Only a few blocks from Lake Michigan Beach & Lincoln Park; near Chicago Loop. Hospital accredited by J.C.A.H. & school of nursing accredited by N.L.N. Apartments available close to hospital. Liberal personnel policies. Must be eligible for Ill. registration; openings on all shifts. Write: Director of Nursing, Augustana Hospital, 411 W. Dickens Ave., Chicago 14, Illinois.

Graduate Staff Nurse for well equipped 400-bed nonsecterian General Hospital affiliated with Medical School. New salary rates: day shift \$340-\$370 per mo. afternoon & nights \$370-\$400 per mo. Comfortable low cost living accommodation available in attractive residence building. Write to: Director of Nursing Service, Mount Sinai Hospital, 2750 West 15th Place, Chicago 8, Illinois.

General Staff Nurses for fully accredited private teaching hospital, located on Lake Michigan just north of Chicago. 5-day, 40-hr. wk. Salary range \$337.35 to \$363.30. Shift bonus: \$26 afternoons & \$17 nights. Progressive personnel policies. Please indicate type of service preferred. Apply: Director of Nursing, Evanston Hospital, 2650 Ridge Avenue, Evanston, Illinois.

Registered Nurses Salary \$325-\$360 in 18-mo., differential on p.m. shift \$1.50, nights \$1.00 Openings in Obstetrical & Medical-Surgical areas. Apply to: Personnel Department, Woman's Hospital, 432 E. Hancock Avenue, Detroit 1, Michigan.

Registered Nurses: Spend your winter in the Sunny Southwest — New Mexico, "The land of Enchantment". Vacancies for staff duty in Medicine, Surgery, Obstetrics, Pediatrics, and Operating Room. Salaries \$285-\$315, days; \$10 differential for evenings & nights; \$15 differential, operating room. No shift rotation. Excellent job benefits. Board and room in nurses' residence, \$43 per month. Free transportation via 1st Class Air travel to Albuquerque and return in exchange for a 1-yr. employment contract. Write or call collect Mrs. Margaret Nelson, Director of Nursing, Presbyterian Hospital Center, 1012 Gold Ave S.E. Albuquerque, New Mexico. Phone 3-5611.

Operating Room Supervisor (Qualified) for modern 88-bed fully accredited General Hospital. College city of 30,000. 85% sunshine belt. 40-hr. wk. Modern personnel policies Salary open. Apply: Director of Nurses, Memorial General Hospital, Las Cruces, New Mexico.

Registered Nurses for new 750-bed municipal hospital. Salary \$3,700 per year with \$100 yearly increments reaching maximum of \$4,200; 40-hr. wk., vacation, sick time & 12 holidays, 1 meal & laundry of uniforms provided. Apply to: Director of Nursing, Martland Medical Center, Newark, New Jersey.

Clinical Instructor, unique hospital school located in rapidly developing industrial area 100-students, basic program, college affiliated. Splendid opportunity for recent graduate in friendly atmosphere, devoid of the usual tensions & conflicts. Better than average salary & personnel policies. Apply: Personnel Director, Holzer Hospital, Gallipolis, Ohio.

Operating Room Nurses: Positions available for advanced experience in general & specialized surgery. 5-day 40-hr. work wk. Starting salary \$325 per mo. with extra compensation for call & overtime. For further information, write: Cleveland Clinic Hospital, 2020 E. 93rd. St. Cleveland 6, Ohio.

Registered General Duty Nurses (100-bed) Good bedside nursing required, 40-hr. wk rotating duties. Excellent personnel policies. You arrange for R.I. State Registration. Apply Nurse Director, Jane Brown Memorial Hospital, Providence 3, Rhode Island.

Staff Nurses (All services) Texas teaching hospital. Air conditioned; good personnel policies. Base salary-rotation \$290 per mo. Evenings or night \$304 per mo. Apply: Director of Nursing Service, University of Texas Medical Branch, Galveston, Texas.

Operating Room Nurses (Attractive opportunity) get away from fog, smog & industrial areas. Come to exciting wonderful Wyoming. 340-days sunshine, fresh air in year-round recreation area. Position vacancies, all shifts & types. 165-bed JCAH Hospital with expansion program. Capitol city, growing medical center Wyoming. 50,000 pop. Home of Frontier Days & Warren Air Base. Metropolitan Denver 2-hr. drive from Cheyenne. Excellent personnel policies. 40-hr. wk., 2-3 wk. vacation, sick leave. New nurses' residence at \$43 room & board. Excellent housing facilities within 10-min of hospital. Excellent starting salaries. Apply. Director of Nursing, Memorial Hospital, Cheyenne, Wyoming.

Registered Nurses or Graduate Nurses (2) for General Duty in 16-bed hospital. Salary schedule according to the current A.A.R.N. suggested schedule. Basic salary \$255 for R.N. plus increment increases according to experience. Hospital is centrally located between two (2) Lake resorts etc. Apply to: Mrs. J. Bergquist R.N. — Matron, Municipal Hospital #43, Bentley, Alberta.

Registered Nurse (Immediately) as secretary for small north western Ontario Clinic. Must be familiar with medical terminology & able to take short-hand or the equivalent. Salary starting at \$400 per mo. Apply: Box G, The Canadian Nurse Journal, 1522 Sherbrooke Street West, Montreal 25, Quebec.

Registered General Duty Nurses (2) immediately for small General Hospital. Starting salary \$350 - \$375 after l-yr. Furnished apartment available. Apply by writing to: Box 336, Dos Palos, California, or Phone Express 2-3450 after 6:00 P.M. (Collect).

Assistant Matron — Maximum gross salary \$330 must be a graduate of at least 5-yr. preferably with a course or at least experience in administration of hospital nursing services. Operating Room Nurse — \$279.50-\$309.50 additional \$10 for postgraduate course. General Duty Registered Nurses — \$269.50-\$299.50 for a busy 45-bed hospital with program to start building this year, a completely modern 70-bed hospital. 40-hr. wk. as soon as sufficient staff available, 21-day vacation after 1-yr. service plus 9 statutory holidays, \$30 per mo. deduction for room, board & laundry. Personnel policies will be forwarded on request. For further information apply: Miss J. Wickett, Matron, Municipal Hospital, Peace River, Alberta.

Registered Nurses for General Duty (Immediately) & positions to be filled on staff for new 58-bed hospital to be opened in early fall. Located in the centre of a summer vacation land. For information apply to: The Superintendent, Prince Edward County Hospital, Picton, Ontario.

Registered Nurses for 200-bed hospital for extended illness. Residence accommodation. Apply to: Director of Nursing, Parkwood Hospital, 81 Grand Avenue, London, Ontario.

Texas: Registered Nurses, (English speaking) for rotating shifts. Salary \$290-\$315, 40-hr. wk., living facilities available. Hospital operated by Daughters of Charity. Apply: Director of Nursing Service, St. Paul Hospital, Dallas 4, Texas.

General Duty Nurses for 100-bed hospital. Salary \$260 month with recognition for P.G. Courses, 44-hr. wk. at present. Up-to-date facilities in a beautiful location on the shore of Lake Erie. Residence available. Apply: Director of Nursing, General Hospital, Port Colborne, Ontario.

 Registered Nurses (Immediately & later) for General Hospital. Salary \$300 per mo.
 & full maintenance. Previous obstetrical & operating room experience necessary. New Hospital, comfortable nurses' residence. Apply to: Matron, General Hospital, Mayo, Yukon Territory.

General Duty Staff Nurses for 450-bed fully approved hospital. Salary range per mo., day duty \$398-\$418; p.m. & night duty \$408-\$428; 40-hr. wk., excellent personnel policies. Registration or permit to work in California required. Address applications to: Chief Nurse, Southern Pacific Hospital, San Francisco 17, California.

Staff Nurses for 800-bed General Hospital, fully accredited, located on the university campus. Starting Salary \$290 per mo. plus \$50 differential for evening & night tour of duty. Apply: Director of Nursing, Hospital of the University of Pennsylvania, 3400 Spruce Street, Philadelphia 4, Pennsylvania.

Registered Nurses for 31-bed hospital, 40-hr. wk., salary \$262, increments \$5.00 semi-annually. Single room accommodation in nurses' home, \$11 per mo., full board \$33 or single meals 55ϕ each. Steamship fare from Vancouver refunded after 6-mo. For further information & copy of personnel policies, write to the: Administrator, General Hospital, Box 640, Ocean Falls, British Columbia.

General Duty Nurses (Immediately for summer relief & steady employment) new 54-bed hospital. Gross salary \$255 per mo. with annual increase, less \$26 maintenance, l-mo. vacation after l-yr. service. Voluntary pension plan & compulsory medical & hospitalization plan in operation. Apply stating references & experience, if any, to: Matron, Municipal Hospital, Vermilion, Alberta.



ONTARIO PLACEMENT CENTRE

FOR PROFESSIONAL, SUPERVISORY AND ADMINISTRATIVE NURSING STAFF.

DIRECTOR: MISS H. E. JONES, REG.N.
SUITE 304, 97 EGLINTON AVENUE E., TORONTO, ONTARIO.
HU. 1-6301 or HU. 1-6362

THE VANCOUVER GENERAL HOSPITAL

requires

PEDIATRIC & OPERATING ROOM NURSES

General staff positions also available for expansion program in July 1959

Salary: \$280 - \$336 general staff.

Commencing salary \$294 for approved experience of 2-yrs.

Salary: Operating Room Nurses, \$286.25 - \$343.25

A clinical differential of \$10 a month in addition for approved postgraduate courses.

4-week vacation per year.

Please apply to:

Personnel Department,
Vancouver General
Hospital,
Vancouver 9,
British Columbia

WANTED GENERAL DUTY NURSES

fo

Jordan Memorial Sanatorium Provincial Hospital Lancaster Provincial Hospital Campbellton

Department of Health and Social Services

SALARY: Registered Nurses — \$2,700 - \$3,180 per annum. Annual Increment \$120.

Full Civil Service Benefits including vacation with pay, sick leave benefits, superannuation and retiring leave. Comfortable modern living quarters and full maintenance supplied at a nominal cost.

Apply:

P.O. BOX 1055

FREDERICTON, N.B.

SUDBURY & DISTRICT HEALTH UNIT

ASSISTANT SUPERVISOR
and
PUBLIC HEALTH NURSES

are required for generalized public health nursing service; maternal and child health, tuberculosis, school health, etc.

- —Hospital Plan, P.S.I., pension plan.
- —Sick leave 1½ days monthly, accumulative.
- —Vacation 4 weeks yearly.
- -Transportation provided or allowance for use of private car.
- -Salary:

Assistant Supervisor \$4,000. to \$5,000, annually

Public Health Nurses \$3,500. to \$4,500. annually

Annual increment \$200.

Apply to:

DR. J. B. COOK, M.O.H. and DIRECTOR SUDBURY & DISTRICT HEALTH UNIT SUDBURY, ONTARIO

DIRECTOR OF NURSING

required for

New 60-bed hospital being built to open this fall. Position to take effect late summer. Degree in Nursing Administration an advantage. 5-years successful nursing supervisor experience preferred. Salary open. Excellent personnel policies.

Apply - ADMINISTRATOR

MILTON DISTRICT HOSPITAL, BOX 474, MILTON, ONTARIO

NURSING INSTRUCTORS

REQUIRED FOR MENTAL HEALTH SERVICES
BRITISH COLUMBIA CIVIL SERVICE

Instructors for the School of Psychiatric Nursing, to assist with the development & expansion of educational programs for psychiatric nursing students & students affiliating from the general hospitals. New educational centre. Challenging opportunities. Salary \$302 - \$356 per mo. Additional salary may be paid for further preparation by postgraduate courses at either hospital or university level.

For further information and application forms, apply to:

MISS BEVERLEY MITCHELL, DIRECTOR OF NURSING SERVICES, ESSONDALE, BRITISH COLUMBIA. COMPETITION No. 59:257.

DIRECTOR OF HEALTH SERVICE

This position in a well organized health service for all staff & students is open in the early fall. Requirements necessary is experience in public health field with an appreciation & understanding of a referral system to community health agencies, Salary commensurate with experience & qualifications.

Apply to: The Director of Nursing
McKELLAR GENERAL HOSPITAL
FORT WILLIAM, ONTARIO

THE HOSPITAL FOR SICK CHILDREN, TORONTO

Requires graduate nurses for active research unit. Involves use of special diets, treatment procedures and accurate collections of specimens. 40-hour week, rotating shifts, attractive salary, excellent working conditions. Residence accommodation optional.

Apply: Director of Nursing
THE HOSPITAL FOR SICK CHILDREN
TORONTO, ONTARIO

REGISTERED NURSES — \$3,000 - \$3,540

(According to Qualifications)

CERTIFIED NURSING ASSISTANTS - \$2,040 - \$2,400

SUNNYBROOK HOSPITAL, TORONTO

WESTMINSTER HOSPITAL, LONDON

Pension Plan; three weeks' paid vacation; three weeks' accumulative sick leave; 5-day week; low-cost living in staff residence — for Nurses; application forms available at your nearest Civil Service Commission Office, or main Post Office, should be forwarded to the Civil Service Commission 25 St. Clair Avenue East, Toronto 7, as soon as possible.

SENSENBRENNER HOSPITAL

KAPUSKASING, ONT.

requires

- A) Registered Nurses for General Duty. Salary range \$310-\$345 monthly.
- B) Operating Room Nurse.

Salary range \$325-\$360 monthly.

Full welfare coverage, to work in modern, well equipped 50-bed hospital.

Apply in writing to:

EMPLOYMENT OFFICE SPRUCE FALLS POWER & PAPER CO. LTD. KAPUSKASING, ONTARIO

INDUSTRIAL NURSE

required

Large modern Pulp & Paper Mill New Medical Centre supervised by full time Medical Director.

Salary range:

\$338 - \$400 monthly 5-day wk. No shift work.

Excellent welfare coverage.

Previous Industrial or Public Health training or experience required.

Apply in writing to:

EMPLOYMENT OFFICE
SPRUCE FALLS
POWER & PAPER CO. LTD.
KAPUSKASING, ONTARIO

PUBLIC HEALTH NURSES

required by
PORT ARTHUR & DISTRICT HEALTH UNIT
FOR GENERALIZED PROGRAM.

Basic salary \$3,250 with allowance for experience. New salary schedule will take effect on the 1st of August 1959, & the basic salary will be \$3,500 per annum. Pension plan, Ontario Hospital Services, accumulative sick leave, 4-wk. vacation & generous car allowance.

Apply to:

MISS H. M. LAMPSHIRE, SECRETARY-TREASURER, PORT ARTHUR & DISTRICT HEALTH UNIT 63 N. ALGOMA ST., PORT ARTHUR, ONTARIO.

NURSING SUPERVISORS

required for

MENTAL HEALTH SERVICES, ESSONDALE, PROVINCE OF BRITISH COLUMBIA.

Salary: \$324 - \$389 per month

Duties are those of nursing supervisors in modern psychiatric & geriatric units.

Applicants must be British Subjects, registered nurses, with training in a mental hospital setting & supervisory experience.

For further information & application forms, apply to:

THE PERSONNEL OFFICER, B.C. CIVIL SERVICE COMMISSION, ESSONDALE, BRITISH COLUMBIA. IMMEDIATELY. COMPETITION NO. 59:152

Obstetrical Supervisor

for

40-bed unit in 250-bed General Hospital.

For further information, apply to:

THE DIRECTOR OF NURSING,
SUDBURY MEMORIAL HOSPITAL,
SUDBURY, ONTARIO.

MATRON

required

for 35-bed hospital

in Altona, Manitoba

For further information write to:

F. E. DUECK, ALTONA DISTRICT HOSPITAL BOX 330, ALTONA, MANITOBA.

Enjoy the atmosphere

of a friendly 640-bed

downtown hospital

THE TORONTO WESTERN HOSPITAL

399 BATHURST STREET TORONTO

has vacancies for

GENERAL STAFF NURSES

\$255 per month at present with annual increments to \$285 40-hour 5-day work week

Write giving full details to:

Director of Nursing Service

VICTORIA PUBLIC HOSPITAL

FREDERICTON, N.B.

requires

GENERAL DUTY STAFF
OPERATING ROOM STAFF
INSTRUCTRESS

For July 1 & September 1.

Work in a University City.

Good personnel policies.

44-hr. week & increment for afternoon & evening duty.

Apply:

DIRECTOR OF NURSING





For

CRIPPLED CHILDREN

Requires Immediately

QUALIFIED PUBLIC HEALTH
NURSES

For

OTTAWA-HAMILTON-TORONTO

AND OTHER CENTRES

YOU WILL RECEIVE -

- GOOD SALARY RANGE
- A NEW AUTOMOBILE
- PENSION PLAN
- FREE INSURANCE
- 5-MONTH TRAINING COURSE IN NEW YORK CITY AND OTHER CENTRES.

You will deal directly with children, their parents and service club members.

Join our expanding staff for a rewarding experience

Apply to:

MISS SARA E. OLIPHANT R.N.
SUPERVISOR OF NURSING
ONTARIO SOCIETY FOR CRIPPLED CHILDREN
92 COLLEGE ST., TORONTO 2

PSYCHIATRIC NURSING COURSE for REGISTERED NURSES

The Brandon Hospital for Mental Diseases, Brandon, Manitoba, offers a six months' course in Psychiatric Nursing.

Classes commence in November each year. Salary \$230. per month while training. 40-hour work week.

Uniforms supplied and laundered.

Annual holidays and sick leave as set out in Civil Service Regulations,

For further information apply to:
DIRECTOR OF NURSING
BRANDON HOSPITAL
FOR MENTAL DISEASES
BOX 420, BRANDON, MANITOBA

VICTORIAN ORDER OF NURSES FOR CANADA...

requires

PUBLIC HEALTH NURSES

for Staff and Supervisory positions in various parts of Canada.

Applications will be considered from Registered Nurses without Public Health training but with University entrance qualifications.

SALARY, STATUS AND PROMO-TIONS ARE DETERMINED IN RELATION TO THE QUALIFICA-TIONS OF THE APPLICANT.

Apply to:

Director in Chief.

Victorian Order of Nurses for Canada 5 BLACKBURN AVENUE Ottawa 2, Ont.

2 QUALIFIED INSTRUCTORS

REQUIRED FOR 1959-60 TERM

Present Student enrollment, 75.

One class per year. Registration September.

Affiliations — Pediatrics, Psychiatry, Tuberculosis.

New School & Residence.

200-bed General Hospital, fully accredited.

Pleasant City of 38,000.
3 Colleges

Good Salary & Personnel Policies.

Allowance for degree with experience.

For further information apply to:
DIRECTOR OF NURSES,
GENERAL HOSPITAL, GUELPH, ONTARIO

WOODSTOCK GENERAL HOSPITAL

WOODSTOCK, ONTARIO

Requires Teachers for:

- (1) Nursing Arts
- (2) Medical Clinical
- (3) Surgical Clinical

General Staff Nurses — All Departments

APPLY TO: DIRECTOR OF NURSING WOODSTOCK GENERAL HOSPITAL WOODSTOCK, ONTARIO

STAFF NURSES

Starting salaries range from \$300-\$330 per mo. depending on previous experience. Nurses agreeing to work 3 continuous months of evenings will receive in addition a bonus of \$15 per wk. Nurses agreeing to work 3 continuous months of nights will receive a bonus of \$10 per wk.

Call or write

MISS BEATRICE STANLEY,
DIRECTOR OF NURSING SERVICE,
UNIVERSITY OF ROCHESTER,
STRONG MEMORIAL HOSPITAL
ROCHESTER 20, NEW YORK.
PHONE GREENFIELD 3-4400



NURSES WHO LIVE HERE NEVER STOP LEARNING . . . GROWING

... THEY WORK AT

COOK COUNTY HOSPITAL

. . . in one of the Largest Most Stimulating Medical Centers in the World

Residence, Cook County School of Nursing

Here's an opportunity to gain unique and valuable experience in a public hospital — world's largest for acute medical conditions. Cook County Hospital offers you the stimulation of working with more than 2,500 other doctors and nurses in one of the world's largest and most exciting medical centers. Housing is available at nominal cost. Salaries begin at \$340-\$372.50 for a 371/2 hour week. And you're only minutes from Chicago's fabulous Loop and local universities.

Graduate Nurses! Write today to Director, Cook County School of Nursing, Dept. C., 1900 West Polk Street, Chicago 12, Illinois.

NURSING POSITIONS **AVAILABLE**

Starting salary \$300-\$340 per me; 40-hr. wk., 4-wk. vacation; 2-wk. sick time allowance; health insurance; living accommodation in nurses' residence; evening & night bonus \$40-\$30 per mo.; tuition aid for advanced education in nearby universities.

Lenox Hill Hospital is a large General Hospital in the heart of Manhattan, easily accessible to the cultural advantages of the large metropolis.

DIRECTOR OF NURSING. LENOX HILL HOSPITAL 76th STREET & PARK AVENUE (MIDTOWN NEW YORK)

UNIVERSITY OF MINNESOTA HOSPITALS

Minneapolis, Minnesota

Large teaching & research center including all clinical services located on the university campus.

General Staff Nurse positions available at \$316 per mo. with annual increments & opportunities for advancement. Rooms available in attractive & convenient nurses' residence. Arrangements for attendance at university classes may be made. Licensure in Minnesota must be completed before permanent appointments may be

APPLY TO: DIRECTOR OF NURSING SERVICE UNIVERSITY OF MINNESOTA HOSPITALS MINNEAPOLIS 14, MINNESOTA

THE WINNIPEG GENERAL HOSPITAL

IS RECRUITING

- 1. CLINICAL SUPERVISORS IN MEDICINE & SURGERY
- 2. GENERAL DUTY NURSES FOR ALL SERVICES

Please send applications direct to:

THE DIRECTOR OF NURSING, THE WINNIPEG GENERAL HOSPITAL. WINNIPEG 3, MANITOBA.

THE B. C. CIVIL SERVICE

Requires

PUBLIC HEALTH NURSES GRADE 1

Positions available for qualified Public Health Nurses in various centres in B.C. Salary: \$324 rising to \$389 per month; car provided.

An opportunity for interesting and challenging professional service in this beautiful and fast-developing province.

For information and application forms, write:

THE DIRECTOR, PUBLIC HEALTH NURSING, DEPARTMENT OF HEALTH, VICTORIA, B.C. or THE CHAIRMAN, B.C. CIVIL SERVICE COMMISSION, 544 MICHIGAN STREET, VICTORIA, B.C. Competition No. 59:67

HAMILTON HEALTH ASSOCIATION

Mountain Sanatorium (Tuberculosis Division)
Brow Infirmary (Convalescent and Chronic Division)

Due to the expansion program of the Hamilton Health Association, applications are invited from General Staff Nurses and Certified Nursing Assistants.

This expansion program provides an excellent opportunity for advancement since it is expected that further units will be opened in the not too distant future.

For information, write to:

THE DIRECTOR OF NURSING, HAMILTON HEALTH ASSOCIATION, BOX 590, HAMILTON, ONTARIO.

PUBLIC HEALTH NURSE

for

ELLIOT LAKE, ONTARIO

Generalized public health nursing program in new developing Uranium Mining centre. Excellent opportunity for experience in new & expanding health department.

For particulars apply to:

SUPERVISOR OF PUBLIC HEALTH NURSES, BOX 9, ELLIOT LAKE, ONTARIO

GENERAL DUTY NURSES

For all Departments in a new 116-bed, 40-bassinettes, hospital. Positions available now in the Obstetrical and Emergency Department.

Opening of other departments, September 1959. Applications now being accepted. Gross salary \$275 per month, 40-hour week, 3-week vacation annually, Group Pension plan.

Apply: ADMINISTRATOR
ST. JOSEPH'S GENERAL HOSPITAL, ELLIOT LAKE, ONTARIO

GRADUATE STAFF NURSES — YOU WILL LIKE IT HERE

Opportunities for men & women on the service of your choice. A 953-bed teaching hospital with a friendly atmosphere, well planned orientation program, active graduate nurse club, cultural advantages & excellent transportation facilities.

Starting salary: \$325 per mo., 6 holidays, sick leave, 3 wk. vacation.

For further details write:

Director - Nursing Service, University Hospitals of Cleveland, Ohio.

SUBURBAN TORONTO

GRADUATE NURSES & CERTIFIED NURSING ASSISTANTS

Are invited to enquire re: employment opportunities in a well staffed new 125 bed hospital in suburban west Toronto. General duty salary range: \$255-\$305 per mo. Certified Nursing Assistants \$190-\$210 per mo. Residence accommodation optional. Personnel manual forwarded on request. Enquire to:

DIRECTOR OF NURSING, HUMBER MEMORIAL HOSPITAL, 200 CHURCH STREET, WESTON, TORONTO 15, ONTARIO — CH 4-5551

CALIFORNIA

REGISTERED NURSES

(General Duty with opportunity for advancement)

New modern 130-bed General Hospital in dynamic college city in beautiful San Joaquin Valley only 2 hours from Los Angeles

Salary: \$325 to begin. Differential for evening & nights.

5-day, 40-hr. wk. Progressive personnel policies.

Transportation costs to California will be reimbursed after 1-yr. satisfactory service.

Send full particulars immediately to:
DIRECTOR OF NURSES, GREATER BAKERSFIELD MEMORIAL HOSPITAL
P.O. BOX 26, BAKERSFIELD, CALIFORNIA

GENERAL DUTY NURSES

FOR ALL DEPARTMENTS

Gross salary \$255 monthly (\$117.50 bi-weekly) if registered in Ontario, \$235 monthly (\$108.20 bi-weekly) until registered. Annual increment \$10 monthly (\$4.60 bi-weekly) for three (3) years. Rotating periods of duty, 40-hr. per wk., 8 statutory holidays. 14-days vacation & 12-days leave for illness with pay after 1-yr. Pension plan available. Ontario Hospital Insurance with Blue Cross supplemental & Physicians' Services Incorporated, partial payment by hospital.

APPLY

DIRECTOR OF NURSING, GENERAL HOSPITAL, OSHAWA, ONTARIO.

REGISTERED NURSES

FOR THE OPERATING ROOM, OBSTETRICAL AND MEDICAL SURGICAL UNITS OF A 350-BED GENERAL HOSPITAL

Gross salary \$260 - \$290 per month if registered in Ontario.

Differential of \$10 for evening and night duty.

40-hour week. Sick leave cumulative to 30 days.

3 weeks vacation and eight statutory holidays.

Apply:

DIRECTOR OF NURSING SERVICES,
METROPOLITAN GENERAL HOSPITAL, WINDSOR, ONTARIO

THE PETERBOROUGH CIVIC HOSPITAL REQUIRES

NURSES FOR GENERAL DUTY IN ALL SERVICES, INCLUDING OPERATING ROOMS & DELIVERY ROOMS.

For further information write:
THE DIRECTOR OF NURSING
PETERBOROUGH CIVIC HOSPITAL, PETERBOROUGH, ONTARIO

DIRECTOR -- SCHOOL OF NURSING

For a School of 90-students, organized independently of Nursing Services. The school program follows the pattern of 2-years of nursing education plus 1-year of internship.

Salary: \$5,100 - \$5,700 per annum.

Requirements: Degree & experience in the administration of a nursing education program.

Apply to: R. Buckner, Administrator,

Metropolitan General Hospital, Windsor, Ontario.

NURSING WITH INDIAN AND NORTHERN HEALTH SERVICES

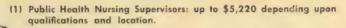


OPPORTUNITIES REGISTERED HOSPITAL NURSES, PUBLIC HEALTH NURSES,

AND CERTIFIED AUXILIARY NURSES

for Hospital Positions and Public Health Positions in Outpost Nursing Stations, Health Centres and Field Positions in the Provinces, Eastern Arctic Northwest Territories and the Yukon Territory.

SALARIES



 Directors of Nursing in Hospitals: up to \$4,950 depending upon qualifications and location.

(3) Public Health Staff Nurses: up to \$3,780 per year depending upon qualifications and location.

(4) Hospital Staff Nurses: up to \$3,540 per year depending upon qualifications and location.

(5) Certified Nursing Assistants or Licensed Practical Nurses: up to \$200 per month depending upon qualifications and location.

Room, Board and Laundry in residence at reasonable rates.
 Statutory holidays. Three weeks' annual leave with pay. Generous sick leave credits. Hospital-Medical and superannuation plans available.

Special pay and leave allowances for those posted to isolated areas.

For interesting, challenging, satisfying work apply to — Indian and Northern Health Services at one of the following addresses:

- (1) Regional Superintendent, 4824 Fraser Street, Vancouver, B.C.
- (2) Regional Superintendent, 11412-128th Street, Edmonton, Alberta.
- (3) Regional Superintendent, 735 Motherwell Building, Regina, Saskatchewan.
- (4) Regional Superintendent, 803-9 Confederation Life Building, 457 Main Street, Winnipeg, Manitoba.
- (5) Regional Superintendent, 4th Floor, Booth Building, 165 Sparks Street, Ottawa, Ontario.
- (6) Zone Supervisor of Nursing, Box 493, North Bay, Ontario.
- (7) Zone Superintendent of Indian Health Services, P.O. Box 430, Upper Town, 3 Buade Street, Quebec 4, P.Q.

or

Chief, Personnel Division, Department of National Health and Welfare, Ottawa, Ontario.



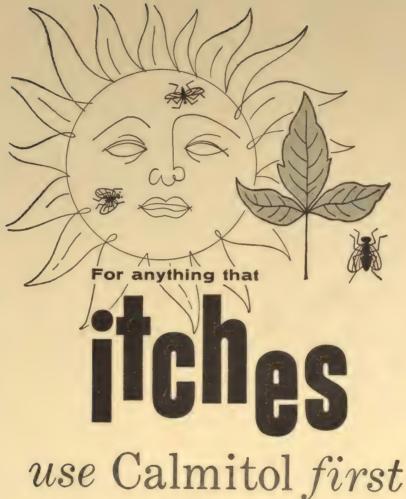
Sun, wintry winds, even routine hospital duties can rob skin of its natural oils. Make it dry, rough, and red. That's why so many nurses use Nivea Creme to keep their skin soft, smooth, and supple.

For they know Nivea contains a special ingredient, Eucerite, that closely resembles the natural oils of the skin. The remarkable agent penetrates the skin's top layers to feed and nourish it - keep it fresh and fragrant.

And here's a tip to keep you looking your best on those important dates — Nivea makes an excellent powder base.

NIVEA PHARMACEUTICALS LTD.

5640 PARÉ ST., MONTREAL 9



...for every type of pruritus, CALMITOL® is the fast acting conservative, low-cost, nonsensitizing antipruritic. Supplied: tubes, 1½ oz., and 1-lb. jars of nonirritant, easy-spreading ointment. For severe itching, CALMITOL Liquid, 2-oz. bottles.

Write for Samples.

Thos. Leeming & Co. Inc. 286 St. Paul St. W., Montreal.

INDEX TO ADVERTISERS

JULY, 1959

Abbott Laboratories Ltd 598	Thos. Leeming & Co. Ltd 585
Bland & Co 597	J. B. Lippincott Co Cover IV
Carnation Co. Ltd Cover II	S. E. Massengill Co 653
Gerber Products of Canada Ltd 655	Parke Davis & Co. Ltd 647
H. J. Heinz & Co 589	J. T. Posey Co
Hollister Ltd 643	The Ryerson Press 654
Lederle Laboratories 651	Swift Canadian Co. Ltd. 645

* * *

Subscription Rates: Canada & Bermuda: 6 months \$1.75; one year, \$3.00 two years, \$5.00.

Student nurses — one year, \$2.00; three years, \$5.00.

U.S.A. & foreign: one year, \$3.50; two years, \$6.00.

Single copies 35 cents.

In combination with the American Journal of Nursing or Nursing Outlook: one year, \$8.00. Make cheques and money orders payable to The Canadian Nurse.

Change of address: Four weeks' notice and the old address as well as the new are necessary.

Not responsible for Journals lost in mail due to errors in address.

Authorized as Second-Class Mail, Post Office Department, Ottawa.

Member of Canadian Circulation Audit Board.

Advertising Representatives: W. F. L. Edwards & Co., Ltd., 34 King St. E., Toronto 1, Ont. Walter Slack, 801 Public Ledger Building, Philadelphia 6, Pa.

1522 Sherbrooke Street West, Montreal 25, Quebec

THE CANADIAN NURSE

VOLUME 55

588 Between Ourselves

NUMBER 7

JULY 1959

590	New Products
592	RANDOM COMMENTS
599	FIVE YEARS OF PROGRESSJanet Story
601	This is Canada
610	Myocardial Infarction
616	Esophagèal DiverticulumB. Myers
620	The Psychiatrist and the Child T . Statten, $M.D$.
623	MULTIPLE MYELOMA
627	Pemphigus VulgarisG. Sobie
631	Nursing across the Nation
633	Under False Colors
635	The Responsibilities of the Public Health Nurse
637	Nursing Profiles
639	In Memoriam
642	FAMILIAL HEMOLYTIC ANEMIASr. Elisabeth Marie de la Sagesse
644	No Boundary Lines
652	Book Reviews
656	EMPLOYMENT OPPORTUNITIES

The views expressed in the various articles are the views of the authors and do not necessarily represent the policy or views of The Canadian Nurse nor of the Canadian Nurses' Association.

Journal Board: Mrs. A. I. MacLeod, chairman. Sr. M. Felicitas, Misses H. Carpenter, R. Chittick, S. Giroux, E. Gordon, K. MacLaggan, A. Girard, president CNA; Misses M. P. Stiver, M. E. Kerr.

Editorial Advisers: Alberta, Miss Irene M. Robertson, 11831-87th Ave., Edmonton; British Columbia, Miss Marion E. Macdonell, 1807 W. 36th Ave., Vancouver 13; Manitoba, Miss Sheila L. Nixon, Children's Hospital, Winnipeg; New Brunswick, Miss Shirley Y. Alcoe, 180 Charlotte St., Fredericton; Newfoundland, Miss Isabel Sutton, 66a Mullock St., St. John's; Nova Scotia, Mrs. Hope Mack, P.O. Box 76, Hantsport; Ontario, Miss Jean Watt, R.N.A.O., 33 Price St., Toronto; Prince Edward Island, Sr. M. David, Charlotteown Hospital; Quebec, Miss Geneviève Lamarre, Hôpital de l'Enfant Jésus, Quebec City (French), Sr. M. Assumpta, St. Marv's Hospital, Montreal (English); Saskatchewan, Miss Victoria Antonini, S.R.N.A., 401 Northern Crown Bldg., Regina,

Executive Director: Margaret E. Kerr, M.A., R.N.

Assistant Editor: Jean E. MacGregor, B.N., R.N.; Gabrielle D. Côté, M.A., R.N., Pamela E. Poole, B.N., R.N.

Circulation Manager: Winnifred MacLean. Production Assistant: Elizabeth M. Hanlon.

Advertising Assistant: Ruth H. Baumel

1522 Sherbrooke Street West, Montreal 25, Quebec

Between Ourselves

THE CHANGE in publication date of our English issue from the 10th to the 1st of the month and the preparation of all the editorial matter in two languages has altered other things besides deadline dates at the Journal office. Thus at the end of April we are working on some of the articles that will eventually be published in our September issue. We now ask our authors to try to have material reach us at least two months, preferably three months ahead of the actual publication date. They are wonderfully cooperative!

Typical of the fine support given us by nurses — and doctors — in all parts of the country is Janet S. Story, president of the Association of Registered Nurses of Newfoundland. Her guest editorial arrived almost by return mail when we wrote asking her to advance the deadline date.

Born and educated in St. John's, Miss Story is a graduate of the General Hospital there with postgraduate certification in clinical supervision from University of Toronto School of Nursing. Her youthful vigor, understanding and enthusiasm make her a most effective leader of this our youngest provincial nurses' association. Miss Story is clinical instructor of medical nursing at St. John's General Hospital. A golfer in the summer, bowling and folk dancing in the winter still leave her time for her favorite hobbies of knitting and dressmaking.

Though Canadian Citizenship Day is celebrated in May each year, it is very appropriate that we should give special recognition to this wonderful land of ours during the month of the anniversary of the formal declaration of its status as an independent, self-governing dominion. Think about these things as you read Dr. Young's interesting and enthusiastic account of his journeyings to every province.

How well do you personally know the other parts of Canada? We talked recently with a nurse who has her reservations to go to Europe for the fourth time this summer, yet who has never been further east in Canada than Quebec City! No, she had

never seen the glory of a prairie sunset. Going to Switzerland was a much more interesting way to see a concentration of mountains than a tour through the Rockies! When are we going to wake up to the glories of this our Canada?

As announced in an earlier issue, the prize-winning contributions from student nurses, whose nursing care studies were adjudged in the Macmillan Award competition, are included in this issue. We have been asked a question regarding these competitors — how advanced are they in their student careers? Most of them were in their senior year when the study was written. Some have been practising as graduates for the past 15 or 18 months. This occurs because a whole year's submissions — in this case from January 1958 to December 1958 — were presented unnamed to the judges.

From the point of view of the accuracy of the information contained in these articles, each student is in a position to secure the most authentic assistance possible in ensuring accuracy and pertinence of her material. Occasionally she may get sidetracked from her exposition of comprehensive nursing care by a multiplicity of laboratory reports or a particularly intriguing description of surgery. These diversions reflect in the marks she receives, for our judges are most concerned with her account of what *she* has contributed in giving well planned nursing care.

How carefully do you safeguard your professional credentials, the graduates' pin you wear with pride? A report on the problems of misrepresentation has been prepared by our editorial staff after correspondence with the provincial executive secretaries. Do be discreet in the protection of your precious documents!

A report of the stimulating nursing conference sponsored in Montreal by the American College of Surgeons is included in this issue. Many of the papers that were presented during the conference have been secured for publication in forthcoming issues.

Many people would work harder if work were a temptation. — Canadian Hospital

Always do right. This will gratify some people, and astonish the rest. — MARK TWAIN

A DOCTOR'S EDUCATION

goes on ... and on ... and on



"It's not unusual on Heinz, Mrs. Samson"

Another thing you learn . . . Heinz Junior Foods are the increasingly popular aid for babies making the transition from strained to adult foods. Familiar flavours and fine-chopped "chewy" texture encourage the baby to chew, and to like chewing. Heinz Junior Foods are thoroughly digestible—even if incompletely chewed.

Samples for tasting or testing are yours for the asking. Write now, asking for Junior food samples, to HEINZ BABY FOODS, LEAMINGTON, ONTARIO

Heinz Baby Toods

THE GOOD THEY DO NOW-LASTS A LIFETIME BFM-1:

New Products

Published Through Courtesy of Canadian Pharmaceutical Journal AND IN COOPERATION WITH THE PHARMACEUTICAL FIRMS.

ANTIVERT

Indications—For the relief of vertigo whether due to cerebral arteriosclerosis. Ménière's syndrome, labyrinthitis or associated with streptomycin therapy. Has also been found effective in treating recurrent headaches, including migraine. Side effects are minimal, mostly limited to the harmless flushing and tingling associated with vasodilation.

Administration—One tablet before each meal.

Description—Each blue scored tablet contains: Meclizine 12.5 mg. with niacin 50 mg. Manufacturer—Pfizer Canada, 5330 Royalmount Ave., Montreal 9.

ANUSOL-HC

Indications—Initial therapy for relief of acute and chronic proctitis, hemorrhoids and pruritus ani

Administration—One in the morning and at bedtime. Duration of treatment recom-

mended, 3 to 6 days; not more than a total of 12 in a single course of treatment.

Description—Each suppository contains: Anusol formula plus hydrocortisone acetate 10 mg

Manufacturer—Warner-Chilcott Laboratories Co. Ltd., Toronto.

CELGINACE TABLETS

Indications-Constipation characterized by difficult or infrequent defecation due to inadequate fecal volume.

Administration—Adults: 1 tablet 1 to 3 times daily, preferably with water or juice.

Children: proportionately lower dosage based on age and weight.

Should not be used when symptoms suggesting appendicitis or intestinal obstruction are present.

Description—Each tablet contains 750 mg. calcium and sodium alginates and 50 mg. Colace (dioctyl sodium sulfosuccinate).

Manufacturer—Mead Johnson & Co. of Canada Ltd., Toronto.

DBI

Indications—A new oral hypoglycemic compound, different in chemical structure and mode of action from the sulfonylureas and with a wider range of clinical usefulness. Lowers elevated blood sugar; eliminates glycosuria in mild, moderate and severe diabetes mellitus. Combined with insulin, improves regulation of diabetes. In stable adult diabetes, often achieves satisfactory regulation without insulin injections. In juvenile diabetes, may permit a reduction of 50 per cent or more in daily insulin requirement. Effective in insulinresistant patients and in primary and secondary sulfonylurea failures. Daily administration in therapeutic dosage for varying periods up to 21/2 years has not produced any form of clinical toxicity. Side reactions are chiefly gastrointestinal and occur with increasing frequency at higher dosage levels (exceeding 150 mg. per day). Abate promptly with reduction in dose or withdrawal.

Administration—Dosage must be individualized. Start with low dose initially, usually 25 mg. twice daily with meals. Gradual daily increase of 25 mg. every 3 or 4 days. A daily dose of 150 mg. appears to be the practical maximum. Simultaneously with increase of DBI, insulin dosage is gradually decreased.

Description—Each white scored tablet provides 25 mg. of DBI, brand of phenformin (N₁-B-phenethylbiguanide HCl).

Manufacturer-U.S. Vitamin & Pharmaceutical Corp., 1452 Drummond Street, Montreal.

DESITIN COSMETIC AND NURSERY SOAP Indications—In baby care. In various skin conditions that require efficient cleansing with a minimum of sensitization or irritation, e.g., acne, diaper rash, eczemas, atopic dermatitis, seborrhea, athlete's foot. Hexachlorophene helps combat secondary infections.

Description—An unusually mild soap rich in natural oils which lubricate the skin and do not deprive it of natural fats. Lightly scented, hard-milled. Contains antiseptic hexachlorophene

Manufacturer—Desitin Chemical Company, Providence, R.I. Canadian Distributor: Leslie A. Robb, 5 Traymore Crescent, Toronto 9.

NEO-DEMA

Indications—As a diuretic in cardiac edema, renal edema associated with nephritis or nephrosis, hepatic edema, premenstrual tension due to fluid retention, drug induced edema, and edema of obesity. Appears to be useful in certain types of hypertension, evidently potentiating the effects of some hypotensive drugs.

Administration—250 mg. to 2 gm. daily. When daily dose is over 1 gm., administer

in divided doses twice daily.

Caution: Observe patient for electrolyte and fluid imbalance such as hypokalemia. Description—Chlorothiazide, tablets of 250 mg. and 500 mg.

Manufacturer—Neo Drug Company, Montreal.

The Journal presents pharmaceuticals for information. Nurses understand that only a physician may prescribe.

UNIVERSITY OF BRITISH COLUMBIA COURSES FOR GRADUATE NURSES

1. Leading to the Degree of Bachelor of Science in Nursing (B.S.N.):

An integrated program which includes preparation for staff positions in public health nursing as well as the fundamentals of teaching, supervision and administration and their application to clinical nursing. Students are required to select one advanced clinical nursing course — i.e., Medical-Surgical, Obstetric, Pediatric, or Psychiatric Nursing.

Students with an appropriate Senior Matriculation can complete the Course in approximately two years. Those with Junior Matriculation re-

quire approximately three years.

2. Leading to a Diploma in Public Health Nursing:

A ten-month course which prepares for staff positions in public health nursing.

3. Leading to a Diploma in Clinical Teaching and Supervision:

A ten-month course which prepares for hospital positions that entail teaching, supervisory and administrative activities. Students are required to select one of the advanced clinical nursing courses listed above.

N.B.: The School of Nursing also offers, for high school graduates with University Entrance, a Basic Professional Course leading to the degree of B.S.N.

For further information write to:

DIRECTOR, SCHOOL OF NURSING, UNIVERSITY OF BRITISH COLUMBIA, VANCOUVER 8, BRITISH COLUMBIA.

PREDNYL TABLETS

Indications—For prompt, sustained relief of pain due to muscle spasm, inflammation and swelling in rheumatoid arthritis, fibrositis, osteoarthritis, bursitis and other inflammatory and rheumatoid conditions. Affords triple action of prednisolone, salicylamide, and bioflavonoid complex without edema, sodium retention, or excessive weight change. Protects against steroid-induced capillary damage (gastric hemorrhage, ecchymosis, etc.), gastric disturbance, vitamin C depletion.

Administration—Dosage varies with the severity of the disease and the individual response. Initial dose, I to 3 tablets, 4 times daily, preferably after meals and at bedtime. Dosage should be reduced gradually to minimum effective maintenance levels, usually 3 to 6 tablets daily in divided doses. Contraindications—As for adrenocortical therapy.

Description—Each tablet contains: 1 mg. prednisolone, 5 gr. salicylamide, 33.3 mg. water-soluble citrous bioflavonoid compound, 33.3 mg. ascorbic acid, 50 mg. aluminum hydroxide.

Manufacturer—Arlington-Funk Laboratories, Division U.S. Vitamin Corporation of Canada, Ltd., 1452 Drummond Street, Montreal.

SIMRON

Indications—Treatment of iron deficiency states. Obviates the need to give massive doses of iron in order to have therapeutic quantities absorbed into the blood.

Administration—One capsule 3 times daily, between meals.

Description—Each maroon, gelatin capsule contains: Iron (as ferrous gluconate) 10 mg. (1/6 gr.), Sacagen* (polyoxyethylene glucitan monolaurate) 400 mg.

*Special wetting agent which enhances intestinal iron absorption.

Manufacturer—Wm. S. Merrell Company, St. Thomas, Ontario.

SUPLIGEST TABLETS

Indications—Digestive enzyme therapy for the control of maldigestion syndrome in the 40-years and over age group. Adjunct to therapy in the treatment of pancreatitis, subtotal gastrectomy, postcholecystectomy syndrome, chronic cholecystitis, psoriasis and in obesity diets.

Administration—Adult dose: two tablets 3 times daily, with or immediately after meals. Description—A diphasic tablet containing: Ketocholanic acid 12.5 mg., desoxycholic acid 32.5 mg., betaine hydrochloride 65.0 mg., caroid 15.0 mg., pancreatin 87.5 mg., hemicellulase 25.0 mg.

Manufacturer—Carter, Cummings & Co. Ltd., Windsor.

McMASTER UNIVERSITY School of Nursing

I DEGREE COURSE IN BASIC NURSING (B.Sc.N.)

A Four-Year Course designed to prepare students for all branches of community and hospital nursing practice and leading to the degree, Bachelor of Science in Nursing (B.Sc.N.). It includes studies in the humanities, basic sciences and nursing. Bursaries, loans and scholarships are available.

II DEGREE COURSE IN SCIENCE TEACHING FOR GRADUATE NURSES (B.Ed.N.)

A Two-Year Course designed to prepare graduate nurses to teach basic sciences in schools of nursing and leading to the degree, Bachelor of Education in Nursing (B.Ed.N.). It includes studies in the humanities, the physical, social and biological sciences, teaching and nursing education. Bursaries of Six Hundred Dollars each are offered in both years of this Course.

For additional information, write to:

School of Nursing, McMaster University, Hamilton, Ontario.

Random Comments

Dear Editor:

I find the *Journal* very interesting and stimulating. Many of the articles are very useful. In the matter of titles for the articles, my reaction would be "No — let's keep the titles factual! I find catchy titles rather irritating.

P.A.K., British Columbia

Dear Editor:

I am always pleased to see so many nursing care studies written for the *Journal* by student nurses as I feel it is encouraging for other students. Also, I find them very useful as teaching aids.

S.M.V., Ontario

Dear Editor:

I enjoy *The Canadian Nurse* and appreciate being kept abreast of nursing developments. The New Products items are especially acceptable.

I must say however that it hardly seems in keeping with our profession to advertise cigarettes!

H.M.R., Quebec

Dear Editor:

I am always happy to see articles written by male nurses in *The Canadian Nurse*. I was particularly interested in the one by Reginald S. Bentley, in the April, 1959 issue.

I was quite aroused by the author's attitudes and I certainly feel that some of them must have been developed because of some local policies or trends that pertain to him and others in that vicinity. I would like the readers of *The Canadian Nurse* to know how another male nurse feels about the selection, education and practices of a man as a nurse, wondering while I write this, what the contrast in attitudes is due to.

One term that I feel should be avoided is "male nurse." This immediately gives the person a feeling of being different or separate, therefore interfering not only with his proper education but also with effective communication in a work situation. Other terms that I feel we should not use are "salary, training, and work." A student

DALHOUSIE UNIVERSITY

School of Nursing

COURSES OFFERED

1959 - 1960

1. Degree Course in Basic Professional Nursing

Candidates for the degree of Bachelor of Nursing are required to complete 2 years of university work before entering the clinical field, and one year of university work following the basic clinical period of 30 months. On completion of the course the student receives the **Degree** of Bachelor of Nursing and the **Professional Diploma** in either Teaching in Schools of Nursing or Public Health Nursing.

2. Degree Course for Graduate Nurses

Graduate nurses who wish to obtain the degree of Bachelor of Nursing are required to complete the three years of university work.

- 3. Diploma Courses for Graduate Nurses
 - (a) Public Health Nursing
 - (b) Teaching in Schools of Nursing

For further information apply to:

DIRECTOR, SCHOOL OF NURSING DALHOUSIE UNIVERSITY, HALIFAX, N.S.

nurse is not trained but is educated. He or she does not work but enriches the classroom teaching and reading by applying them in the clinical field, under proper supervision. All of this is learning, not work in terms of service given for which we want to get paid.

I fully agree that some students in nursing need financial support or assistance, but do they need it any more than medical or art students? True, the latter do not study twelve months a year and can take jobs in the summer months, but I do not believe that any school of nursing can afford to pay their students a salary. If nursing students need money, application for it should be made elsewhere.

Mr. Bentley gave many good reasons why men do not enter the profession of nursing. I have now been employed in three provinces and six different hospitals within these provinces. The apathy regarding men as nurses that he mentions was not displayed destructively in any of them — neither by the provincial associations nor the hospitals themselves. I have been very cordially received wherever I have gone.

Another reason that could be mentioned is the attitude that men themselves have.

We say that the women of the profession have been reluctant to accept men as their equals but do not men in general regard nursing as something strictly feminine, therefore only effeminate men would dare make beds, carry trays, and apply dressings? We often hear of nurse educators going to high schools to talk to the graduating classes about the opportunities in nursing, but do they ever include the young men in these talks? If this is part of a recruitment program, then the reason why we do not include them must be that we don't want them as students.

I feel that Mr. Bentley's article might improve some of the conditions that exist, by helping us to look ahead. I also feel that with this change in attitude we might encourage more men to enrol in nursing schools, both at the basic and university levels.

J.E.L., New Brunswick

Dear Editor:

After reading Between Ourselves in the April edition, I was quite delighted with the note declaring that a little more spice was added to the title of one of your articles. My reason? This — thumbing through the Journal in the hairdresser's, "Brrrp!" caught



SCHOOL for GRADUATE NURSES McGILL UNIVERSITY

PROGRAM FOR GRADUATE NURSES LEADING TO THE DEGREE OF BACHELOR OF NURSING

Two-year program for nurses with McGill Senior Matriculation or its equivalent. Three-year program for nurses with McGill Junior Matriculation or its equivalent. In the first year students elect Public Health Nursing or Teaching and Supervision in one of the following clinical fields: Medical-Surgical Nursing, Psychiatric Nursing, Maternal and Child Health Nursing.

In the second year students elect to study in one of the following fields: Nursing Education, Administration in Hospitals and Schools of Nursing, Administration in Public Health Nursing.

PROGRAM FOR GRADUATE NURSES LEADING TO A DIPLOMA

Students are granted a diploma on the completion of the first year of the degree program. All first-year students elect to study in a particular field as stated above.

PROGRAM IN BASIC NURSING LEADING TO THE DEGREE OF BACHELOR OF SCIENCE IN NURSING

Five-year program for high-school graduates who have passed in the required papers of the McGill Junior School Examination or their equivalents. This program combines academic and professional courses with supervised nursing experience in the McGill teaching hospitals and selected health agencies. This broad background of education, followed by graduate professional experience, prepares the nurses for advanced levels of service in hospitals and community.

For further information write to:

DIRECTOR, McGILL SCHOOL FOR GRADUATE NURSES, 1266 PINE AVE. W., MONTREAL 25, QUEBEC.

my eye, and sure enough I read it first, before even the page of contents or editorial page.

I believe that the newspaperman had something, with his idea of more sparkle, and I urge you to give this treatment to some of your future articles.

A.B.T., Quebec

The diamond cannot be polished without friction, nor man perfected without trials.

- Chinese Proverb

CHILDREN'S HOSPITAL OF WASHINGTON, D.C.

OFFERS

Registered Nurses a 16-wk. supplementary program in pediatric nursing. Admission dates, September 1, 1959, January 5, May 3, August 30, 1960, January 3, 1961.

For complete information write to:
DIRECTOR OF NURSING,
2125-13th STREET, N.W., WASHINGTON 9, D.C.

UNIVERSITY OF ALBERTA

- Basic Degree Course in Nursing (B.Sc.): This
 course provides study in the humanities, basic
 sciences and nursing, and prepares the graduate for community and hospital nursing
 practice. A major field of interest: Public
 Health Nursing or Teaching and Supervision
 is selected in the final year.
- Degree Course for Graduate Nurses (B.Sc.):
 A two-year program designed to prepare the nurse for positions in Nursing Education or Public Health Nursing.
- III. Diploma Course in Public Health Nursing.
- Diploma Course in Teaching and Supervision in Schools of Nursing.

٧.

Certificate Course in Advanced Practical Obstetrics. A five month course of study and supervised clinical experience in the care of the mother and the newborn infant. Two courses will be held: First commences August 31, 1959 and the second commences February 8, 1960.

For information apply to:

THE DIRECTOR, SCHOOL OF NURSING UNIVERSITY OF ALBERTA, EDMONTON, ALTA.

THE MOUNTAIN SANATORIUM

HAMILTON, ONTARIO

TWO-MONTH
POSTGRADUATE COURSE
IN THE IMMUNOLOGY,
PREVENTION & TREATMENT
OF TUBERCULOSIS

This course is especially valuable to those contemplating Public Health, Industrial, or Tuberculosis Nursing.

For further information apply to:

Director of Nursing, Mountain Sanatorium Hamilton, Ontario.

NOVA SCOTIA SANATORIUM KENTVILLE N.S.

Offers to Graduate Nurses a Six-Month Course in *Tuberculosis Nursing*, including Immunology, Prevention, Medical & Surgical Treatment.

- 1. Full series of lectures by Medical and Surgical staff.
- 2. Demonstrations and Clinics.
- 3. Experience in Thoracic Operating Room and Postoperative Unit.
- 4. Full maintenance, salary & all staff privileges.
- 5. Classes start May 1st and November 1st.

For information apply to:

SUPT. OF NURSES, NOVA SCOTIA SANATORIUM, KENTVILLE, N.S.

PSYCHIATRIC COURSE

for

REGISTERED NURSES

THE NOVA SCOTIA HOSPITAL offers to qualified Registered Nurses a sixmonth certificate course in *Psychiatric Nursing*.

- Classes in March and September.
- · Remuneration.
- Preference given to Nova Scotia applicants.

For further information apply to:

Superintendent of Nurses Nova Scotia Hospital Drawer 350 Dartmouth, Nova Scotia

THE WINNIPEG GENERAL HOSPITAL

Offers to qualified Registered Graduate Nurses the following opportunities for advanced preparation:

- 1. A six month Clinical Course in Obstetrics.
- 2. A six month Clinical Course in Operating Room Principles and Advanced Practice.

These courses commence in January and September of each year. Maintenance is provided. A reasonable stipend is given after the first month. Enrolment is limited to a maximum of six students in each course.

For further information please write to:

DIRECTOR OF NURSING GENERAL HOSPITAL WINNIPEG, MANITOBA

COURSES FOR GRADUATE NURSES

In various clinical fields, beginning August 24, November 16, 1959, and February 8 and May 2, 1960.

Room, meals, laundering of uniforms, and honorarium provided.

Apply to:

DIRECTOR,
COOK COUNTY SCHOOL
OF NURSING,
DEPT. C., 1900 WEST POLK ST.,
CHICAGO 12, ILLINOIS

THE JOHNS HOPKINS HOSPITAL SCHOOL of NURSING

Offers to qualified Registered Nurses a 16-week supplementary course in

OPERATIVE ASEPTIC TECHNIC

with instruction and practice in the general surgical, neurosurgical, plastic orthopedic, gynecologic, ophthalmologic, urologic and ear, nose and throat operating room services. Maintenance and stipend are provided.

For information write to:

DIRECTOR, SCHOOL OF NURSING THE JOHNS HOPKINS HOSPITAL BALTIMORE 5, MARYLAND, U.S.A.

WILLS EYE HOSPITAL Philadelphia, Penna.

The largest eye hospital in the United States offers a six-month course in Nursing Care of the Eye to Graduates of Accredited Nursing Schools. Operating Room Training is scheduled in the course.

- \$205 per month for the first four months. \$215 per month for the last two months.
- REGISTRATION FEE is \$20
- Course starts March 15 & September 15. Ophthalmic Nurses in great demand for hospital eye departments, operating rooms & ophthalmologists' offices.

For information write to:

Director of Nurses, Wills Eye Hospital, 1601 Spring Garden Street, Philadelphia 30, Penna.

ROYAL VICTORIA HOSPITAL

SCHOOL OF NURSING MONTREAL, QUEBEC

Postgraduate Courses

1. (a) Six month clinical course in Obstetrical Nursing,

Classes — September and February.

- (b) Two month clinical course in Gynecological Nursing.
 - Classes following the six month course in Obstetrical Nursing.
- (c) Eight week course in Care of the Premature Infant.
- 2. Six month course in Operating Room Technique and Management.

Classes — September and March.

3. Six month course in Theory and Practice in Psychiatric Nursing.

Classes — September and March.

Complete maintenance or living-out allowance is provided for the full course.

Salary — a generous allowance for the last half of the course.

Graduate nurses must be registered and in good standing in their own Provinces.

For information and details of the courses, apply to:—

Miss H. M. Lamont, B.N.
Director of Nursing,
Royal Victoria Hospital,
Montreal, P.Q.

BLAND'S CAPES

TAILORED BY HAND FROM

PURE WOOL CAPE CLOTH,

IN VARIOUS COLOURS,

LIGHT ON YOUR SHOULDERS,

FEELS COZY AND WARM.

THERE'S A WORLD OF



MILITARY COLLAR

Made only by

BLAND AND COMPANY

2048 UNION AVE., MONTREAL, P.Q.



Likes her coffee sweet...and her calories low

That's why she carries the 100-tablet bottle of Sucaryl with her when she travels. Just the idea that she's got her Sucaryl along — can have her coffee as sweet as she wants, whenever she wants, without being penalized by calories — helps make dieting lots easier. The point: Sucaryl, more and more, is becoming an important part of the daily pattern of living in (and outside) the home.

Abbott

ABBOTT LABORATORIES LIMITED . MONTREAL



THE CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA PUBLISHED IN ENGLISH AND FRENCH BY THE CANADIAN NURSES' ASSOCIATION

270 LAURIER AVE. WEST, OTTAWA

VOLUME 55

NUMBER 7

MONTREAL, JULY 1959

Five Years of Progress

N JANUARY 1, 1954 the Association of Registered Nurses of Newfoundland came into being - our own Association complete with an Act, an office and an executive secretary. A Provisional Council carried on the preliminary work until April when, at a general meeting, a Council was elected by the members. After our Association was officially "rolled in" at the Biennial Meeting in Banff, Alberta, we all became members of the Canadian Nurses' Association. The gavel of "Responsibility" was presented to our first President, Miss Elizabeth Summers, by the President of the Canadian Nurses' Association, Miss Helen McArthur, With the help of many nurses, we had at last reached our goal. We were members of the Canadian Nurses' Association and we were proud to be members!

Today we look back with pride. We feel that our Association is firmly established. We have laid steppingstones which have become solidly cemented and now form a foundation on which to continue to build. What has been accomplished in the past five years?

Personnel policies have been drawn up and distributed to employers of nurses.

Personnel policies have been drawn up as well for the staff of the association office.

Nurse recruitment week has been held annually. It has been received with rewarding results both in interest and enrolment.



JANET STORY

Registration examinations are held twice yearly.

Policies on registration have been formed.

Two chapters, one in Corner Brook and one in St. John's, actively carry out the aims of the association during the year.

The Committee on Nursing Service sponsored an institute for head nurses this year. It was held during one of the worst storms in living memory of Newfoundlanders and much credit is due the nurses who braved snow, rain, and wind, so as not to miss a session.

The Committee on Nursing Education held a workshop, which was also well attended and enthusiastically received.

The association has reached a position where it can now afford to bring in consultants to assist us. We are pleased at being able to do this for we feel it is one way in which we can improve the nursing care to our patients.

The association has established three scholarships for prospective student nurses. The scholarships will be available to students applying for admission to schools of nursing this fall.

The members of our association who have been privileged to attend meetings on the mainland, return with new ideas and with encouragement for their own ideas. These meetings have been most helpful to us in our task of trying to improve nursing in Newfoundland. Because of our geographical position we feel rather isolated but these meetings help to draw us closer to the national scene.

Having laid our foundations, we are now "ready to increase our efforts in promoting better nursing. The results of the work of a Planning Committee will direct our progress for the *next* five years. We aim to:

Establish policies for setting up a school of nursing.

Provide a Nursing School Advisory Board.

Review policies on registration.

Establish a provincial Student Nurses' Association.

Prepare a cost analysis of the education of a student nurse.

Undertake a statistical survey of nurses in Newfoundland.

Work for licensure for nursing assistants under the direction of the Registered Nurses' Association.

Hold a yearly refresher course for

Review registration examinations as to method and results.

It has been of concern to schools of nursing here that all students do not have the matriculating subjects considered necessary for nursing and postgraduate study. As a result of talks with officials of the Department of Education we have been invited to name a nurse to be a member of the Advisory Committee on Education. This representation, we feel, will help greatly in improving the academic qualifications of our student nurses.

We have expanded tremendously both in the amount of work we do and in stature. At our annual meeting in April, 1959 the matter of an increase in fees was considered. The response of the majority of the members was most gratifying. They realize how much the association has grown and how it will continue to grow. The increase was approved by the majority of those present. With such encouragement from the membership we are now ready to continue our efforts to improve nursing education and nursing service in Newfoundland.

The help from the Canadian Nurses' Association and from the other provincial associations has been invaluable. We are looking forward to the time when we will be able to be hostess to the Canadian Nurses' Association and to Canadian nurses at a biennial meeting, to show them a little of the country and life of their youngest member, Newfoundland.

Janet Story President Association of Registered Nurses of Newfoundland

If you ever find happiness by hunting for it, you will find it as the old woman did her lost spectacles, safe on her own nose all the time.

— Josh Billings

What would have become of us had it pleased Providence to make the weather unchangeable? Think of the state of destitution of the morning callers.

- SYDNEY SMITH

This is Canada

Morley A. R. Young, M.D.

URING the past year it has been my privilege to visit each province of this country of ours, in connection with activities of the Canadian Medical Association. I want to introduce you to parts of your country which you may not have visited. I want you to look beyond your horizon and realize what a vast land this Canada of ours is. Nationalism may be vicious, but will you not try to cultivate a pride of country without arrogance, a desire to help and to lead in a world sick with suspicion and fear? If we can, in a measure, accomplish this it will be in keeping with the anniversary that was celebrated this month.

Four nations welded into one, with long historic past,

Have found, in these our western wilds, one common life at last.

Through the young giant's mighty limbs that stretch from sea to sea

There runs a throb of conscious life, of waking energy;

From Nova Scotia's misty coast to far Pacific shore.

She wakes, a band of scattered homes and colonies no more.

But a young nation, with her life full beating in her breast,

A noble future in her eyes, the Britain of the West.,

On the coat of arms of this Dominion you will find the Latin words, Ad mari usque ad mare, from sea to sea. On the east the cold and rough Atlantic, on the West the smooth and warm Pacific, and in between miles and miles of ever-changing country. In the East, lies the oldest land in this hemisphere, where the foothills of the Laurentians scarcely exist and the plains of the St. Lawrence Valley end abruptly in the Laurentian Plateau. On the West the vast and rolling foot-

During his term of office as president of the Canadian Medical Association, Dr. Young of Lamont, Alberta, visited each of the provinces in turn. He delivered this material as the sixth Archer Memorial Lecture in October, 1958.

hills of the recently born Rocky Mountains. Thus in our land we have the old and the new, the ancient and the more modern and you can sense it as you travel from place to place.

Other regional characteristics also become evident. There is the hospitality of the Maritimes, the conservatism of Ontario and Quebec — no reference to politics — the restlessness of the West, still a different atmosphere in British Columbia where our friends and relatives are British-born, Canadian nurtured and American influenced. Thus from St. John's, Newfoundland to Victoria, British Columbia there are local characteristics which we might note but the fact of most importance is that we are Canadians, one and all.

Our introduction to Prince Edward Island, "the million-acre farm", was from the upper deck of the Abeqweit as we approached Borden. The sea was calm, the sky a deep blue and the Island beautiful. To those of you who have never seen it, the shoreline and its cliffs are a rich brick red and the countryside so green that Ireland must have pangs of jealousy. We travelled by train from Borden to Charlottetown. For a time this allowed us to enjoy the scenery but before long the sun went down and quickly left us in the dark. Just at dusk a friendly cow, all black and white, tried to walk across a small trestle bridge but got her legs down between the ties. There she was until the train crew, and some passengers, helped her by the horns and tail, to go where she belonged.

Charlottetown is a beautiful old city. Out of our window we looked south over tree tops to the harbor and the red cliffs beyond. A little to the left we could see Government House. We visited it and noticed the slate doorstep worn deep by the feet of thousands who had crossed it on business or pleasure. We entered an historic room where a large table with chairs around it has remained as it was some 95 years ago. On a plaque on the wall we read,

In the hearts and the minds of the

delegates who assembled in this room on September 1st 1864 was born the Dominion of Canada. Providence being their guide they builded better than they knew.

Some years later, in 1873, Lord Dufferin was to remark,

I found the Island in a high state of jubilation and quite under the impression that it is the Dominion that has been annexed to Prince Edward.

We left "the Garden of the Gulf"₂ by air on a Sunday morning. As we gained altitude one could see the whole Island, an irregular patch of the greenest green in the blue Gulf of St. Lawrence. We were sorry to go, the friendship and the hospitality of the people of THE Island left nothing to be desired. We said we would come again. We did, and now I know that Prince Edward Island has much more to offer than potatoes!

Our plane landed in Moncton and from there we travelled south by automobile to Saint John and on to St. Andrews-by-the-Sea. It was a grand day for a car ride and we were driven across the greater part of New Brunswick. Much of this province is rather rugged, forests are still plentiful and the river valleys are beautiful. We passed many hay fields. It was the haying season and one's sense of sight and smell revealed why poets like to talk about.

Maud Muller on a summer's day Raked the meadow sweet with hay.

I did not expect to see so much unsettled country. One would think that this land could support many more settlers. Saint John is an ancient town. Many of the streets are narrow and the walls of the houses meet the cement of the sidewalks, or cobble stones as the case may be, without a blade of grass in between.

St. Andrews and the area around it is steeped in Canadian history. Here United Empire Loyalists of pedigree stock are to be found. A kind lady gave my wife a book full of local color and history. Loyalty in the days gone by had more of purpose about it than the brand we are apt to see today.

Along the banks of the St. Croix River, the French, the Indian and those of British background, be they Canadian or American, came and went. Place names tell of the people who lived and who still live in New Brunswick, Passamaquoddy Bay, Calais, Dieppe, Nauwigewauk, Manawagonish, Newcastle, Chatham, Bristol, etc.

Sweet maiden of Passamaquoddy,
Shall we seek for communion of souls
Where the deep Mississippi meanders
Or the distant Saskatchewan rolls?
Ah, no! In New Brunswick we'll find it
A sweetly sequestered nook
Where the swift gliding Skoodoowabskooksis

Unites with the Skoodoowabskook.5

We returned from St. Andrews to Saint John and had an opportunity of seeing the Saint John River running in the opposite direction to what it was when we went down. The famous tides of the Bay of Fundy cause this river to reverse its flow every day. It tumbles vigorously towards the sea on one occasion and up the river inland on the next. In Saint John friends were kind to us again, took us out to supper and then to the Exhibition Grounds where the sulky races were on and we watched the trotters and the pacers circle the track, on a beautiful evening of early September.

To reach our next port of call we went by one of the Princess ferry boats to Digby, Nova Scotia. It was a mill pond crossing of the Bay of Fundy. This patch of water does not always behave in such a ladylike manner. We did make the mistake of spending the previous night on the boat and listened to the sound of freight being loaded from dusk to dawn. However that was soon forgotten.

Digby is a resort town, most active during the summer months. It is located at the southern tip of the Annapolis Basin, which is entered from the Bay of Fundy by a very narrow strait known as the Digby Gut. Into the northern end of this basin flows the Annapolis River. This calls to mind "Annapolis? Oh yes, Annapolis must be defended; to be sure Annapolis should be defended. Pray, where is Annapolis?"6 While in Annapolis Royal we visited Fort Anne and spent a short half hour in its museum where we dipped into the past before travelling on to Evangeline's country.

In the Acadian land, on the shores of

the Basin of Minas,

Distant, secluded, still, the little village of Grand Pre

Lay in the fruitful valley. Vast meadows stretched to the eastward,

Giving the village its name, and pasture to flocks without number.

At Digby we were treated to a shore party where lobsters and clams were prepared on the spot and dispensed by experts. The handling, on our part, of freshly boiled lobster may not have been expert but it was efficient and over 600 red shelled molluscs were consumed by some 300 people!

Our journey continued by auto to Halifax, by way of Berwick, Kentville, Wolfville, and Windsor, all towns in Nova Scotia's apple country. We bought some apples that were not the best, the best being shipped to other parts to maintain the reputation of this famous Annapolis apple country.

A person from Nova Scotia may be referred to as a "Bluenose." This nickname is derived from the MacIntyre Blue Potato, with bluish eyes and "nose." In 1787 shipments of these potatoes to Boston were invoiced as "blue noses." Sam Slick made the name popular and it remains with us to this day.

Our plane left from Dartmouth on the north shore of the Bedford Basin, on which Halifax is situated. We were late and so we tore past the north end of the harbor bridge, along the winding streets of Dartmouth, past the Imperial Oil Refineries, the R.C.A.F. Station and up the hill to the airport. We had scarcely time to weigh our luggage before we were ushered onto the plane and we were on our way to Newfoundland.

Below us was Nova Scotia, then Cape Breton Island with Prince Edward Island to the west, and then the wrinkled surface of the Gulf of St. Lawrence. Here and there on this blue expanse one could see ships of pleasure and of commerce, the occasional one large and mighty, as big as a match, bound for Europe, the occasional one small, looking like a water flea, significant of coastal trade, not venturing too far out into the deep.

In the late afternoon the rugged shores of the Avalon Peninsula came into sight and we were circling the air field of St. John's, Newfoundland. One could see at least 2,000 people around the airport as we taxied into position. It was soon evident that the



Dalhousie University

welcome was not for us but for some four members of the wrestling brotherhood who were on the same plane. The identity of the "good boy" or the

"bad boy" was not evident.

Newfoundland might be said to be a province of extremes, from rocks to fertile fields, from the bleak northern shores to the pleasant southern bays and inlets, from poverty to riches, with little of a so-called middle class, the oldest inhabited area of our Dominion yet the youngest member of Confederation. In the realm of the good heart however all the adjectives are in the superlative class. Newfoundland has been referred to as "a home entirely surrounded by hospitality." s

With the help of an automobile we reached the top of Signal Hill on the north shore of the famous narrows into the harbor of St. John's. From a tower on the top of this hill the first wireless message was received and sent, and the name of Marconi became a part of history. Standing in this spot it takes so little imagination to create an atmosphere of wonder and awe at man's ingenuity, and so much in the realm of self-control to keep from becoming emotional. Three or four hundred feet below you is the open Atlantic and 1900 miles straight ahead of you is Ireland, with nothing in between but water.

Gander Airport is a crossroads of the world. Here, one sees signs in many languages, airplanes from many countries, costumes of many races.



Petty Harbor, Nfld.

Here is a ceaseless going and coming from the ends of the earth. One's curious nature asks quietly, "To what end?"

Leaving Gander, we circled to the west over rocky hills, with myriad lakes and streams, the forest becoming heavier as we approached the green fields of the western side of the island. We landed for a few minutes at Stephenville which is obviously an U.S.A.F. station with R.C.A.F. visitors around. The swell from St. George's Bay wet the western end of the runway as we rose above it on our way "up along" as a Newfoundlander would say. So we leave behind

that place far abroad where sailors gang to fish for codo

These lands we have been visiting are referred to by custom as "The Maritimes." Canada is maritime on three sides and it was to the maritime province on the west that we next travelled. British Columbia is the only Western maritime province. We in the Prairies speak of going to "The Coast" when we are thinking of that area of B.C. in which a good deal of its population is concentrated — the Fraser Valley and the Vancouver-Victoria area. Inland in its mountain valleys many people live but there are no large centers of population, apart from the maritime region.

For many years the Rocky Mountains were a barrier between what was called British Columbia and the rest of



The city of Calgary

Alberta Govt. Photo

the Dominion. This was really only the small southwestern portion of the province. Today to the east and north much activity has developed. This, together with air travel, has rendered the Rocky Mountains obsolete so far as a barrier is concerned. B.C. used to look south for neighborly associations. Now she can look east.

Geographically you would remember British Columbia because of its north-south characteristics. Its mountain ranges, its valleys, its rivers, its lakes are all arranged in a north-south pattern. The next time you fly to Vancouver take note of this and as you pass into "the West beyond the West" perhaps you can say with George Brown, "British Columbia, the land of golden opportunities." 11

Alberta.

In token of the love which thou has shown

For this wide land of freedom, I have named

A province vast, for its beauty famed, By thy dear name to be hereafter known.₁₂

The Alberta latitude is from 49° to 60°, its longitude from 110° to 120°. Alberta has prairies, parklands and forests, it has mountains, foot-hills and plains. You have often heard of its resources and its potentialities. You should know that its climate is delightful and that sunshine is its trademark. Most important of all you must know that this is a free land where honest

people of any race or creed may find a home. This freedom requires from each one of us eternal vigilance to protect those things which are part of the British way of life.

Our neighbor to the east gets its name from the mighty river system which crosses its territory. For years this river was the high way to the west. The Saskatchewan, or Kissaskatchewan, as Butler₁₃ calls it, is an Indian word meaning "rapid flowing river." This rapid river stretches from the Rocky Mountains to Lake Winnipeg



C.P.R. Photo

Lake Louise



Civic Auditorium, Winnipeg

and is as much a part of the history of the Canadian West as is the buffalo or the fur trade.

The origin of place names is always interesting. The story is that a traveller fixed his cart with the help of a jaw bone of a moose, while travelling in the vicinity of the city that now bears the name of Moose Jaw. The story does not tell how a moose got down into buffalo country. This part of Canada has been referred to as, "the most magnificent expanse of virgin soil that remains unsubdued on the face of the earth." 14

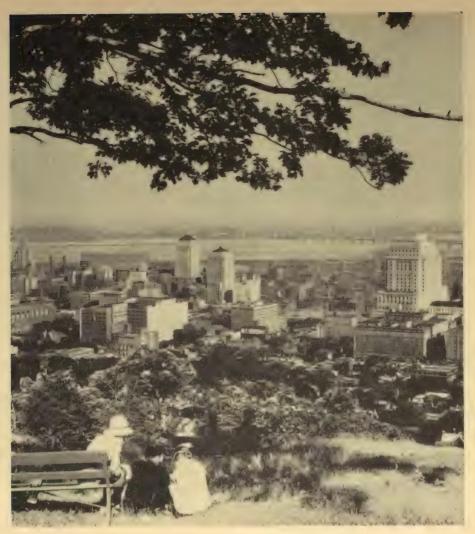
I drove from Regina to Moose Jaw over country as flat as a table. It was this land which caused the poet to exclaim, "The unshorn fields, boundless and beautiful, for which the speech of England has no name. The Prairies." 15 One cannot help but marvel at the fortitude of our ancestors who tramped across those plains at the tailend of a Red River cart. This is the great wheat land where fortunes depend on nature's supply of moisture.

To the south of the city of Moose Jaw is a most modern hospital of some 400 beds. It is beautifully equipped, well organized and filled to overflowing with mentally and physically backward children. The inmates of this hospital get the best care modern science can give them and yet the most optimistic outlook is that less than 5 per cent will ever be able to look after themselves even with supervision.

May I again mention this great river of the prairies. Homeward bound we saw it from the air, the South Saskatchewan and Saskatoon, the North Saskatchewan and Prince Albert and North Battleford, modern cities situated where the buffalo used to stop to drink. Just west of North Battleford in my imagination I saw Simpson and his retinue paddling upstream to Fort Edmonton. Then in the words of Tennyson "I dipt into the future far as human eye could see, Saw the visions of the world and all the wonders that would be."16 No wonder Shakespeare "we are such stuff as says of us, dreams are made of."17

The Prairie provinces are known to all Canadians. Manitoba was referred to as The Prairie Province by Hamilton in 1876.₁₈ With the formation of the other two provinces in 1906 they were included in this term. Manitoba is the smallest of the three but in spite of this and its central location it boasts a seaport! It resembles British Columbia in one respect, namely, that a good deal of its population is found in the southern part of the province.

Winnipeg is Manitoba's only large city. It used to be called "The Gateway to The West," and it still is in many respects, other towns also call themselves gateways. The junction of the Red and the Assiniboine Rivers takes place in the heart of the city. This adds beauty to the place even if there is some danger of floods at times.



Montreal as seen from Mount Royal

I never approach Winnipeg from any direction without looking for the turrets made famous by Whittier's poem which I recite to myself.

Out and in the river is winding The links of its long red chain. Through belts of dusky pineland And gusty leagues of plain. Only at times, a smoke wreath With the drifting cloud-rack joins -The smoke of the hunting lodges Of the wild Assinaboines. Is it the clang of the wild geese? Is it the Indian's yell? That lends to the voice of the north wind The tones of a far-off bell? The voyageur smiles as he listens To the sound that grows apace; Well he knows the vesper ringing Of the bells of St. Boniface.

The bells of the Roman Mission, That call from their turrets twain, To the boatman on the river, To the hunter on the plain. 19

We left for home by air on a pleasant afternoon. By the time we had reached Portage La Prairie we were 14,000 feet in the air and there below us was the winding Assinaboine. Northward was Lake Manitoba with the point of land projecting into the south west margin of the lake. I could see the famous prairie marshes, the home of countless Canvasback and other ducks of international fame. Manitoba dropped behind, Saskatchewan was below us and Alberta just ahead and again the thought, "This is Canada" came to my mind.

The winter was to pass before we



Parliament Bldgs., Ottawa

made calls on the two remaining provinces, Quebec and Ontario. Chez-nous in Quebec was at Ste. Adele-en-haut forty miles north of Montreal. We refreshed old memories for a few hours in that old city on the Isle of Montreal. We were travelling by car and had the freedom of time and place associated with this means of travelling. In the late afternoon we entered the Laurentians. I thought again of the suddenness with which one moves from plain to hills in this area.

Ste. Adele is a beautiful spot in this land of lakes and streams, this land of two languages, two cultures, two traditions. "Quebec remained British because it was French." After a pleasant three days we drove to Ottawa along the north bank of the river of the same name. You have heard of the Gatineau Hills and the Gatineau River.

both famous in stories historical and otherwise. You have heard of the land of Maria Chapdelaine and of Champlain. Gaspe and Anticosti you have marked on your maps, Montmorency Falls and the Plains of Abraham have invaded your history books. This was the land we were in, this was Quebec. Mathew Arnold said, "Quebec is the most interesting thing by much that I have seen on this continent." 21

Quebec differs from all other provinces of Canada in the fact that here the two official languages are always recognized, French and English appearing everywhere. In the years to come when there is one official language for the whole world this will not matter. At the present time bi-lingualism is an asset and for the sake of harmony should be more universal than it is.

We crossed the bridge from Hull to Ottawa and drove through what was once By-town but is now Ottawa, our Federal Capital. In passing the Parliament Buildings one would hope that here might be the symbol of the Canadian way of life — Peace as suggested by the Tower and solidarity as evidenced by the rocks upon which the buildings rest. After a night of rest we drove on to Toronto, going by way of Peterborough, through the lake country. It was rather early in the morning and for a time we had the road to ourselves. The leaves were just coming out and the early spring flowers were along the roadside. It was all very nice, very quiet and very refreshing.

Dorothy Duncan has said of Ontario — "Ontario is a state of mind, bounded on the east by a foreign language, on the north by wilderness, on the west by the hungry prairies, and on the south by another country." 22 Our travels would lead us to believe that Dorothy Duncan might be clever with words but not too accurate as to observation.

In telling of this province some of our descriptive adjectives will again have to be in the superlative degree. Ontario has the largest population of any of the provinces. It must have two of the largest counties in the world since it would seem that most of the people living in the three prairie provinces come from either the County of Huron or the County of Bruce. The Duke of Wellington once said, "If you lose Upper Canada you will lose all your colonies, and if you lose them you might as well lose London." Ontario has apparently been well thought of for some time.

Ontario has the Great Lakes. There is no other water system like them anywhere else in the world and the St. Lawrence Seaway will bring Liverpool to our doors. Large ocean ships will sail half-way across a continent and Champlain's dream of a route to the Western Sea is more than half realized. Dreams do, sometimes, come true.

We enjoyed our stay in Ontario, we had a pleasant time with its people. It had been a good year, a year full of pleasant things and kind thoughts, a year of many meetings and much travelling, a year of new names, new faces, new friends. Thus is life made worthwhile.



Canada's Memorial

REFERENCES

- 1. Agnes M. Machar. Dominion Day 1879. Can. Monthly III, 9.
 - 2. Popular term for P.E.I.
- 3. Lord Dufferin letter to John A. Macdonald.
- 4. Poem by J. G. Whittier, "Maude Muller."
- 5. James De Mille "Sweet Maiden of Quoddy" New Dom. Humorist, Apr. 16/1870.
- 6. Duke of Newcastle, Prime Minister, 1758.
- 7. Poem. Henry W. Longfellow, "Evangeline."
- 8. Newfoundlanders' popular description of their Island.
- 9. Poem. Robert Burns "The Twa Dogs," 1786.
 - 10. 19th Century term for B.C.
- 11. George Brown, Confederation Debates, Feb. 8th 1865.
- 12. Marquis of Lorne to his wife Princess Louise Caroline Alberta.
- 13. Capt. Butler in "The Great Lone Land."

- 14. A. Sutherland, "Summer in Prairie Land," 1881.
- 15. Poem. Wm. Cullen Bryant "To the Fringed Gentian."
 - 16. Tennyson's Poem "Locksley Hall."
- 17. Shakespeare, "The Tempest," A. iv S.1, line 148.
 - 18. Book title, J. C. Hamilton, 1876.

- 19. J. G. Whittier poem "The Red River Voyageur."
- 20. George M. Wrong, "Canada and the Amer. Revolution" 1935, 260.
 - 21. Mathew Arnold letters, 1895.
- 22. D. Duncan, "Here's to Canada," 1941.
- 23. Duke of Wellington to the Colonial Office, 1837.

Myocardial Infarction

SISTER RITA McDermid, R.H.S.J.

MR. CARSON, A 64-YEAR-OLD MAN, was admitted complaining of having had an attack of severe chest pain. A diagnosis of acute myocardial infarction was made. The myocardial infarction, that is, the death of an area of heart muscle was due to a coronary thrombosis which caused an ischemia. This in turn was really a complication of arteriosclerosis which had been gradually developing.

Arteriosclerosis or "hardening of the arteries" of the heart is associated with aging. The presence of diabetes, high blood pressure, or excessive fat in the blood probably accelerates its development. Eventually a clot forms in a narrowed artery, shutting off the flow of blood to the area of the heart supplied by that artery. This is termed a coronary thrombosis.

The area of the heart deprived of its blood supply undergoes a process of necrosis, termed myocardial infarction, in which the cells die due to lack of oxygen and nutritive material. The agonizing chest pain is probably due to the lack of oxygen in the damaged area. The dead area of muscle is at first very soft. Later the infarct is replaced by fibrous tissue if the patient survives. This fibrous tissue is weaker than heart muscle and the wall of the heart may bulge at the site of the scar.

For the first few weeks after the in-

Sister McDermid, a senior student in St. Joseph's School of Nursing, Hôtel Dieu Hospital, Kingston was awarded the first prize of \$25 in the competition sponsored by the Macmillan Company of Canada.

farction the patient's life is in jeopardy. During this period the damaged heart may rupture causing instant death or the patient may go into shock because the injured heart cannot exert enough force to maintain the pressure level that is essential for an adequate blood flow. Furthermore, the normal propagation of the electrical impulses which initiate each contraction may be disturbed. This results in the establishment of dangerous rhythms within the heart.

Typically the pain of myocardial infarction is a severe and crushing sensation in the middle of the chest which lasts for hours. The pain is not relieved by nitroglycerine and requires large doses of morphine to make the agony bearable. Associated with the pain are evidences of shock - pallor, drop in blood pressure, feeble heart sounds, weak pulse volume and sweating. The patient may die suddenly at the onset of the condition before he experiences much pain, or within a few moments. More often however, the pain ceases after a few hours and the patient revives from shock.

Medical History

Four days previous to his admission Mr. Carson experienced pain across the front of his chest. This pain came on gradually and was a steady, tight ache which recurred intermittently for three days. He was not troubled by nausea or vomiting and did not suffer from dyspnea. On the day of his admission the chest pain became more severe and continuous. It was like a crushing sensation in the substernal area which did not radiate.

He was visited at his home by the doctor and received an intramuscular injection of 100 mgm. of Demerol to relieve his pain. In the evening he was admitted to hospital by stretcher and helped to bed with as little exertion as possible. His chest pain had subsided and there were no signs of shock. His temperature, pulse and respirations were recorded as 97°-84-20. His pulse was regular and of good volume. The blood pressure reading was 120/80. His color was fairly good and he rested quietly, dozing at intervals. There was no dyspnea or cyanosis and the administration of oxygen did not appear to be indicated.

Clinical Investigation

A medical history was taken and a physical examination was performed by the intern on the morning following admission.

Some 20 years before Mr. Carson had been operated on for stomach ulcers and since then had not been troubled with gastric disturbances.

Further surgery was performed several months ago when a large growth was removed from the colon. The pathologist's report on the tissue removed indicated an infiltrating adenocarcinoma extending into the muscle coat but not to the serosa, Sections of lymph nodes removed from the area showed reactive hyperplasia but no evidence of secondary tumor. Mr. Carson made an uneventful recovery from this operation. On his discharge from hospital, he continued his convalescence at home and had not yet resumed any active duties when the episode of chest pain occurred necessitating his readmission to hospital.

Physical examination revealed that the respiratory system was normal. The rhythm of the heart beat was irregular with what appeared to be an extra systole after every alternate normal beat. There was no evidence of heart failure or edema. Palpation failed to reveal any mass or tenderness in the abdomen and the liver was not en-

larged.

Social History

Mr. Carson had served with the Canadian Army overseas during World War I. He received injuries in his left foot while on active duty but suffered

no permanent disability. In recent years he was employed as a civil servant and enjoyed comparative comfort and security. Following his bowel operation he had been living a quiet and inactive life while trying to regain his strength.

His home life was happy. He was surrounded by affection from both his family and his many friends. His amiable disposition and likeable nature endeared him to many and in his quiet way he exerted considerable influence

over those around him.

Mr. Carson was a religious man and derived great comfort and strength from his convictions. He was accustomed to temperance in eating and drinking and enjoyed living quietly. His hobbies included gardening, particularly the cultivation of flowers, and reading. Baseball, hockey and other sports gave him passive enjoyment and he followed these activities with keen interest.

Financial worries did not present a problem since his hospital expenses were covered by insurance. He and his wife could live comfortably in the future on the pension he received from the government. He asked very little of life and only wished to recover his health sufficiently so that he could return home and quietly live out the rest of his days in the enjoyment of his home and family.

Laboratory Results

The results of urinalysis were fairly normal. The alkaline reaction instead of the normal acid reaction was not of any great significance. The presence of a trace of acetone showed that there was a small amount of ketone bodies in the urine as the result of a slight metabolic disturbance. The presence of a few white blood cells in the urine may be considered normal.

Mr. Carson's hemoglobin was 102 per cent. This was within the normal limits of 90-105 per cent for a man.

An electrocardiogram was done at the bedside. This test is a visual representation of the electrical activity of the heart and is a valuable diagnostic aid in determining the presence and extent of heart damage. The interpretation of the results showed that an anteroseptal myocardial infarction had occurred. This electrocardiogram was

Test	Result	Normal	Significance
White Blood Count	11,750	5000-9000/cu.mm.	The white blood cells were slightly increased showing that there was a slight leucocytosis. There is normally a leucocytosis present the day following a myocardial infarction resulting from the absorption of necrotic material from the infarct.
Differential White Blood Count	Lymphocytes 19% Neutrophiles 75% Stab Cells 3% Monocytes 3% Eosinophiles Basophiles	20 to 25% 65 to 75% none 3 to 8% 2 to 5% ½ to 1%	The differential white blood count revealed that the percentage of neutrophiles was slightly increased — neutrophiles 75% plus stab cells 3% giving a total of 78% as compared to the normal range of 65 to 75%. This finding coincided with the slight leucocytosis present.
Sedimentation Rate	10 mm. in 1 hr.	0-9 mm. in 1 hr. (Westergren method)	There is usually an increase in the sedimentation rate following a myocardial infarction. The sedimentation rate then gradually returns to normal and is often used as a means of determining the progress of healing of the injured heart muscle. Mr. Carson's sedimentation rate of 10 did not show any elevation at the time that the test was taken.
Prothrombin Time	67%	80 to 100%	Mr. Carson had already received 200 mg. of Danilone — an anticoagulant — when this test was performed. The result was therefore below the normal value and indicated that the Danilone had already begun to act in decreasing the rate at

compared with one done three years previously, and reported as normal. Subsequent electrocardiograms were done and marked improvement was noted at first, but changes were minor at later dates.

Treatment and Nursing Care

From the first moment of his admission to hospital Mr. Carson became the centre of a concentrated medical effort which had but one end in view — his ultimate recovery. Relief from pain, rest and reassurance formed the basis of all treatments and nursing care.

The first 24 hours following the attack were the most critical ones. During this time attention was mainly directed to keeping Mr. Carson comfortable and free from pain, with a minimum of disturbance and exertion. An injection of 100 mg. of Demerol was ordered intramuscularly for the relief of chest pain whenever necessary. Demerol is a synthetic substitute for morphine and

which the clotting of the blood occurs.

has an analgesic action that approaches

morphine in effectiveness.

Complete bed rest was ordered meaning absolutely no exertion and an abundance of sleep. A damaged heart needs to be put at rest as much as possible in order that healing may take place. This is accomplished by limiting physical activity and thus decreasing the load of work which is normally

placed upon the heart.

Mr. Carson had to be fed, washed, lifted and turned in bed, helped on and off of the bed-pan, so that he would be spared any exertion. Reassurance was necessary in order to make this form of treatment agreeable to him. The experience of being a helpless invalid confined to total inactivity was hard for Mr. Carson to accept. With explanation and encouragement he cooperated wonderfully well and half the battle was won. This ready docility continued to help him throughout the long weeks of recovery.

The observation of symptoms was extremely important. This included his general appearance — his color, whether cyanotic or normal, his expression, whether anxious, pained or relaxed. He was observed for signs of dyspnea or coughing. His blood pressure was checked twice daily and oftener as directed. Temperature, pulse and respirations were taken at four-hour intervals, and in addition to the pulse rate, the volume and other irregularities were recorded.

After the critical 24-hour period following the attack the nursing care was mainly aimed at the achievement of complete physical and mental rest. This meant that nursing care had to be thoughtfully planned and executed by grouping treatments, avoiding noise, jolting and disturbances and by antici-

pating needs.

A cheerful approach was the best ally in dispelling the anxiety which is common to all those affected with heart disease. Mr. Carson responded readily to cheerfulness and optimism.

A complete bed bath was given each morning. This was a simple but effective means of promoting comfort and stimulating the circulation. Particular care was given to the areas most likely to develop decubitus ulcers — the buttocks and the bony prominences.

The doctor ordered a light diet which consisted of easily digested food in small quantities. This avoided overburdening the digestive system with resultant strain on the heart. Mr. Carson was accustomed to smoking at least one package of cigarettes a day, but at the insistence of the doctor he consented to forego this pleasure. Smoking is believed to have an effect on the circulatory system whereby there is a rise in blood pressure and the burden on the heart is increased.

Visitors were restricted to his family. They were very cooperative and understanding in avoiding all worrisome topics of conversation.

Medications

Neurotrasentin tablets were ordered four times daily as an aid to rest and relaxation. Neurotrasentin contains trasentin, which has an antispasmodic action.

Phenobarbital gr. 1/4, a barbiturate, was given in small doses to reduce nervous excitability and control the fear

and anxiety that intensify the distress of myocardial infarction.

Nembutal sodium gr. 1½ was ordered every evening at bedtime if necessary. Nembutal, or pentobarbital sodium is used for its hypnotic effect. However, Mr. Carson found that he could get along very well without this nightly sedation and slept soundly.

The first day after admission, anti-coagulant therapy was begun with the administration of 200 mg. of Danilone. Danilone is a synthetic anticoagulant which lowers the concentration of thrombin in the blood and thus lowers the prothrombin activity. It is used prophylactically in the treatment of myocardial infarction to prevent the formation of further intravascular blood clots. In this way the complications of peripheral venous thrombosis and pulmonary embolism can usually be avoided. The continued dosage of Danilone is adjusted as the prothrombin time indicates.

The results of the prothrombin time for the first few days were as follows:

Prothrombin

DatePatientControlContent1st day18 sec.15 sec.67 per cent2nd day24 sec.14 sec.30 per cent

The dosage of Danilone was prescribed each morning depending on the results of the prothrombin time as determined on the morning of that day. The usual dosage at first was 100, 150 or 175 mg. To maintain the prothrombin content between 20 and 30 per cent.

After the first day, the prothrombin content dropped to 11.5 per cent and the following day it was less than 10 per cent. Danilone was discontinued for a few days until the level was 46 per cent. It was then administered in reduced dosages of 50 to 100 mg. daily.

During the course of anticoagulant therapy Mr. Carson was observed closely for any signs of hemorrhage, such as: bleeding from the gums; purplish, hemorrhagic areas under the skin, or hematuria. Even when the prothrombin content dropped to less than 10 per cent Mr. Carson did not show any hemorrhagic tendencies.

A laxative of milk of magnesia with cascara was ordered as required to prevent constipation and straining at stool. The effort of trying to have a bowel movement may place such a strain on the heart that it might even prove fatal. Mr. Carson had a slight rise in tem-

perature on his first day post-admission, from 97° to 99.4°. On the second day his temperature rose to 100.4° but on the third day it returned to normal. Fever usually follows in 12 to 24 hours after an attack of myocardial infarction and may vary from 100.4° to 102°F. by rectum, for a few days. The fever is caused by tissue necrosis in the affected heart muscle.

Mr. Carson's pulse was 84 on admission and of good volume. It was 112 on the second day, then gradually, over a period of several days, returned

to a level of about 84.

One week after admission, in early morning, Mr. Carson experienced pain in the cardiac region and left upper arm but failed to report this. The pain subsided some two hours later and was not mentioned until mid-morning. His pulse was then 84 and regular. The blood pressure reading was 140/80. At 1:30 P.M. 50 mg. of Demerol was given for the relief of slight chest pain. This was the only occasion on which Mr. Carson experienced chest pain during his hospitalization. An electrocardiogram showed that there had been considerable improvement since the last one.

A daily dose of 500 mg. of Redoxon - an injectable form of vitamin C was begun a week after admission and continued for three weeks. A deficiency of vitamin C may result in delay in healing of wounds or it may actually cause a breakdown in the healing process. Vitamin C was therefore important to promote healing of the damaged heart muscle.

After two weeks on complete bed rest, Mr. Carson was allowed to do small things for himself. He was able to sit up in bed, supported with pillows and with the head of the bed elevated. He enjoyed feeding himself and was able to do such things as clean his teeth, shave, and even some light read-

Three weeks post-admission Mr. Carson was allowed to sit out of bed in a comfortable armchair for about 20 minutes. He was observed closely for signs of fatigue, irregular pulse or chest pain. The effort of being out of bed tired him considerably but had a good psychological effect in making him confident of his progress. For the next few days he continued to spend

about 20 minutes each day sitting up in a chair. As the next step he was given bathroom privileges provided he had the assistance of an orderly.

Progress continued without any setbacks or reversals until the fourth week when Mr. Carson experienced an attack of weakness while in the bathroom. His pulse became rapid and irregular. He was assisted back to bed and in a short while his pulse became regular and slower and he rested com-

fortably.

Following this episode some of his medications were changed. Neurotrasentin was discontinued and Equanil tablets, 400 mg., were ordered three times a day. Equanil is one of the tranquillizing drugs and is described as having an anti-anxiety factor with muscle relaxing properties. Redoxon was discontinued and Demerol 25 mg. was ordered when necessary for any further pain. Mr. Carson was ordered to remain in bed for a few days before trying to sit up again.

Complications began to develop in the form of an intermittent fever which persisted for about two weeks. During this time Mr. Carson's temperature fluctuated throughout the day ranging between normal and 102.8°F. accompanied at times by chills and profuse diaphoresis. He had no complaint of pain or cough. His chest seemed clear and there was no apparent evidence of

thromboembolytic activity.

Treatment during this time included forced fluids and tepid sponges when the temperature persisted at about 102°F. Frequent sponge baths and backrubs were necessary due to the profuse diaphoresis. Psychotherapy became increasingly important in an effort to maintain Mr. Carson's morale and prevent discouragement and depression. His blood pressure fluctuated with variations from about 120/80 to as low as 80/50. Readings were taken every two hours at this time.

Dicrysticin 1 cc. was prescribed intramuscularly twice daily. Dicrysticin is an antibiotic containing procaine penicillin G with potassium penicillin G, streptomycin sulphate and dihydrostreptomycin sulphate. It is effective against a wide variety of gram positive and gram negative organisms. Two tablets of aspirin phenacetin compound with codeine gr. 1/4 were ordered every

four hours to exert an antipyretic action. This medication was continued

for several days.

The dicrysticin was discontinued in favor of chloromycetin 250 mg., every four hours. *Chloromycetin* is a wide spectrum antibiotic which is capable of antibacterial activity against a large number of gram positive and gram negative organisms and against a number of rickettsial and virus infections.

Neovacagen tablets were ordered four times a day for two days. *Neovacagen* contains antihistaminics as well as vaccine against staphylococcal, pneumococcal, streptococcal infections

and hemophilus influenza.

Results of further tests showed that there was a slight leucocytosis and that the neutrophiles were considerably increased due to some infectious or inflammatory condition. The sedimentation rate of 52 mm. showed a marked increase over the level of 10 mm. on admission.

A chest x-ray showed only a few speckled calcifications in the right lower chest without any evidence of any acute process in the lung field. The cardiologist felt that Mr. Carson had a viral infection from which he seemed to be recovering well. A repeat chest x-ray showed soft, blotchy shadows in the lung field but no overt pneumonic consolidation was observed.

The chloromycetin was discontinued since Mr. Carson had begun to have frequent, loose bowel movements. *Kaopectate*, a mixture of kaolin and pectin, was prescribed four times a day to

control the diarrhea.

Mr. Carson had a slight cough a few days later for which the doctor prescribed *Cheracol* two drams every four hours. This is a sedative cough mixture containing codeine, chloroform and ammonium chloride.

Further laboratory investigation included a urine culture and a blood culture in an attempt to discover any infectious agents in the body. If the fluctuations in temperature had been due to a cystitis this would have been discovered in the urine culture. The result of this test was negative. The blood culture was done to rule out the possibility of septicemia. The blood culture was sterile.

Tetracycline phosphate complex, 250 mg. which is a broad spectrum antibiotic was prescribed four times a day. This medication was continued for five days. By this time the fever had almost completely subsided. There were no further deviations from the normal temperature. Mr. Carson gained

strength slowly.

Digitoxin was prescribed in an effort to improve the efficiency of the heart. The dosage was 0.4 mg. daily for three days, followed by 0.1 mg. daily. Digitoxin stimulates the heart muscle causing an increased force of systolic contraction, improved tone and increased irritability of the heart muscle. Mr. Carson stated that he felt decidedly better after this medication was begun.

Conclusion

In a recovery free from complications, a firm scar is formed at the site of the myocardial infarction in 5-6 weeks. During treatment in hospital the patient's activity is gradually increased and during his last week the patient is up walking about in his room. After discharge convalescence is continued at home and the duration of the rest-after acute myocardial infection should be three months or longer.

Mr. Carson did not expect to become very active at home. He was quite content to plan to live quietly following a routine that includes adequate rest, a light diet, suitable recreation and the avoidance of all excitement and stress.

He seemed to realize even without being told that he would have to continue to exercise care and patience and

respect his limitations.

His wife was extremely cooperative throughout his illness and assisted in keeping up his morale. It was equally important to give her every consideration and encouragement.

Knowledge is of two kinds: we know a subject ourselves, or we know where we can find information about it.

- SAMUEL JOHNSON

The nurses of Ecuador recently organized their National Association of Nurses, thus adding to the number of national nurses' associations.

Esophageal Diverticulum

Bernice Myers

RS COLE was admitted with the diagnosis of esophageal diverticulum. A native of Scotland, she came to Canada shortly after her marriage and her life had been devoted to her husband and five children. Not until recently had she suffered from any illness other than the usual childhood diseases. A few years ago her husband died, and Mrs. Cole went to live with one of her children. Following this, she first noticed the early symptom of her condition — a slight discomfort in the sternal region after eating. Occasionally she vomited a substance that she described as "frothy mucus."

These symptoms, not being too severe, went on for two years without any medical attention. Eventually her condition was diagnosed as esophageal diverticulum and she was advised to eat only soft foods, consisting mainly of canned baby food. During the year her symptoms grew worse, but no further treatment was carried out. Mrs. Cole started loosing weight rapidly and suffered from severe pain in the region of the diverticulum. She often became nauseated after eating. One week prior to admission to hospital she was unable to tolerate any nourishment, and her general health was poor.

Mrs. Cole was about five feet one, very neat in appearance, and she had a pleasing personality. She seemed somewhat apprehensive about her condition and admission to hospital. She stated that she had lost 50 pounds in the last year, and had been confined to bed many days. She was weak and pale and needed assistance in getting undressed

Since companionship is a means of diversion Mrs. Cole was placed in a four-bed ward with ladies of her own age, who had non-infectious diseases. This was to help eliminate the chance of cross infection, which was greater

Miss Myers, a senior student at Sarnia General Hospital when this study was written was awarded a first prize of \$25 in the Macmillan Award competition.

due to her age and prolonged illness. She had only been hospitalized once before, for a short period. She needed help and understanding in order to become adjusted to her new environment. Throughout this period, she received great enjoyment from talking with and listening to her room-mates.

In caring for Mrs. Cole we had to develop an understanding of her way of thinking, and we noted the amount of support she needed and expected from the nursing staff. An elderly person wants to be treated as a person, an adult, an individual. Maintaining the individuality of a patient is important in giving good nursing care. The aged especially want to think, to talk, to be listened to, and most of all not to be pushed around.

Medical Treatment

Mrs. Cole's treatment began with continuous 5 per cent glucose in normal saline intravenously, nothing by mouth, and bed rest. Since her mind was very clear and alert, she had no difficulty in understanding the explanation relevant to this. To relieve the dryness in her mouth she was encouraged to use mouth washes frequently. Brushing her dentures three or four times a day added to her comfort. During this stage of treatment she stated that she felt much better and she did not have vomiting or pain. It was also apparent that she was regaining some of her strength.

Maintaining normal physiological function is another important factor in the care of any patient. With the inconvenience of an intravenous running Mrs. Cole favored one position and had to be reminded to move about to relieve the pressure on her buttocks and to increase respiratory activity. Bed rest limited the range of movement in her joints — a matter of concern in the care of the elderly. To help correct this, Mrs. Cole was assisted in putting her limbs through a full range of motion when she was bathed each day. This, as well as proper positioning and a foot-board helped to maintain body

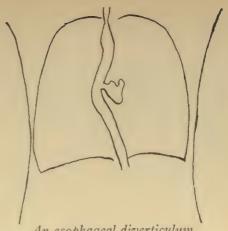
alignment. A record of her intake and output was kept to help in maintaining fluid balance.

When admitted Mrs. Cole was aware of the fact that she had an obstruction in the passage from her mouth to her stomach. It was expected that she would ask many questions about what would, or might, be done for her. Before any questions had arisen her doctor was contacted and while discussing her condition, he indicated that she would probably be having surgery and that he would appreciate it if the nurses would help to explain to her that she would be left with a permanent gastrostomy.

Anxiety is a state of dread or apprehension with respect to some anticipated danger. At the first mention of surgery it was evident that Mrs. Cole was afraid of its outcome, but did not admit it. Instead, she said immediately that it was out of the question; that she did not have enough money to pay for an operation. Her financial affairs were discussed with her son and it was found that she had adequate money. This lead to the belief that she was rationalizing and substituting financial difficulties for the real cause of her anxiety.

Although Mrs. Cole did not ask many questions, she was told about the anesthetic in simple terms and the operation was explained to her. The surgeon planned to make an opening into her stomach and to position a small rubber tube inside which would lead to the exterior surface. She would be fed through this tube. Her diet would consist of a variety of pureed foods corresponding to a regular diet. By this means, she would obtain the nutrients necessary to promote good health

Mrs. Cole's questions in regard to her operation dealt mainly with her after-care. It was only fair to answer her questions truthfully. In doing so her confidence was gained and a better rapport established. As time passed Mrs. Cole still showed signs of anxiety, but this was perfectly normal. She seemed to be relieved by continued reassurance and by allowing her to talk. She turned to her family and religion for much support. Her strong religious faith and her will to live were important factors in her recovery.



An esophageal diverticulum

The results of a gastrointestinal series of x-rays indicated the obstruction was almost complete. Mrs. Cole was booked for a gastrostomy. A short while after receiving an injection of Demerol 50 mgm, and atropine sulphate gr. 1/150 Mrs. Cole went to the operating room.

Postoperative Care

Following the operation the doctor told her nurses that the gastrostomy had been performed successfully with no apparent complications. When Mrs. Cole awoke in the recovery room she asked immediately about the operation and her chances for good health. In reply, she was told the surgeon's exact words.

By the time she had returned to her room she was suffering from the usual postoperative pain. This was relieved by medication. As had been done every night to protect the patient from any injury, the bed sides were put up. She was observed for signs and symptoms of shock or hemorrhage. Her blood pressure remained stable at 100/50, which corresponded well to the preoperative reading. Her color was good, her pulse regular and strong. Mrs. Cole had no nausea or vomiting which contributed to good recovery. As a comfort measure, to aid in circulation, and to prevent hypostatic pneumonia she was turned frequently. Massaging her back helped her to relax and get the rest she needed.

The next morning her nurses' conversation with Mrs. Cole indicated that she had adjusted well to surgery. Because of her positive attitude it was felt that her rehabilitation should con-

tinue at once for her welfare in the future.

Rehabilitation

"Rehabilitation means the restoration of the handicapped to the fullest physical, mental, social, vocational and economic usefulness, of which they are capable.", The aims in rehabilitating Mrs. Cole were, first of all to teach in simple terms the care and function of a gastrostomy; to promote the social and emotional adjustment of this elderly person to her gastrostomy; to make it possible for her to find companionship and create a satisfactory environment which would give her a sense of security; to make it possible for her to function at the maximum of her ability, thus giving her that necessary feeling of independence that she wanted.

Mrs. Cole and her nurses had talked over the advantages and disadvantages of a nursing home. She recognized the fact that she could probably be happy living in one, but felt that it would be more satisfactory to continue staying with her son, if she could care for herself. She was told that it was hoped that she would be able to do her own feedings by the time she left hospital. Arrangements were made for her family to come in to be taught how to prepare her meals. To Mrs. Cole, this seemed the sensible answer to her

problem.

When her gastrostomy tube was first put into use she felt relieved by its success and usefulness. The first day postoperatively, she was subject to nausea and was started on 5 per cent glucose in normal saline continuous drip per gastrostomy tube. She needed some help to understand the procedure and why the solution was given continuously. By this means, Mrs. Cole received 2500 cc. of fluid. That same night the drip was discontinued, and with the aid of an injection of Sparine 50 mgm., the patient slept soundly.

The following day she was given skim milk 1000 cc. Over a period of three days her feedings increased from a high protein, high caloric mixture to a regular diet prepared by means of a blender. At the beginning, the feedings were limited to 200 cc., and were given every two hours, day and night. The reasoning behind this was to administer only the amount that her stomach could tolerate comfortably at one time, and to provide the extra nourishment required due to her pro-

longed illness.

Mrs. Cole's hemoglobin had dropped considerably. To help build it up an iron preparation was added to the feedings, three times a day. In this same way, Magnolax was given on two occasions to aid in maintaining normal bowel function.

On the whole these feedings proved satisfactory, although on the second and third day postoperatively they prevented Mrs. Cole from sleeping uninterruptedly at night. This disadvantage was considered in planning her nursing care. During the day all procedures possible were carried out at one time so that she could sleep at regular

periods.

At this point Mrs. Cole's main problem was in accepting the fact that she would never again be able to sit down and enjoy a meal with her family and friends. She had always eaten small quantities but she enjoyed her food and liked to go out for dinner occasionally. This was realized before she had her surgery and her nurses tried to arrange their work so that they could be with her while the other patients were eating. The first day the nurse stayed with her, Mrs. Cole indicated that she was depending on her to do the same each day. It was felt that she might become too dependent so on the second day attention was limited to staying with her while meals were being served. Gradually she learned to accept her abnormality, and to realize that there were other things in life as important as eating. With permission from the doctor, she was given hard candies to suck which satisfied her sense of taste and relieved the dryness in her mouth. As time went on Mrs. Cole felt very proud to think that she had overcome another problem with much less difficulty than she had anticipated.

Although she had accepted this very well, it was necessary to protect her somewhat from the temptation to eat. In the morning her bath was started while the others were having breakfast. At lunch hour, before she was able to get up, she was assisted in doing exercises to help regain her strength. This was successful as a means of diversion and helped prepare her for the day that she would get out of bed.

By the fourth day postoperatively Mrs. Cole was receiving her feedings every four hours, starting at 10:00 A.M. and ending at 10:00 P.M. and consisting of 300 cc. each time. This was the equivalent of the 2000-calorie diet that she would be ordered on discharge. With these regular feeding periods it was possible to establish a routine for her which was followed for the remainder of her stay in hospital, and which included gradually increased activity each day. Most elderly people like a routine and Mrs. Cole was no exception.

Teaching her to feed herself properly was another point stressed in her care. It was explained to her what her feedings consisted of, how they were prepared and the actual procedure itself. Her son and daughter-in-law came to the hospital to observe the

gastrostomy feeding.

The family had a good understanding of what constituted a proper diet but since Mrs. Cole would require extra proteins and vitamins, they were given a diet sheet and pamphlets as reference. The use of the blender in preparing the feedings was demonstrated and it was emphasized that the mixture had to be thin in order to run through the tube freely. The family was anxious to learn, and appreciated the time spent with them. The doctor and dietitian helped a great deal in this phase of nursing care.

The care of the tube itself had to be explained. This consisted of sponging it with an antiseptic solution, before each feeding and removal once a month for sterilization by boiling. This rou-

tine in addition to cleansing, allowed for observation and correction of any abnormality.

Although it was estimated that by the time her discharge day came Mrs. Cole would be able to care for herself, continued professional care might be beneficial to her and her family. The son and his wife were told about the work of the Victorian Order of Nurses, the cost and of what use it could be to them. At that stage they felt that it would not be necessary to have V.O.N. assistance but they were glad to hear that they could contact this agency through their doctor if any problems arose in the future.

As time went on Mrs. Cole liked to watch the preparation of her feedings. Administering the mixture herself seemed to give her the feeling of independence which was so important to her.

Mrs. Cole progressed much more rapidly than had been expected. She regained weight and strength which enabled her to be up and about most of the time. Her entire outlook on life changed after her surgery and she began planning the things she would be able to do when at home. She took a new interest in her church and was happy to think that she could again take part in its activities.

Conclusion

Discharge day had a special meaning to Mrs. Cole. She was not only capable of caring for herself, but she was able to do things for others. From all reports Mrs. Cole has done very well. She has adjusted herself satisfactorily to her environment and is making the most of life.

It is beyond a doubt that everyone should have time for some special delight, if only five minutes each day to seek out a lovely flower or cloud or a star, or learn a verse or brighten another's dull task. What is the use of such terrible diligence as many tire themselves out with, if they always postpone their exchange of smiles with Beauty and Joy to cling to irksome duties and relations? Unless they admit these fair, fresh, and eternal presences into their lives as they can, they must needs shut themselves out of

heaven, and a gray dust settles on all existence. That the sky is brighter than the earth means little unless the earth itself is appreciated and enjoyed. Its beauty loved gives the right to aspire to the radiance of the sunrise and the stars.

— From "My Religion" by Helen Keller, Copyright 1927 by Doubleday & Co., Inc. * * *

It is by presence of mind in untried emergencies that the native metal of a man is tested.

— JAMES RUSSELL LOWELL

The Psychiatrist and the Child

TAYLOR STATTEN, M.D.

BECAUSE of the nature of psychiatric illness in children, the concept of teamwork is an integral part of their treatment. The most common cause for the referral of a child for psychiatric treatment is because he is not getting along well with other people, either outside or inside the family group. Usually some interested person or persons has tried to correct the situation before the child comes to a psychiatrist. For this reason a psychiatrist may find himself involved with a whole group of people concerned with the child's care. This is especially true of children who are in the care of agencies and schools. The greatest number of children coming under examination are school children. Usually the principal and teachers are ready to offer their helpful observations. They may form the nucleus of a team of interested professional workers involved in helping the child and family right from the time of the first referral.

Family Teamwork

Few children coming under the care of a psychiatrist have complaints that are entirely centred outside the family group. It is the rule rather than the exception for the psychiatrist to find that the child is in a family that is having many difficulties. Sometimes, especially at the start of treatment, these difficulties are not recognized by the other members of the family group. The troubled child more often than not is a symptom of a deeper family discord. It is generally safe to assume that the family teamwork has broken down in some way. It is the job of the psychiatrist to ferret out the kind of breakdown that has occurred, to discover how it started and to try to figure out the best and quickest way to build up the morale and spirit of the family team. Here are some of the

Dr. Statten is the director of the Department of Psychiatry, Montreal Children's Hospital, and an associate professor of psychiatry at McGill University.

factors contributing to family breakdown in the more typical cases.

It is a normal human ambition for parents to want healthy babies. A haunting fear of every mother and father is that they may bring into the world a child with a deformity something that will impede normal growth and development. The first reaction of any mother after birth is to want to examine her baby and to be reassured by her doctor that the child is normal and healthy. The despair and anguish that are felt when this is not the case bring a flood of guilt feelings from all the recesses of the mind. These feelings become focused on the child as the parents search for an explanation. It takes the finest skills of the medical profession and a tremendous belief and strength of character in both parents to be able to adjust to the situation of an infant with a physical abnormality.

A more difficult situation exists when a handicap becomes apparent only slowly as the child develops and where little hope exists for the correction of it. This latter problem exists in those families where a mentally retarded child is found. This condition presents so many problems that, at the present time, the medical profession has only touched the surface very superficially. A tremendous amount of energy and money will have to go into basic research if we are to understand this problem and find solutions to it. Any family with a difficulty of this nature will testify to the effects of the birth of such a child on family integrity, economy and relationships. Any problem in family teamwork developing as a result must be recognized and dealt with in addition to carrying out any corrective medical procedures for the child.

The most common kind of psychiatric problems in children develop in families where there are varying degrees of difficulties existing between the parents. In a study of family mental health certain investigators found that the healthiest family from a mental health standpoint was the one in which

there was the greatest amount of communication between the various members. The converse was also found to be true. The family with the poorest communication between its members showed poor mental health. The findings of Goldfarb, Bowlby, Spitz and others have proven very conclusively that babies raised in institutions and deprived of adequate mothering during the first year of life will produce personalities so severely distorted that they will always be severe psychiatric problems. Any situation that removes the mother from her baby in early infancy can be considered as a serious breakdown in family teamwork. It is sure to produce serious repercussions in the development of the child's personality.

Those of us who were forced to be away from our young families during the war know of the serious effects of such a separation and the subsequent difficulties in integrating the family. Anna Freud and Dorothy Burlingham have recorded the effect upon small nursery school-aged children of separation from their families as a result of the evacuation of children from the

bombed areas in England.

Physical and mental illness can break up the family team if the parents are involved. A parent can be so mentally depressed that, from an emotional standpoint, the situation may be even worse than a separation by distance. Physical illness has its emotional effect on the family as well as its economic consequences. Mental illness of one of the parents, especially when unrecognized and untreated, has a devastating effect upon a child and the family morale. In the families seen by psychiatrists called upon to treat the children, one frequently has to deal with a parent or parents whose mental illness has gradually and unrecognizably created difficulty for the entire family.

Psychiatric Team

Because of the nature of child psychiatric problems a team approach to the difficulties has been established. The basic members of the team are the referring physician, be he a general practitioner or a pediatrician, the psychiatrist, the social worker and the psychologist. The physician has usually

known the family for some time and often has attended the child since birth. His knowledge of the growth and development of the child and the interpersonal relationships of the family make him an invaluable source of information. He will continue to care for the child and perhaps the other members of the family when the current problem has faded and the psychiatric treatment has become only an important incident in the life history of the family.

The social worker is trained to investigate and understand the social and economic problems of the family. She knows the resources in the community and what they can offer. She is trained in the technique of casework and has a sound understanding of family and individual mental health. Through the technique of casework, which is an interview method, she is able to deal with the less severe personality diffi-

culties of the parents.

approach to the problem.

The psychologist is a non-medical, professional person who understands personality development. Through the use of tests of various kinds he can provide information about an individual's intelligence, way of thinking, approach to problem-solving and personality structure. The child psychiatrist makes his diagnosis with the aid of the social worker and psychologist. He develops plans that may involve many other people in a teamwork

The psychiatrist often decides to work closely with the child in order to develop a deeper understanding of the working of his mind and emotions as he interacts in the family. Treatment may be anything from a few interviews to many years of interviews. The frequency of the interviews will vary from once or twice a year after the initial interview to a daily visit. The average in the Montreal Children's Hospital clinic is once a week at the present time. Younger children reveal their anxieties, fears and conflicts in their play and thus indicate their innermost problems to the psychiatrist.

Teamwork within the Hospital

There are many aspects of teamwork that have developed in the hospital. Probably the most important person to a sick child is the person who is going to take mother's place when the child comes into hospital. The nurse and the parents form a primary team. They must work in close cooperation to help the child in his separation from his loved ones.

In the M.C.H. department of psychiatry we have a Day Treatment Center for emotionally disturbed preschool children. To the children at this center the nursery school teacher is the temporary mother substitute. She has been especially trained to understand the workings of the minds of these young children. For six or eight hours a week the children are brought into close association with the teacher and through her the child learns to know another adult with different values from those of the parent. The child also sees a psychiatrist, on a weekly basis, who has a deeper insight into the processes of the mind of the child and can interpret to the nursery school teachers the complex behavior symptoms observed in the playroom. The parents are not left out of the treatment. Parent discussion groups are held regularly with a social worker as the leader. Some parents require individual casework with a social worker or psychiatric treatment with a psychiatrist. Weekly conferences are held with all members of the team contributing their findings to the discussion. Over a period of two or three years of intensive focusing on the family situation in this fashion the orientation of the members of the family group towards each other changes significantly.

Our Mental Assessment and Guidance clinic is another example of teamwork to help the family work out the problems that confront them in bringing up a mentally retarded child. As the name of the clinic suggests the primary purpose is to assess and guide. A child psychiatrist, who has at his disposal all the medical specialists of the hospital, heads up the team. Again the social worker and psychologist bring their professional talents to the working of the team. The knowledge that a complete and proper assessment has been carried out helps to make the guidance program which follows acceptable to the family. That it is done by a team of professional workers who have the interest of each individual in the family at heart, makes possible some of the very difficult decisions that often have to be faced.

Community Teamwork

Our psychiatric, social service and psychology staff members serve in the community agencies. In many situations their role is that of a consultant to help child care workers deal with the deviant behavior problems that arise in their young clients. Family welfare agencies, training schools, child guidance clinics and public schools are some of the children's organizations that use our professional help. The greatest problem to the professional worker in this field is the lack of proper community resources where children who require special understanding can either live or go to school.

Teamwork with associations interested in specific problems of children, such as the Cerebral Palsy Association, the Association for the Help of Retarded Children and the newly formed Society for Emotionally Disturbed Children has been a characteristic of the professional staff of this hospital. Many medical and other workers from other professions serve on the Advisory Boards of these associations and there is a free interchange of ideas with the lay members of these groups who are dedicated to establishing resources and improving the quality of education and medical service.

Some of the areas of teamwork have been briefly outlined to indicate to you how psychiatric services work with individuals, the family in the hospital and in the community. As you can gather our work is complex and requires time. There are few wonder drugs which can change the outlook in a short period of time. Because of the many hours and years of work and the number of resource people required to guide the individuals and families to a healthier mode of adjustment, child psychiatric care is expensive. Like other illnesses, prevention and early treatment will save misery and expense in the lifetime of an individual.

Multiple Myeloma

ANNIE KUCZMAK

Etiology

MULTIPLE MYELOMA, or Kahler's disease, is a progressive, uniformly fatal disease. The name is derived from myelos, meaning marrow, and -oma, meaning tumor. There is rapid increase of myeloma cells which infiltrate the bone. The condition is probably due to neoplasm and spreads through the blood and lymphatics to the ribs, sternum, skull and vertebrae, causing pain, bone destruction, and pathological fractures. It is either the pain, or the pathological fractures that force the patient to consult a doctor, Myeloma cells also invade the soft tissues of the liver, spleen, uterus, kidneys, nerve roots, and spinal cord. In some patients a peculiar protein called Bence-Jones may be present in the urine, but this is not typical of all cases.

Myeloma cell itself was first differentiated from the Marschulko cell in 1900. In 1929, Arinkin began to study the cells by the aspiration of bone marrow from the sternum, iliac crest, ribs, and spine. These samples showed a variation of 2-90 per cent of the myeloma cells. The cell varies from a small, immature, dark blue, almost characteristic plasma cell to an immature anaplastic cell of 20-40 microns in diameter, in which the chromatin

tends to clump.

The cause of this fatal disease is unknown. It appears to be more common in men than in women, by a ratio of three to one. Usually the onset of the disease is in the late fifties, and it rarely occurs under the age of 35 years. Any race or class of people is susceptible. From the onset of the initial symptom, which is usually pain, the average life expectancy is two and one half to three years.

The Patient

Mrs. Thomas, aged 61 years, entered

Miss Kuczmak, a student of the school of nursing, University of Alberta hospital, received honorable mention for this study in the Macmillan Award competition. the hospital undiagnosed and totally unaware that her clinical manifestations would point to multiple myeloma. By nature she was a happy, pleasant woman, full of ideas and with a zest for living.

Prior to admission, she had worked as a cook in a hospital in a small town. She had two children but they did not live in the province and were unable to come and visit her, so that she seemed very much alone. Mrs. Thomas had worked hard most of her life. She was a widow, and was definitely not secure financially. During her hospitalization she remained bright and cheerful, and worked continually on fancy work for the women's organization of her church.

Subjective Signs and Symptoms

Mrs. Thomas first remembered having numbness of her right foot three years previously which gradually disappeared. The left foot also became numb but with the help of medication (of which she did not know the name) and a blood transfusion she obtained relief. A year later numbness developed across the lumbar region of her back. She was placed on bed rest for three weeks. Five weeks prior to hospitalization Mrs. Thomas developed a cough, and a pain between her right shoulder blade and mid-back. A week of bed rest had given her only slight relief. Two weeks following this she developed a constant ache in her spine, which was near the level of the twelfth dorsal vertebra.

As a result of this final symptom, she was unable to work and she consulted her local doctor. He referred her to an orthopedic specialist.

The original numbness of her feet was probably due to myeloma cells invading the spinal cord, or nerve roots, thus causing neurological symptoms. No doubt the spinal pain was due to a pathological fracture of the vertebrae. X-rays usually reveal a very moth-eaten appearance of involved bones due to destruction by the myeloma cells.

One of the most common early symptoms of multiple myeloma is pain, occurring in approximately 92 per cent of cases. It may have an insidious onset and be migratory, or it may be sudden following pathological fractures. In the latter instance pain may be either general or local, and usually is made worse by any movement or, in some cases, deep breathing. Pathological fractures occur in about 10-18 per cent of cases, and 59-97 per cent occur in only one bone, most commonly the spine or thorax. With the collapse of a vertebral body comes postural errors in the form of kyphosis and scoliosis. If symptoms of the fracture are severe the patient may be confined to bed. Neurological symptoms - sciatica, root pain, or indirect peripheral neuritis - may develop. With peripheral neuritis, weakness of the shoulder girdle and arm also may occur. Pathological fractures may occur in the femur, ilium, humerus, clavicle and pubis.

Another subjective sign of multiple myeloma, which was not evident in this instance, is the presence of palpable tumors on flat bones, particularly the thorax and skull, but also on the femur, lumbodorsal spine and humerus. These are due to diffuse hyperplasia of bone marrow, and range from the size of a pea, to the size of a grapefruit.

Objective Signs and Symptoms

On admission Mrs. Thomas appeared pale and thin but not emaciated. Her weight was 121 pounds. She had lost four pounds in the preceding six weeks. Her temperature was 98° pulse rate, 74, and respirations 22, all of which were within normal limits. In some cases of myeloma there is an elevated temperature, but Thomas' temperature remained normal, with the exception of a few days when it went to 99° F. when she developed a head cold. Blood pressure was 136/66. X-rays of the spine revealed a wedging of D 12, complete collapse of D 9, and heavy calcification of the abdominal aorta. X-rays of the chest showed an enlarged heart, pleural thickening and atelectasis.

Abnormalities of the extremities clubbed fingers and toes and irregularities of the nail beds - have been noticed in some cases of myeloma, but were not present in this case. Epistaxis, bleeding gums, hemoptysis, blood in stools, retinal hemorrhage, petechiae, and purpura of the skin occur in some cases, but again were not in evidence.

In advanced cases of myeloma the medullary cavity in certain bones is completely replaced by round or oval, gray, gelatinous tumors which can be scooped out and are hemorrhagic. In some cases the patient may develop rheumatoid or osteo-arthritis due to the deposit of amyloid about the synovial membrane.

Laboratory Results

In the diagnosis of multiple myeloma, laboratory investigation is very significant. The morphology report on the bone marrow taken from the sternum did not suggest myeloma cells, but indicated primary neoplastic disease of the reticulo-endothelial system. The proportion of red cells appeared reduced due to the increase in immature cells resulting from the destruction of the bone marrow in which the red cells are manufactured. The cells appeared to clump together, and sug-

gested tumor cells.

Mrs. Thomas' hemoglobin was 83 per cent, or 12.0 grams and her hematocrit reading, 29 per cent, both of which were within normal limits. With destruction of the bone marrow, it can be easily understood why these patients eventually develop anemia, and require blood transfusions, which Mrs. Thomas had received some time before her admission. Her platelet count was 51,000 which was abnormal, the normal range being 140,000-340,000 per cu. mm. In most cases of myeloma the sedimentation rate is elevated. In this instance it was 14 mm./hour which is normal for a woman. The white blood cell count was elevated above the normal of 5,000-10,000 cu, mm. to 16,300/cu. mm. Blood urea nitrogen was 11 mg, which is within the normal range. The routine Kahn test for syphilis was negative. In 95 per cent of cases of myeloma, the serum protein will be elevated due to the products of bone marrow destruction. A routine urinalysis showed normal results with the exception of a trace of protein.

In a suspected case of myeloma, a single urine specimen, followed by a 24-hour collection specimen will be sent for examination in an attempt to locate Bence-Jones protein. If present, it points

definitely to the diagnosis of multiple myeloma. If not found, this does not eliminate the possibility of the disease existing since Bence-Jones proteins may be excreted only at intervals, and in some cases only late in the course of the disease. To locate Bence-Jones proteins, the urine is tested with sulphosalicylic acid. If this test is negative, the protein is not present.

In autopsies done on patients who had suffered from multiple myeloma 86 per cent showed nephritis, and 61 per cent revealed the presence of Bence-Jones proteins. The latter may be found in the kidney in three forms:

- 1. As large hyaline drops in the lumen of the tubules, and tubular epithelium.
- 2. As crystalline material in the tubular lumen and tubular cells.
- 3. As amorphous precipitate in the form of casts, and located as high as the proximal convoluted tubule. The entire nephron unit can be filled with the protein resulting in extreme distention, deformity and atrophy of the renal system. Renal damage may be caused from nephrocalcinosis, or by obstruction and atrophy of tubules caused by protein casts.

Treatment and Nursing Care

Mrs. Thomas was admitted with a tentative diagnosis of multiple myeloma. With this in mind the nurses planned her nursing care along prophylactic and supportive lines as there is as yet no cure for myeloma.

Prophylactic treatment consisted mainly of good basic nursing care. It was kept in mind that Mrs. Thomas had lost weight before admission and special care must be given to bony prominences.

Each day particular attention was given to the coccygeal area, both hips and legs as it caused her considerable back pain if she attempted to bathe these areas herself. She particularly enjoyed her alcohol back rubs, and would say to the nurses, "That back rub makes me feel so good. I think it helps relieve the ache behind my shoulder."

Cleanliness of the mouth was important and good dental hygiene was encouraged. Mrs. Thomas was most concerned about her general appearance, and was neat and well-groomed at all times. In this respect there was little indication for health teaching.

In treating the constipation caused,

no doubt, by confinement to bed, Magnolax one ounce was ordered several evenings with good results.

Supportive measures included bed rest to relieve pain, and assistance in splinting the fractured vertebrae by lying on a firm mattress over a wooden fracture board. Body alignment was checked each time back care was given. Postural deformities develop readily in multiple myeloma, and although they cannot always be prevented, they must be reported. Although her hemoglobin was not low, the doctor felt that it was a sound idea to order 1000 cc. of blood for Mrs. Thomas. It was given without any untoward effects developing.

It was felt that a high caloric, high vitamin diet would help build up the patient's general condition. Patients with myeloma are frequently placed on a low protein diet, due to the increased serum protein. This rule was observed in treating Mrs. Thomas. She tolerated food well, although she frequently mentioned that she was not really hungry.

To confirm her diagnosis, the doctor ordered numerous tests. Many of these required special preparation and a delayed breakfast, and all required a thorough explanation. Mrs. Thomas was most cooperative. The one test she was somewhat dubious about was the "bone aspiration," as she called it. During this operation, a nurse from her own ward remained with her, and she tolerated the procedure very well.

Accurate charting was maintained on Mrs. Thomas throughout her hospitalization. The doctor was particularly interested in the amount of pain she had each day, and its exact location. Although few drugs were ordered for this patient, there are several used in the supportive treatment of multiple myeloma.

Stilbamidine, is given intravenously in doses of 50-150 mg. daily or on alternate days until a total dose of 4-5 grams has been given. The drug is given in conjunction with a protein diet. Stilbamidine must be given slowly, for if administered rapidly, flushing, dizziness, headache, nausea, vomiting, salivation, lethargy, rapid pulse, lowered blood pressure and muscle twitching may occur. There is also a danger of injury to the trigeminal nerve and resulting paralysis of the face with the use of this drug. It does, however, give marked although

temporary relief from pain, and allows the patient to resume normal activities for a period. It does not decrease the production of Bence-Jones proteins.

A derivative of Stilbamidine, hydroxystilbamidine isethionate, has the advantage of being less inclined to cause kidney complications or trigeminal paralysis and may be used in preference.

Urethane is a drug which may be administered orally for multiple myeloma. It has several advantages. It has a temporary effect upon pain. It inhibits the development of leukemia and the growth of certain tumors. It decreases the protein in the urine and brings the serum globulin back to normal. The bone density and hemoglobin tend to increase while hyperglobulinemia and hypoalbuminemia disappear. The dose of urethane is 2-4 grams per day until a total dose of 240-300 grams is reached. Urethane is very hard for many patients to tolerate. It frequently causes such severe nausea and vomiting that it must be discontinued. Toxic effects may result in leukopenia, liver damage, and thrombopenia.

Cortisone has been used in multiple myeloma, but should be administered only if there is a lack in the amount produced by the adrenal glands, and when excessive edema is present. The dose is generally 20 mg. q.6 h. for 20 days. Cortisone helps to decrease the serum globulin, the quantity of myeloma cells in the marrow, and the serum calcium. Toxic symptoms are generally manifested in loss of appetite.

Neo-stilbosan, is another drug that will help control hemorrhage, shrink the tumor masses, and improve the plasma proteins. Use of this drug is limited due to the high incidence of renal complications.

The use of x-ray therapy is not always very satisfactory in the treatment of multiple myeloma, but when used successfully it reduces the pain to a degree, and slows down the growth of the malignant cells. It may increase the patient's life-span by several months.

If pain becomes unbearable, even with the use of strong analgesics, a cordotomy may be done in patients where the spine and nerve roots are involved. This on the whole is not very satisfactory. Nitrogen mustard has also been tested, but its effective-

ness has not been established as yet.

In spite of certain negative laboratory results, the doctor confirmed the diagnosis of multiple myeloma. It was his desire that she should not be told either her diagnosis, or prognosis and it was hard for members of the nursing staff to answer the questions she asked about the results of the tests. Realizing the hopelessness of the situation, and considering the stable type of personality that Mrs. Thomas appeared to have, many of the nursing staff felt that if she thoroughly understood her diagnosis, she could get the most out of life in the short time she had left. The doctor felt Mrs. Thomas had a few more months which would be relatively comfortable, and he did not wish to cloud them with such a sentence.

Conclusion

curing it.

As there is no cure for multiple myeloma, the prognosis for Mrs. Thomas was very poor, in fact, hopeless. Much research has been done already for a method of controlling the course of this disease, and ultimately

Mrs. Thomas has an approximate life-span of one to three and one-half years. Before that time is spent, further complications of multiple myeloma will have developed. Pain, which unfortunately is one of the earliest symptoms, will become progressively worse requiring strong analgesics and eventually potent narcotics to control it. Anemia will increase in spite of blood transfusions. The patient tends to become more and more emaciated. With bone destruction and absorption, postural deformities will develop. Splints or braces may be required to give reasonable support. For a period she will be able to visit the orthopedic clinic within the hospital and will receive any necessary treatment and medications.

Before her discharge, Mrs. Thomas was made aware of the importance of avoiding damp or icy weather. It was explained to her that her bones were somewhat fragile and could not take the strain they could withstand normally. The types of food, low in protein and high in vitamins which she was advised to eat, were reviewed with her by the dietary staff.

The doctor mentioned to the nursing staff that he had contacted Mrs.

Thomas' son and had explained the prognosis. The son was most concerned about his mother as he had been completely unaware of his mother's illness. Being a thoughtful woman, Mrs. Thomas had not wished to worry her family with her troubles. The son planned to convince his mother to sell her small home, and live with him and his wife. Mrs. Thomas was discharged unaware of her diagnosis, or of her son's intentions but considerably more pain-free than on admission and thankful to be getting home.

Bibliography

1. Hull & Perrodin, Medical Nursing, F. A. Davis Company, Philadelphia, 1954, 4th Edition, Chapter 32, Page 386.

2. Frederick J. Knocke, M.D., & Lazelle S. Knocke, R.N., B.S., Ortho-

pedic Nursing, F. A. Davis Company Publishers, Philadelphia, 1951, Chapter 6, Page 123, 223.

3. Emerson & Bragdon, Essentials of Medicine, 17th Edition, J. B. Lippincott Company, Philadelphia, Chapter 24, Page 700.

4. T. Snapper, Lowis B. Turner, Howard L. Moscovitz, Multiple Myeloma, Grune & Stratton, New York, 1953.

5. Cecil & Loeb, Textbook of Medicine, Russell L. Cecil, M.D., Sc.D., Robert F. Loeb, M.D., Sc.D., W.B. Saunders Company, Philadelphia and London, Page 1048-49.

 Clarence Wilbur Taber, Taber's Cyclopedic Medical Dictionary, F. A. Davis Co., Philadelphia, 1956, Page 58.

7. Merck Manual, Merck & Co., Rahway, New Jersey, 1950, 8th Edition, Page 928-30.

Pemphigus Vulgaris

GLORIA SOBIE

Definition

Pemphigus vulgaris is a rare, grave, chronic skin disease characterized by the eruption of bullae (large blisters filled with fluid) on apparently normal skin and mucous membrane. It usually occurs in the 40 to 60 year group. The cause is unknown and the course is often very long. The bullae may appear on any area of the skin. The neck, axillae, and inguinal areas are most commonly affected by the bullae which are usually resistant to treatment. The mucous membrane of the eyes and mouth are involved early or late in the course of the disease. These bullae do not rupture spontaneously, but become flaccid and their contents turbid. When they rupture, raw areas remain which do not become epithelialized. The outer layer of normal skin easily separates upon slight friction, Nikolski's sign, which is sig-

Miss Sobie, a senior student at the School of Nursing, University of Alberta Hospital, received Honorable Mention for this study in the Macmillan Award Competition.

nificant. When the lesions heal over, a brown pigmentation remains. Death often results from pulmonary infection such as pneumonia.

Patient's History

Mrs. Rishikoff, a 50-year-old Polish woman, was admitted with ulcerations on her gums, tongue, and the mucous membrane of her cheeks. These had appeared three months previously. Ulcerations in the mouth are a positive sign of pemphigus, and often if they are severe, the patient has difficulty eating, swallowing, and sometimes breathing. Mrs. Rishikoff was having some difficulty eating, and swallowing, and was troubled with excessive salivation due to large denuded areas in the mucous membrane of her mouth. There was no history of other members of the family having had this condition. The patient's general condition at this time was good.

On her second admission to hospital a few weeks later, the bullae had spread to her neck, axillae, breasts, and back. Her face was swollen, which may have been due to a low plasma protein level

and large doses of cortisone.

The first test performed was the Tzanck's test in which the scrapings from the floor of the lesion showed a large number of epithelial cells and eosinophils. The results were inconclusive but aided in diagnosis. Mrs. Rishikoff's temperature on admission was 98.8, pulse 80, respirations 20, blood pressure 124/80 — all normal. Her weight was 190 pounds and indicated a gain due to the tissue edema. Laboratory studies both for hematology and biochemistry proved to be normal. Often a patient with this diagnosis has a slight increase in the eosinophil level and a decrease in plasma proteins, due to the loss of exudate from the bullae.

The bullae were about the size of a five-cent piece. They were filled with cloudy grey fluid. Many of the bullae had ruptured leaving raw surfaces on the skin, while some areas were crusted. Upon slight friction or pinching, the skin layers separated easily. She complained of a burning sensation,

but no actual pain.

Mrs. Rishikoff's skin was deeply pigmented. Her face was swollen and she had a large mass of fat at the back of her neck which was similar to the Cushing syndrome, indicating a disturbance in the adrenal cortex. She looked much older than her stated age. She walked slowly, and appeared to be very weak and tired. Although many people who have pemphigus lose weight because of difficulty in eating due to the lesions in the mouth, this patient gained weight. She also appeared depressed and anxious.

Medical Treatment

- 1. Wet dressings to the lesions on the neck and other parts of the body every half hour during the day until all the blisters were broken and all the crusts removed.
- 2. Daily soap and water baths after which talcum was applied to the dry lesions and vaseline gauze with Neocortef ointment to the denuded areas.
- 3. Hydrogen peroxide and normal saline mouth washes alternated every hour.
- 4. Slow intravenous drips of 5 per cent glucose in water with 20 units of Duracton every two days.
 - 5. Salt free diet.

Medications

Seconal gr. 1½ at bedtime every night to induce sleep because Mrs. Rishikoff was extremely anxious and had difficulty sleeping.

Potassium chloride gr. 15 t.i.d. to replace the loss of potassium caused by the cortisone products.

Neurotrasentin tablet 1 t.i.d. to act as an antispasmodic on smooth muscle and for sedative effect.

Phenobarbital gr. ½ t.i.d. to act as a sedative and help the patient to relax since she was very nervous.

Diuril ½ gram b.i.d. for three days to remove some of the extra fluid from the tissues.

Equanil 400 mgm. t.i.d. administered from two weeks after admission until her discharge to help her relax and to improve her morale.

Gelusil liquid 2 teaspoons t.i.d. before meals and at bedtime to lower the acidity of the gastric contents and overcome the gastric distress often caused by the use of cortisone for long periods.

Hydrocortone 20 mgm. and Meticorten 10 mgm. for two days to suppress the reactivity of the connective tissue against the unknown irritant causing pemphigus and thus control the disease.

Kenecort 12 mgm. q.i.d. started one month after admission and continued to discharge. It acts as an anti-inflammatory agent and produces hormonal and metabolic effects. It is very similar to cortisone.

Duracton 20 units in intravenous drips to suppress the reactivity of the tissue against the unknown irritant and to make the remissions of the disease longer and the complications fewer.

Nursing Care

When Mrs. Rishikoff was admitted, her nurse explained the hospital and ward routines, including in her explanation the fact that the patient would be given certain tests the following morning, which would necessitate taking samples of blood and delaying her breakfast until the tests were completed. A urine specimen was collected for routine checking.

The first treatment of the lesions was the application of "Domeboro wets" every half hour during the day. Domeboro contains aluminum sulfate and calcium acetate and when dissolved in water gives the therapeutic effect of

Burow's solution 1:20. To prepare "wets" large pieces of gauze were cut to cover specific areas. The gauze was 8-10 layers in thickness to prevent the dressings from drying too quickly. These pieces of gauze were soaked in a solution that was prepared by dissolving one package of Domeboro powder in one pint of water at room temperature. The wet dressings were changed frequently so that they would remain cool and moist. No plastic coverings were put over them as this would have defeated the purpose, which is accomplished by the evaporation of the solution. This treatment was used to lessen the irritation of the skin by reduction of the heat and inflammation, prevention of crusting, and keeping the skin clean so that the base of the lesions could be treated. Mrs. Rishikoff was given extra blankets to prevent chilling. Because she was in bed all day, she was given back care with alcohol and powder every four hours to prevent pressure areas forming on her coccyx and to promote comfort.

Vaseline gauze with Neo-cortef ointment was applied at night to promote healing and to help prevent new lesions from forming. These dressings also afforded a means of protection to the lesions. The Neo-cortef ointment was one way of supplying cortisone to the skin lesions. Each day it was noted carefully whether any new bullae had formed. If present, they were ruptured with a sterile needle, the serum pressed out with sterile gauze, and the dead skin trimmed away with sterile scis-

When all the lesions had ruptured and all the crusts had been removed, Mrs. Rishikoff began taking daily soap and water baths. The temperature of the bath was carefully checked so that she would not burn herself or irritate already tender skin. Care was taken that she would not become chilled during or after the baths. Talc was applied to the dry lesions and vaseline gauze with Neo-cortef ointment to the denuded areas. Hydrogen peroxide in a weak solution and normal saline mouth washes, alternated every hour during the day, were given to heal the lesions in the mouth. Mrs. Rishikoff never had to be reminded to use her mouth washes, once she understood what she was to do. She firmly believed that the treatment would cure her instead of

just controlling the disease.

The intravenous drip of 5 per cent glucose in water with 20 units of ACTH was given over an eight-hour period. The ACTH acted as a buffer against the irritant to which the skin was reacting. It seems to be effective in collagen tissue diseases and stimulates the adrenal cortex. While the solution was running close watch was kept for signs of an untoward reaction. Mrs. Rishikoff was told that the intravenous drip was a very important part of her treatment. It was explained that it would probably help in controlling the disease, but she must not expect it to cure the disease.

The patient was put on a salt free diet because ACTH and oral cortisone cause sodium retention with edema. The dietary restrictions were explained to her. Her weight was checked daily and recorded. Mrs. Rishikoff was most helpful since she was conscientious about checking her weight. Her appetite was fairly good, but she often mentioned that she missed the salt in her diet. However she stayed on her diet carefully because she felt that it was part of her treatment and very important.

The patient was apprehensive and worried about her condition. The doctor had explained the seriousness of her disease to her and continued to encourage her during the long term of treatment. Mrs. Rishikoff questioned the nurses and doctors repeatedly about any signs of improvement in her lesions and, at first, kept the curtains drawn around her bed since she was afraid that the other patients would dislike her appearance. She did not socialize well with other patients generally. The nurses tried to entice her to take part in ward activities, but she soon became bored and retired to her bed. She was encouraged to have visitors, but her husband and son were the only ones.

Although she was urged to rest for short periods during the day because of her nervousness and anxiety, she was also encouraged to go for walks in the hall. Some Sundays she was allowed to go home on pass. When she was up, she was told to keep out of drafts and to dress warmly so that she would not get chilled. When the

sors.

lesions began to dry and very few new ones were appearing, Mrs. Rishikoff became more relaxed and began social-

izing with the other patients.

After approximately four months of treatment in hospital she was discharged. The lesions on her skin and in her mouth had healed. She was to take cortisone drugs at home, and report for periodic check-ups to her doctor. She was more relaxed and had accepted her condition well, even though she knew it would mean repeated periods of hospitalization in the future.

Possible Complications

- 1. The lesions may become secondarily infected if they are not kept clean.
- 2. Pressure areas may develop from being in bed too long, and from not moving about, especially with an intravenous running for a long period.
- 3. Severe involvement of the mucous membrane of the mouth and throat may cause difficulty in swallowing. Keeping the patient hydrated and well-nourished may be a serious problem.
- 4. Pulmonary infection is often the cause of death in pemphigus, especially in bedridden patients.
- 5. Toxemia is quite often the cause of death.

Emotional and Social Problems

Mrs. Rishikoff had a difficult time adjusting to her ilness. She continually asked for reassurance that she would be cured. She was so worried and upset that she had trouble sleeping. She appeared to be much older than her 50 years. At first she did not care to socialize with the other patients since she was so conscious of her condition and appearance. It was difficult to assess the family's reaction to the patient's appearance and to the length of her illness. The patient

would require constant encouragement and understanding from her husband.

Mrs. Rishikoff had Blue Cross insurance which helped pay for her hospitalization. However, she was worried about the cost of the cortisone and ACTH, especially since it was necessary that she continue taking them at home.

Health Teaching

Mrs. Rishikoff was told to continue with her daily rest periods after discharge. She was told to keep the areas of skin that had been affected as clean as possible, so that they would not become reinfected. She was to continue using the talc and taking daily baths. She was not to use any remedies of her own on the lesions and she was warned to be conscientious about taking her cortisone drugs. The dietitians instructed her concerning the salt free diet that she would have to follow.

Because pneumonia is a frequent and serious complication of pemphigus, she must be particularly careful to avoid upper respiratory tract infections. If any new lesions occur she must report them to her doctor as soon as possible. She was instructed to take up her usual life at home, doing as much housework as she could manage, and to participate in community activities.

Prognosis

The prognosis of the disease is very poor, but it may take months or years to reach termination. With the use of cortisone, remissions may be prolonged keeping the patient more comfortable and allowing her longer periods at home. She will be able to do her own housework temporarily, because the disease has not affected the skin on her hands, and pemphigus is not considered to be contagious.

To assist the individual nurse or the governmental or other health agency in planning for postgraduate study in nursing, the Florence Nightingale International Foundation has made available two lists of the advanced educational programs in all countries where such facilities are available. Published by the International Council of Nurses, 19, Queen's Gate, London, S.W.7, England, the publications are: An International List

of Advanced Programmes in Nursing Education (1951-1952), \$3.00 and Supplement to an International List of Advanced Programs in Nursing Education, 75 cents.

The man who does not read good books has no advantage over the man who can't read them.

- MARK TWAIN



PREPARED IN YOUR NATIONAL OFFICE, CANADIAN NURSES' ASSOCIATION, OTTAWA

Financial Assistance for Nursing Education

ALICE GIRARD, our President; HELEN MUSSALLEM, Director of the Pilot Project for the Evaluation of Schools of Nursing in Canada and PEARL STIVER, General Secretary met with the Dominion Council of Health at their April meeting to discuss a brief on financial assistance for nursing education.

This brief was prepared following a visit of our president and the general secretary to the Hon. J. WALDO MONTEITH, Minister of National Health and Welfare. It presented the need for financial assistance to existing schools of nursing:

for the establishment of new and experimental educational programs,

to individual students to enable them to complete the basic educational requirements to enter nursing,

to graduate nurses to enable them to take advanced study which will qualify them for senior nursing positions in administration, consultation, education, supervision and research.

The brief was received by the Dominion Council of Health with keen interest. In spite of a lengthy agenda, one full morning was given over to this particular item.

As a result of the meeting, the CNA delegation has been invited to meet with the Technical Conference on Hospital Insurance when it meets in

Ottawa this autumn.

CHA 15th Biennial Meeting

The Canadian Nurses' Association was pleased and honored to participate in the program of the Canadian Hospital Association held in Montreal in May.

Representatives of the CNA took part in a panel discussion entitled 'Toward Better Nursing." Areas of nursing service and nursing education were dealt with as outlined in the CNA Policies Regarding Nursing Service and Nursing Education, also known as Toward Better Nursing.

Discussion centred around nursing service, particularly in the hospital; nursing education programs offered in Canada today; and the Pilot Project for the Evaluation of Schools of Nurs-

ing in Canada.

Participants in the program were:

Chairman - Miss Alice Girard, President, Canadian Nurses' Association Representing Nursing Service — Sister Mary Felicitas, Chairman, CNA

Committee on Nursing Service Miss Ella Howard, Chairman, RNAO Committee on Nursing Service.

Representing Nursing Education -Miss Hazel Keeler - Chairman, CNA Committee on Nursing Education Miss Helen Mussallem, Director Pilot Project for the Evaluation of Schools

of Nursing in Canada.

The CNA extends thanks to the CHA for the opportunity to participate.

National Committee Meetings

NURSING SERVICE

A meeting of the Sub-Committee on Nursing Service was held in May. Discussion centred around:

the study of the social needs of the nurse in both the rural and urban settings, causes of turnover of nursing staff,

the report of the ILO Ad Hoc Committee on "Conditions of Work and Employment of Nurses,"

a review of the present CNA Statement of "Recommendations on Personnel Practices,"

the implications for nursing in hospital insurance and diagnostic services.

NURSING EDUCATION

A meeting of the Sub-Committee of the Committee on Nursing Education was held in April followed by a second meeting in May. Helen Mussallem, Director of the Pilot Project, was asked to attend the May meeting and assist in planning the procedure for further study of Canadian Criteria for the Evaluation of Schools of Nursing.

Last February the Executive Committee of the Canadian Nurses' Association approved the recommendation of the Committee on Nursing Education to undertake a study of personnel providing instruction in schools of nursing. A questionnaire has been formulated and will be forwarded to the provincial associations. September, 1959, has been selected as the month in which the survey should be undertaken. This project is an implementation of Policy 4 of the CNA Policies Regarding Nursing Service and Nursing Education.

The Planning Committee for the Curriculum Workshops met in May. This workshop will be held in conjunction with the annual fall meeting of the National Committee on Nursing Education. Members of the committee will be involved at this time with the preparation of the CNA Proposed Guide for Curriculum Construction.

Pilot Project for the Evaluation of Schools of Nursing

Since the launching of the Pilot Project for the Evaluation of Schools of Nursing in Canada, considerable interest has been expressed by individual nurses, nurses' associations (local and provincial) and affiliate professional organizations. These individuals and groups have felt the desire and need for further interpretation of the program and have requested the assistance of Helen Mussallem, director of the Project, to fulfill these needs.

Institutes and workshops on accreditation have been planned in some provinces. Hospital associations have included accreditation of schools of nursing on their annual meeting programs and have requested that the director participate in these programs. Local chapters have also asked for

interpretation of the project.

The Canadian Nurses' Association is gratified with the interest and enthusiasm that the membership has shown throughout the past year and wishes to remind all concerned that resource persons are available to assist with the planning of workshops, institutes, meetings, etc., and to participate in such programs.

If you are planning a program on accreditation do not fail to write to:

National Office, Canadian Nurses' Association, 270 Laurier Avenue West Ottawa, Canada

Let us know your plans. We will be pleased to assist you.

The Exchange of Privileges Program

During the first six months of 1959, Canada has received 28 nurses from England, Scotland, Australia, Denmark, Holland and India on study scholarships, some of whom remained for a limited period of time in positions.

Each of these international visitors has come on Exchange of Privileges with the recommendation of their national associations. The requests of the many national associations for assistance in planning and implementing programs for these scholarship nurses have been most satisfactorily fulfilled.

The Canadian Nurses' Association seeks this opportunity to pass on the gratitude and feeling of satisfaction of the individual nurses and the appreciation of their national associations to the provincial associations who have planned such an interesting variety of programs. Their appreciation goes also to those hospital and nursing agency personnel who have given so much of themselves and have provided observational opportunities and unlimited resource materials for international visitors

The Exchange of Privileges Program places on Canadian nursing, a tremendous responsibility, but in so doing, provides Canadian nursing with the privilege of exerting a far-reaching influence in all areas of nursing.

A great number of Canadian nurses are also travelling on the Exchange of Privileges Program to various countries for added experience in nursing and for specific postgraduate study.

Our appreciation on behalf of these nurses is extended to the national associations of France, England and Scotland, Denmark, Sweden, Holland, United States and Australia.

Mental Health Week

Canada's Mental Health Week in April had particular significance for the Ottawa Study Group on the Psychological Problems in General Hospitals when Miss Elizabeth Barnes, international study coordinator for the World Federation of Mental Health, London, England, was entertained by the group and spoke on the development of this program in the 13 countries undertaking the study.

Reports on projects conducted in each of the hospitals and agencies represented, were presented and discussed and will form the basis for future discussion and study on communication between:—

Nurse Doctor

Senior staff

Patient

District social worker District nurse

and the inter-staff communication for

improved patient care.

Saskatoon and Kingston, both in university settings, are in the process of forming similar groups. We trust there will be many others. There is real opportunity, challenge and purpose.

Under False Colors

F YOU ARE A DIRECTOR of nursing or concerned in any way with employment of nurses, how carefully do you check credentials? Generally speaking, application by a nurse for a position entails a definite routine - an interview with the director of nursing, submission of registration and school of nursing credentials, letters of reference, a specific history of past experience. There would appear to be variations in the degree of conscientiousness with which this pattern is observed since it seems to be relatively easy for an individual to misrepresent herself as a nurse and obtain employment on a professional basis.

There are a number of reasons for the frequency with which misrepresentation occurs. In some instances, the facts and the credentials presented may be so convincing that no cause for suspicion is given, But there are undoubtedly other occasions when the director of nursing, who is pressed for staff, examines credentials less critically and fails to follow through on the references given. She accepts the applicant on her face value, thankful that an extra pair of hands has appeared at the opportune moment.

If the employing agency is an industrial or business firm, the personnel officer may be unaware of and unfamiliar with the credentials of a registered nurse or may accept what the applicant has to say about her qualifications without asking for documentary proof.

The ruses of those who practice misrepresentation are varied as the follow-

ing examples will show:

A graduate of an approved school of nursing in one province did not sit for her registration examinations. Later she applied for registration in another province submitting false information for the purpose. Her information was convincing and she was granted registration. She subsequently returned to her home province where she attempted to establish registration on the grounds that she had written her registration examinations and obtained professional standing in the second province.

A person was employed as a registered nurse by a large construction firm in a Western province. The company did not investigate her status at the time. Later investigation revealed that she had been a Red Cross worker in Germany.

A woman submitted a registration card which was found to belong to a nurse in another province. Investigation revealed that the real owner of the card was a patient in a sanitarium where the would-be impersonator had recently been employed as a nurse aide. The holder of the card had claimed that the name on it was her maiden name.

A girl with 18 months' training as a nursing student in a mental hospital and five months' affiliation experience in a general hospital sought and obtained employment as a graduate nurse in a small hospital. No professional documents had been requested in connection with her application.

A woman claiming to be a graduate of an approved school of nursing applied for a number of positions within a province. She was found to have a record of involvement with narcotics on two different occasions.

The wife of a graduate, but non-registered, male nurse obtained employment in three or four small hospitals by misrepresentation.

A ward aide succeeded in securing a duplicate diploma and graduation pin of a registered nurse with whom she had worked.

Another individual attempted to secure duplicate professional documents of a registered nurse who had left a province. The request for the duplicate credentials was received at approximately the same time as the request for inactive membership by the registered nurse! An alert stenographer questioned the two requests made in the same name but originating from different provinces.

Many other instances of misrepresentation could be cited. Often the individual involved has had only a short course in nursing or has failed to complete the three-year general course.

What can be done about this problem? The responsibility must be shared by each one of us. Individually, we should be more aware of the potential for misuse of our credentials if they fall into the hands of unscrupulous persons. School pins and certificates, provincial registration or licensing cards should not be left carelessly exposed to possible theft. Nor should we discuss our individual professional

status too freely in the hearing of casual acquaintances or strangers.

If and when a professional nurse suspects misrepresentation, she should feel under obligation to report the matter to proper authorities - the director of nurses or her provincial office, for example. There apparently is a need for more information by employers of nurses in industry regarding the credentials which a registered nurse should have and the importance of having her present them when apply-

ing for a position.

Many hospitals have instituted the practice of requiring the registered nurses on their staffs to submit proof of current registration once yearly. Such a procedure may help to eliminate the individual posing as a nurse and lacking credentials or possessing them illegally. It may also serve to bring to light irregularities in documents. For example, the married woman who claims that the name on her registration card is her maiden name should be asked to show a marriage certificate when she is not wellknown to her director of nursing or

employer.

Nurses requesting employment should submit, or be requested to submit, credentials before being engaged on a professional basis. There should be follow-up work done on the references given and critical inspection of the documents presented. Where any question arises concerning the individual's professional standing, she should either not be hired or else placed on a nursing aide basis until the matter is cleared. The various provincial registrars are obtaining more and more information concerning the standards of schools in various foreign countries. They can easily help the applicant who has a problem to determine her standing and the steps necessary to bring her to full professional status. They are also prepared to follow through with the investigation required to try to prove misrepresentation if such is J.E.M. suspected.

Independence? That's middle class blasphemy. We are all dependent on one another, every soul of us on earth.

- GEORGE BERNARD SHAW

The silliest woman can manage a clever man; but it needs a very clever woman to manage a fool!

- RUDYARD KIPLING

The Responsibilities of the Public Health Nurse

RITA DOYON

UBLIC HEALTH NURSING, like other community services, has developed under the pressure of social, economic and technical needs. The giddy speed with which discoveries have been made in the scientific world, in production, transportation and communications has produced a corresponding growth in professional services. But in spite of the fact that we can now ponder about the possible uses of atomic energy, that we can travel faster than sound, that we have "miracle" drugs at our disposal, we have a long way to go before we achieve the cooperation and understanding necessary to preserve health. In a world where we should be able to live happily and securely, we find fear and tension on all sides and an overhanging threat of war.

Such an environment produces definite effects on the mental and physical health of the individual. As professional people we must cultivate greater understanding of ourselves and our fellowmen so that we may help them as well as ourselves. The health nurse (and this term includes any nurse engaged in public health work) in a modern unit has great responsi-

hilities .

1. Responsibilities to the employing agency.

2. Responsibilities to the public.

3. Responsibilities to the profession.

Responsibilities to the Agency

She must be familiar with the philosophy, function and aims of the agency. She must know the problems to be faced and be resolved to allow

for growth.

Personnel policies and procedure manuals must be accessible to each member of the health unit to ensure good relationships and a sense of security. The nurse who does not know what is expected of her, who is subjected to decisions and recommendations that vary from day to day or at the whim of the person in charge, will

Miss Doyon is a supervisor with the Department of Health, Montreal.

adjust poorly. She will be uncertain, will tend to form wrong impressions about the organization as a whole. While she herself may not suffer, the agency will. Conscientious and loyal by nature, the nurse could not remain for any length of time in such an atmosphere.

On the other hand when there is an atmosphere of fairness, congeniality, appreciation of individual worth, the nurse becomes and remains loyal and is proud to help in the growth and progress of the unit. She will realize that her role as a member of the team is an essential one. She will cooperate with the medical officer and all others with whom she comes in contact - parents, teachers, health inspectors, clergy - all those whose business it is to promote and protect health. She will not forget that her behavior, both in public and private life, will reflect on her agency and that a service subsidized by public funds is subject to criticism — often unjustified unfortunately. If she must wear a uniform, she should do so with dignity, conscious that she is in the public eye. She will refrain from gossiping to her superiors, her colleagues, and her friends.

Responsibilities to the Public

The nurse must understand and accept the fact that everyone has a right to her services without prejudice as to religion, race or language. Illness knows no boundaries or social barriers.

One of the nurse's first responsibilities is to find out about the people who make up the district or county assigned to her. It will be impossible for her to understand the people and adapt her teaching if she ignores the special customs of the locality. She must become familiar with the customs of the various technical groups. She must not expect that because she teaches or recommends certain measures, everyone will accept them immediately. It would be wonderful in public health work if we only had to speak once to see our ideas accepted!

The nurse, as she watchfully tracks down the illnesses or nutritional deficiencies of the group with whom she works and the health hazards common to the area, will act as a sentinel, knowing where to refer problems which she cannot solve herself. As required, she must be able to teach patient care—it must be remembered that she is, first of all, an educator. To teach good living habits, to promote health and to prevent disease are the prime reasons for the existence of a public health service.

If she is truly interested in her work, the nurse will often ask herself

the following:

1. Do I take the trouble to listen to what people tell me?

2. Do I really understand what people try to tell me?

3. Do I take the time to answer questions and are my answers at the level of my listener's understanding?

The health nurse then is an educator, an interpreter, a visitor, who stimulates, comforts, encourages and

who is, above all, a friend.

She has a responsibility to keep up-to-date on new developments within the fields which affect her work. The physical health of the individual is the nurse's daily concern but she must be careful of her own mental and emotional health. She knows that an upset, nervous individual cannot remain in good health for long. Not only does she watch for symptoms of illness but she is equally observant of the indications of good mental and physical health. The devoted nurse, conscious of the role that she plays, becomes a respected figure in our communities. She realizes that an important part of her work is with the children who will be the citizens of tomorrow.

Responsibilities to the Profession

The nurse has a great responsibility towards her profession. She is a member of a professional group and, as such, she has certain duties to perform and a position to maintain. She should not practise unless she is registered or licensed as an active member of her provincial nurses' association. Subscribing to her professional journal is not enough. She should read it, understand it and contribute to it. Reading keeps her up-to-date with new methods and other information necessary in her work.

While professional subjects are very important, reading of a general nature should not be excluded since this provides the background necessary to understand people and their religious, racial and social differences. In regard to reading, the nurse should remember that the general public eagerly reads the articles on health and medicine that appear in the daily press or in magazines. She must be able to discuss the information so presented and give a fair estimation of the author and his ideas.

The public health nurse must be ready and willing to participate actively in meetings touching upon nursing functions, in studies within her own organization, in committee work. Such contacts contribute to the betterment of the services which she offers. New ideas are put at her disposal that tend to increase the interest and effectiveness of her work.

When she first considers doing public health work, the nurse should make up her mind, first of all, whether she feels competent for the job. If she has no particular desire or aptitude for this type of work, she will do both the agency and herself a good turn by looking for work elsewhere. Initiative, the ability to think, good judgment, patience and understanding are the factors that will decide whether her work is enriching or boring. She needs good mental and physical health. How can she teach good health habits unless she sets an example herself? Finally, her enthusiasm and zest will last as long as the nurse feels the desire to serve her fellows in this particular field.

Some people think that charity is giving to others the advice they cannot use themselves.

- English Digest

You'll find that the man at the top got there because he was at the bottom of a lot of worthwhile things.

- Selected

Nursing Profiles

Late last fall the American Journal of Nursing acquired a new editor, Barbara G. Schutt. A graduate of Jefferson Medical College Hospital School of Nursing, Philadelphia. Miss Schutt received a Bachelor of Arts degree in psychology from Bethany



BARBARA G. SCHUTT

College, West Virginia, and a master's degree in nursing education from University of Pennsylvania.

During World War II she served in Hawaii and Okinawa as a member of the Army Nurse Corps. Following discharge she became assistant executive secretary of Pennsylvania State Nurses' Association and in 1957, executive secretary. She resigned her post to take over her present duties.

Barbara Tate has been appointed parttime editor of Nursing Research, a publication of The American Journal of Nursing Company. Miss Tate has been working on her doctoral degree in education at Teachers College, Columbia University, where she is research associate and project director at the Institute of Research and Service in Nursing Education.

Manitoba nurses were delighted to learn that Bente Hejlsted had been appointed director of nursing services for the Sanatorium Board of Manitoba, Miss Heilsted took over her new duties early this year.

A graduate of the Municipal Hospital, Copenhagen in 1951, she came to Canada in 1955 and was appointed a charge nurse at Manitoba Sanitarium, Ninette. Prior to this she had been nursing in England. In 1957 Miss Heilsted became superintendent of nurses at Clearwater Lake Hospital, The Pas. During the few years that she has been resident here, she found time to study for and obtain her certificate in teaching and supervision from the University of Manitoba. Now her colleagues are looking forward to ther very active participation in nursing education within the province.

Travel is one of her hobbies and this gives added scope to her interest in photography. For quieter moments Miss Hejlsted enjoys classical music and more study which undoubtedly takes in many other subjects than those related to her profession.

Early this year Doris Harriet Smith was appointed director of nursing, Belleville General Hospital. Born and educated in Belleville. Miss Smith graduated from her hometown hospital in 1946 and then com-



BARBARA TATE



BENTE HEILSTED

pleted requirements for senior matriculation before going on to university study. In 1955 she obtained her diploma in nursing education from the University of Western Ontario and in 1957 received her Bachelor of Science degree in nursing.

Miss Smith was the supervisor of student health and auxiliary personnel at B.G.H. for a time. Later she was responsible for the inservice educational program at the Hamilton General Hospital. She returned to



DORIS H. SMITH

B.G.H. to become medical-surgical supervisor and then pediatric clinical instructor. A member of the local branch of the University Women's Club, she is also on the board of the Belleville Children's Aid Society.

Jacqueline Ouimet joined the staff of the Association of Nurses of the Province of Quebec recently as assistant visitor to schools of nursing. A native Montrealer of French-Irish descent, Miss Ouimet received her early education and business training at Académie St. Urbain and the mother house of the Congregation of Notre Dame.

Experience in the business world was followed by professional preparation at Notre Dame Hospital school of nursing, Montreal from which Miss Ouimet graduated in 1948. Postgraduate study at the New York Polyclinic prepared her for teaching and supervision in medicine and surgery and in 1950,



JACQUELINE OUIMET

further study at Institut Marguerite d'Youville brought a baccalaureate degree in nursing education. Miss Ouimet served as night supervisor and later as clinical instructor in medicine and in surgery at her home hospital before becoming assistant director of nursing in 1953. She resigned to take over her present duties.

She has taken a very active part in the affairs of her professional association as a member of various committees, as a vice president of District XI French chapter, as a member of the Committee of Management, A.N.P.Q. Off-duty she is a photography enthusiast, likes to travel, and enjoys reading and study.

Sister Victoria Morton of the Religious Hospitallers of St. Joseph, Hotel Dieu Hospital, Kingston celebrated her diamond jubilee in professional and religious life in April of this year. She entered the community in 1897 and has been actively engaged in nursing within the hospital since 1899. She is presently the supervisor of a private pavilion in Hotel Dieu. Sister has been an active member of the R.N.A.O. since it was first formed in 1923. Hundreds of congratulatory letters have been received from those for whom she has helped to care or who have benefited in some way from her store of accumulated knowledge, her friendly interest in people, her example of dedicated service.

Margaret L. Peart has resigned as director of nursing, Belleville General Hospital, a position she had held since 1952. A graduate of St. Joseph's Hospital, Hamilton, Miss Peart had been nursing arts instructor there immediately prior to her work at B.G.H. She is now administrative assistant (nursing) at Doctors Hospital, Toronto.

Annie (Merrylees) Boyer has retired from Guelph General Hospital as supervisor of the Central Supply Room. A graduate of Victoria Hospital, London in 1927, Mrs.



SISTER VICTORIA MORTON

Boyer engaged in private nursing in Stratford, Ont. for some time before joining the staff of the Municipal Hospital, Kerrobert, Sask. Later she returned to Ontario where she has given active service within the institution and in the provincial organization.

In Memoriam

Blanche (Crandall) Anderson, a graduate of Royal Victoria Hospital, Montreal in 1918, died on April 19, 1959.

Ida Beatrice Brand who graduated from Hamilton General Hospital in 1926, died on May 3, 1959. After engaging in private nursing for a short time, she joined the outpost hospital department of the Red Cross Society. At the time of her death she was director of the Ontario Branch of outpost hospitals for the Canadian Red Cross Society and the president of the Soroptomist Club of Toronto. Always active in her professional organization, Miss Brand was a member of the Board of Directors, R.N.A.O. and chairman of the provincial committee on finance.

Irene I. Clark, a graduate of Royal Vic-

toria Hospital, Montreal in 1916 died on April 3, 1959.

Dorothy Eileen (Buck) Croteau, a graduate of St. Paul's Hospital, Saskatoon in 1933, died on March 30, 1959. She had engaged in private nursing for a short time.

Alice (Jewitt) Fox who graduated from Regina General Hospital in 1932 died on April 28, 1959.

Ida May (Bishop) Jewsbury, a graduate of Misericordia Hospital, Winnipeg in 1932 died in Vancouver on April 23, 1959.

Mrs. W. B. (Smith) Greenwood, a graduate of Deaconess Hospital, Boston, died on March 31, 1959 in Windsor, N.S. She was 82 years of age.

Viola Mackie who graduated from Toronto Western Hospital in 1932, died on March 25, 1959. She had engaged in private nursing until early this year.

Alexis MacKinnon, a graduate of Charlesgate Hospital, Cambridge, Mass., died on December 4, 1958 from the effects of a fire which destroyed the home in which she was visiting. Her most recent appointment had been as matron of the Tuberculosis Unit, City Hospital, Sydney. She had filled this position until the unit closed.

Margaret Montgomery who graduated from St. Luke's General Hospital, Ottawa in 1922 died on March 27, 1959. She had engaged in private nursing for some time.

Edna A. (Smyth) Patrick who graduated from St. Elizabeth's Hospital, Humboldt, Sask. in 1936 died March 27, 1959 in Sherbrooke, P.Q. Mrs. Patrick had served overseas with the R.C.A.M.C. during World War II.

Lillian E. Risebrough, a graduate of St. John's Hospital, Toronto in 1927, died on April 7, 1959. She had retired from active nursing in 1957.

Roseleen Doris (O'Brien) Sampson who graduated from Misericordia Hospital, Edmonton in 1940 died in April, 1959. During World War II she served with the R.C.A.M.C. in Canada, England and Europe.

Lois Jane (Klockow) Schneider, a graduate of Regina General Hospital in 1932, died on April 19, 1959.

Marguerite E. (Hopper) Shoemaker who graduated from Hamilton General Hospital in 1925, died at St. Catharines, Ont. on March 25, 1959.

Pearl (Wallwin) Shuttleworth, a graduate of Brandon General Hospital in 1931, died on March 26, 1959. In accordance with her wishes her eyes were donated to the Eye Bank of the hospital — the first such bequest for this Bank.

Isobel Smith, who graduated from Vancouver General Hospital in 1902, died recently. During most of her professional career Miss Smith engaged in public health nursing, first as a school nurse in Vancouver, later as a staff member of the Metropolitan Health Committee. She had retired a number of years ago.

In The Good Old Days

(The Canadian Nurse - July, 1919)

Endowment of Motherhood: The Family Endowment Committee in England proposes that the State provide a regular weekly income for families with children under fifteen years of age. This is meant to induce earlier marriages and remove the economic restriction on natality.

The claims of mothers seem at last to be coming to the front, and motherhood will soon be a popular profession. The French have founded a society in aid of nursing mothers.

Long Resection of Intestine: In the Annals of Surgery some remarkable operations are described. In a case of ileocecal tuberculosis, causing partial obstruction of the small bowel, ten feet were removed of the small intestine, also the cecum and eight inches of the ascending colon, which was

united to the transverse colon. The patient recovered.

Malaria: The word malaria is compounded from two Italian words, mal and aria, meaning "bad air." The record of malaria reaches back to Hippocrates, who lived 400 years before Christ. Hippocrates divided the disease into the "every-day-chills" and the "every-other-day-chills."

Baby Welfare Exhibits which were started in Montreal, have been a powerful factor in awakening public interest in the welfare of the infant population in Canada, and have been responsible in a great measure for the progress accomplished in this direction during the last few months. It is confidently expected that a new impetus will be given to the work of baby welfare.

Familial Hemolytic Anemia

SISTER ELISABETH MARIE DE LA SAGESSE, F.D.L.S.

Introduction

THE STUDENT NURSE who looks up the chapter on the diseases of hematopoietic organs in her pathology textbook will find that hemolytic anemia is characterized by the dissolution of red blood cells. To her, this classic definition remains an abstract until the day when she starts giving nursing care to a patient with the disease.

This experience was mine. I began to understand hemolytic anemia when Therese came to the hospital as an emergency patient in the medical ser-

vice.

The Disease and its Treatment

The child was seven years old. On admission she was very weak, almost unconscious. Her color was a straw yellow. A severe chill and an enlarged spleen gave the physicians an indication of the possible diagnosis. However, in order to confirm their impressions, they relied on the results of laboratory tests. Subsequently, these tests served to guide the treatment.

The hemoglobin content and blood count were indicative of serious anemia. The hematocrit reading was below normal. A marked increase in reticulocytes showed the effort of the body to compensate for destroyed elements. The presence of hemolyzed red cells

was revealed by urinalysis.

During the first days of hospitalization, while Therese was unable to take food by mouth, intravenous solutions were administered. When an improvement in her condition became apparent, the prescribed treatment was rest, high protein diet, and blood transfusions.

Nevertheless, the hemolytic crisis which had necessitated hospitalization recurred many times. The child developed a more pronounced icteric color, and her curled up posture in bed indicated the intensity of abdominal pain. The spleen became palpable and the urine took on the characteristic color

Sr. Elisabeth Marie de la Sagesse is a graduate of Ste-Justine's Hospital, Montreal. of this condition — orange, even bright red. Moreover, listlessness and lack of appetite were quite marked.

Complete rest was imperative during the acute stage of hemolysis. Fruit juices were included in the light diet prescribed in order to increase caloric intake. Intravenous solutions were given — 5% glucose and Ringer lactate — and aspirin, five grains q. 4 h. helped to stabilize body temperature, and relieve abdominal pain.

In spite of intensive medical treatment, surgical intervention became necessary. In hemolytic anemia splenectomy is often indicated. For some unknown reason, the spleen causes hemolysis. Its removal promotes restoration of the blood to normal.

The plan of this study does not permit the inclusion of all of the surgical aspects of the disease. However, preoperative nursing care should be noted. Psychological preparation, even of a seven-year-old child, is extremly important. Expressed in appropriate terms, an explanation of why an operation is necessary, and the advantages to be gained from it gives even such a small child an understanding of the situation. This attitude gives the young patient a feeling of security, which is much more desirable than an atmosphere of secrecy. In spite of natural apprehension, Therese was proud to be treated as a collaborator of the physician and nurse.

After the operation, the little girl cooperated readily in her postoperative care. She was interested in the healing of her incision; she understood the importance of eating properly and the necessity for becoming more active gradually. Control tests demonstrated the success of the operation. Therese left the hospital, able to look forward to a comparatively normal life.

Rehabilitation

It must be remembered that, from the physical point of view, a splenectomy deprives the body of an important source of red blood cells. This lack must be compensated for throughout life by a high protein diet rich in vitamins and mineral salts, especially iron. Anemia will thus be prevented and normal growth ensured. Moderate physical activity is essential. Before hospitalization, Therese was forced to follow very restricted activities because of poor health. A gradual return to the normal life of a little girl will avoid fatigue. The child's posture should be checked frequently. She had become stooped during her illness and postural defects readily occur at this age. Since the body's resistance is diminished, chilling should be avoided, and even mild infections must be promptly treated.

From the psychological point of view, it should also be remembered that the slow development of some diseases, sometimes causes particular complexes. The one to watch for most carefully is the adoption of the mentality of a sick person. This attitude is aggravated by a home environment that evidences either over-protection, or indifference. The child then uses the pretext of her illness to exploit the persons in her environment and pro-

long her incapacity.

Parents should be understanding and tactful, but also firm in order to help the child to become a normally adjusted person.

Experience acquired

The most fruitful experience was to convince me of the importance of giving intelligent nursing care. The three principles of the medical treatment of anemia are, as we know, rest, diet and blood transfusions.

With regard to the diet, numerous

small details encourage eating properly: an attractive tray, a reasonable time in which to eat, the nurse's interest in the food presented, and her explanation of the reasons why certain types of food are included.

Rest is more than a prolonged stay in bed. If the bed is not comfortable or is not frequently tidied, if certain objects are not within the child's reach—a glass of water or fruit juice, a pet toy, etc.— the rest period soon becomes annoying, and therefore is not

relaxation.

Transfusions require complete immobility of the patient. Discomfort can be reduced by frequent observation of the following points: Does the child need a drink? Is her position comfortable? Does she feel pain in her arm?

Conclusion

The nursing profession rarely requires spectacular action, but a nurse's days are woven with small details which constitute good basic nursing care. In a pediatric hospital, the daily contact of the nurse with childhood and

its illnesses is very rewarding.

Therese's emotional reactions towards her illness have demonstrated the importance of sympathetic understanding and of firmness blended with gentleness. I am convinced that to remove all perspective of pain from a child's mind, is not doing her a service. The child must be helped to see her illness positively. In the present case, the sick child reacted with good sense towards her illness. No doubt this experience will help her to face difficulties in the future.

Keeping a patient "walking" during surgery may prevent the formation of death-dealing blood clots. When movement in leg muscles is reduced — as during surgery — the blood pools in the legs and conditions are set up for the formation of blood clots.

By keeping the patient "walking" through the electrical stimulation of the muscles of the leg, this pooling is reduced. The stimulation causes the muscles to contract as they do in walking and this forces the blood back to the heart.

> — The Health Bulletin, North Carolina State Board of Health

A safety device for sleepy motorist has been invented by two Italian mechanics. It may help to reduce the number of automobile accidents. The device is an anti-sleep steering wheel called a guardian halo. A metal ring fits almost flush with the ordinary steering wheel. When the device is switched on, the driver's hand must stay on the steering wheel at all times, exerting enough pressure to push the ring down until it is flush with the wheel. If the pressure is released, a horn blows in the driver's ear and an electric impulse sets off a hand brake.

— AMA News.



Babies are up in arms — and so are many OB nurses and supervisors — about messy ink-pad and roller methods of taking footprints.



So glad the modern, clean-as-a-whistle way of footprinting has come to stay! Perfect prints! No gummy ink to smear tiny tootsies.

the Foot Printer by Hollister®

makesperfect prints without messy inks

Only \$9.50 brings your hospital what you need to start Dry Plate footprinting this modern way . . . attractive, tough, durable nylon plastic case that fits the hand comfortably, and replaceable Dry Plate.



Order now, or write for our money-saving combination offer.



OLLISTER Hollister Limited
160 Bay Street, Toronto I, Ontario

No Boundary Lines

PRIL 6, 1959—and Canadian nurses participated in another "first" in their history. It was the first time that a sectional meeting for nurses in conjunction with a convention of the American College of Surgeons had been held in Canada. The four-day program that followed was the culmination of months of planning by nurses in the Montreal area under the direction of Miss Moyra Allen, Associate Professor, School for Graduate Nurses, McGill University and Sister Denise Lefebyre, Director of Institut Marguerite d'Youville. On the closing day it was noted that 1177 graduate nurses and 77 student nurses had attended the sessions as the guests of the American College of Surgeons. They represented several Canadian provinces and a number of American states. Except for the final session, French language and English language programs took place separately.

With Miss Margaret Wheeler, president of the Association of Nurses of the Province of Quebec presiding over the English session and Sister Lefebvre over the French session, the meetings were officially opened in Montreal's Sheraton-Mount Royal Hotel. Dr. Charles E. Hebert, a governor of the College, brought official greetings to the French nurses. Dr. Paul Hawley, Director, American College of Surgeons, welcomed the English-speaking delegates. He recalled that when the College was first founded in 1913, Canadian and American surgeons had cooperated in its organization. Since then Canadian doctors have taken a prominent part in the activities of the College - the current president is a Montreal doctor, Dr. Newell Philpott.

As the years have passed, the nurse has gained increasing recognition as a team member in the care of the sick. This in turn has resulted in a demand for greater specialization within nursing to keep pace with changes in medicine. Dr. Hawley considered the present extent of specialization indicative of the nurse's status in the team. "There are no boundary lines in the care of the sick."

Miss Theresa Lynch, consultant to the College on programs for nurses, described the development of sectional meetings for nurses in conjunction with conventions of the College. Five years ago nurses were invited to attend a sectional meeting of the American College of Surgeons for the first time. The venture was so successful that

these sectional meetings have become a regular feature of conventions of College members.

The sessions for both French-speaking and English-speaking nurses were planned to form a unit based on the various aspects of the care involved in treating a specific patient. Under the direction of Dr. Gustave Gingras, professor of physical medicine and rehabilitation, University of Montreal, a panel including a surgeon, a nurse, a social worker, a psychiatrist, a psychologist and an occupational therapist presented to the French-speaking nurses a picture of the care required for a patient who had had a double leg amputation as the result of osteomyelitis. Mrs. Isobel MacLeod, director of nursing, Montreal General Hospital, was the chairman for the panel of nurses and the physiotherapist who described to Englishspeaking delegates the hospitalization of a boy with 65 per cent burns to his body. A highlight of the morning for the latter group was the personal appearance of the good-looking young man who was the erstwhile patient. His contribution gave testimony to the success of his rehabilitation.

A question period followed each day's presentation. In this particular situation, interest was centred largely on techniques as the representatives compared surgical routines of their individual hospitals with the one under discussion. The use of homografts in the treatment of burns aroused considerable curiosity. How are donors chosen? What is the exact function of the homograft? The administration of cortisone or ACTH in the treatment of burns was queried. What is the effect expected under such circumstances? One particularly strong impression gained from this presentation was the very appreciable role that the patient does or may play in his own recovery. It is, perhaps, a factor that is overlooked too often.

Both English and French-speaking nurses discussed the preparation of the nurse for surgical nursing on the following day. The foundation is laid at the undergraduate level and the student must be given opportunities to acquire basic knowledge and skill. She should be aware of the main objective toward which the care of the health team is directed — the restoration of the individual to society as a productive member.

At the graduate level, the surgical nurse can build on her basic experience through

NEW! Swift's Balanced Meat Dinners-IN GLASS



So pure and fresh in sparkling glass, Swift's new Meat Dinners for Babies are a carefully balanced combination of Swift's lean, 100% meat, vegetables and a little cereal. Like Swift's well-known 100% Meats for Babies, they're prepared from only the very finest ingredients. The leanest, freshest meats . . . the youngest, freshest vegetables—all trimmed, cooked, and pureed with the greatest care—make Swift's Meat Dinners nutritious, easy to digest.

Swift's new Meat Dinners provide another fine way to include the important values of meat in the infant diet. You can recommend Swift's Meat Dinners for Babies with confidence. 5 varieties: Beef, Chicken, Ham, Veal and Lamb. (Most are also available in chopped form for Juniors.)

OTHER MEATS FOR BABIES FROM SWIFT . . .

Beef • Lamb • Pork • Veal • Chicken • Chicken & Veal • Ham • Liver • Liver & Bacon • Beef Heart • Pork with Applesauce • Ham with Raisin Sauce • Lamb with Mint flavour • Egg Yolks • Egg Yolks & Bacon.



specialization. In relation to this, an inservice program for graduate nurses specializing in surgery was outlined. It was based specifically on burn therapy and encompassed.

- a. General principles in the care of burned patients
 - b. Electrolyte balance
 - c. Skin grafting
 - d. Emotional problems of burned patients
 - e. Rehabilitation of burned patients
 - f. The philosophy of team nursing
 - g. The role of the team leader

This program was described by Miss C. Currier, head nurse, Montreal General Hospital.

The emotional factor in illness is receiving increasing attention. With Mrs. Helen Gemeroy, assistant professor of nursing, McGill University as chairman, a group of experts discussed "The Management of Crises in Human Situations" at the third Englishlanguage session. Dr. J. T. Boag, assistant professor of psychiatry, McGill University, discussed the effect of hospitalization on patients in general, but in particular the very young and the aged. Separation from home and family and adjustment to the unfamiliar hospital situation constitute a major crisis for many persons. The need for emotional support is great, and in practical terms could be partially achieved through more liberal policies in regard to visiting hours; planning nursing care to allow the patient to have the same nurse for as long a period as possible, etc.

Dr. David Soloman, assistant professor of sociology, McGill University, discussed the ways in which humans tend to resolve crises. Although purporting to be unfamiliar with the nursing situation, his remarks proved highly applicable and heads nodded in agreement as nurses identified themselves with the various mechanisms - the resort to secrecy, to ritual, to restraint - used as a protection against awkward situations. Dr. Lawrence G. Hampson, department of surgery, M.G.H., viewed the problem from the point of view of the person responsible for certain crises, and Mary F. McHugh, postgraduate clinical instructor in the operating room, M.G.H., presented the nurse's role. The questions that followed indicated the interest that had been roused.

Should the fatally ill patient be made aware of his prognosis? This is a recurrent question and as yet there is no general agreement upon the answer. Both psychiatrist and surgeon agreed that questions from the patient in this regard must be answered

truthfully. When and how much of the truth should be told depends on the individual situation.

What is the role of the sociologist in the hospital? In Canada, he has no role at the moment, according to Dr. Soloman, but it would seem logical that he should be brought into the hospital picture either to do research or to teach the methods of research since this is his special field.

Human relations is a subject as wide as the world itself. It enters into every aspect of daily life. Applied to the hospital milieu, the development of good relationships between individuals, between departments will determine to a large extent the quality of service provided for the patient. Abbé Charles Mathieu, lecturer in political science, University of Montreal was the chairman of the group that discussed this aspect of hospital life for the French-speaking audience. The members represented a variety of departments within the hospital: Sr. Pauline Maillé, administrator, Hotel Dieu; Mance Décary, director of nursing, Notre Dame Hospital; Dr. G. Cousineau, anesthetist, Notre Dame de l'Espérance Hospital; Dr. R. Desilets, surgeon, Maisonneuve Hospital; Claire Brault, O.R. supervisor, Notre Dame Hospital; Georgette Martin, staff nurse, Jean Talon Hospital; Cécile Bergeron, medical social worker, St. Justine Hospital.

The relationships existing between the various services make for smooth functioning of the whole institution. The employer has a difficult position to fill. He must avoid any tendency to dictatorship or, the other extreme, undue leniency which will deprive him of authority. He must be able to see the good points in all his employees, and avoid discrimination. The employer-employee relationship must allow for satisfactory recognition of the individual employee; must help the worker to see the overall picture and his role as a member of the team.

With simultaneous translation provided for as many of the listeners as possible, English and French-speaking delegates united for the session devoted to the control of staphylococcal infections. This is a problem common to hospitals in many areas and the very evident interest in the information provided by the speakers testified to the general concern in its control. The panel was composed of persons who are acknowledged experts on the subject: Dr. D. Hugh Starkey, adviser to the Director-General, Treatment Services, D.V.A., vice chairman, Associate Committee on Control of Hospital

NEW FLEXIBILITY IN CONTROL OF INFECTIONS

Chloromycetin Succinate

PARENTERAL BROAD-SPECTRUM ANTIBIOTIC

so versatile you can give it ...intramuscularly

Offers the full broad-spectrum effectiveness of Chloromycetin, plus high tissue tolerance, ready solubility in parenteral fluids, ease of preparation, and minimal irritation at the site of injection.¹⁻⁴

CHLOROMYCETIN SUCCINATE "... is highly soluble and is easily prepared as an aqueous solution." 1

CHLOROMYCETIN SUCCINATE is "...rapidly absorbed from parenteral sites of injection."²

CHLOROMYCETIN SUCCINATE produces "early and effective bacteriostasis...."4

CHLOROMYCETIN SUCCINATE"...is very readily tolerated with only a minimal amount of pain at the site of injection."1

supply: CHLOROMYCETIN SUCCINATE (chloramphenicol sodium succinate, Parke-Davis) is supplied in Steri-Vials, each containing the equivalent of 1 Gm. chloramphenicol; packages of 1 and 10.

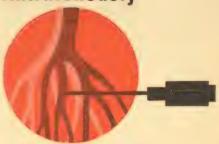
CHLOROMYCETINIS a potent therapeutic agent and, because certain blood dyscrasias have been associated with its administration, it should not be used indiscriminately, or for minor infections. Furthermore, as with certain other drugs, adequate blood studies should be made when the patient requires prolonged or intermittent therapy.

references: (1) Ross, S.; Puig, J. R., & Zaremba, E. A., in Welch, H., & Marti-Ibañez, F.: Antibiotics Annual 1957-1958, New York, Medical Encyclopedia, Inc., 1958, p. 803. (2) Glazko, A. J., et al.: ibid., p. 792. (3) McCrumb, F. R., Jr.; Snyder, M. J., & Hicken, W. J.: 4bid., p. 837. (4) Payne, H. M., & Hackney, R. L., Jr.: ibid., p. 821.

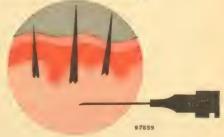




..intravenously



... subcutaneously



Infections, National Research Council; Dr. Paul Dionne, assistant professor of bacteriology, University of Montreal; Dr. Edouard Gagnon, professor of surgery, U. of M.; Dr. André Leduc, bacteriologist, Notre Dame Hospital; Sr. Annette Rose, assistant director of nursing, Notre Dame Hospital; Merle E. Smith, supervisor, Surgical Supply Department, Royal Victoria Hospital; Richard Wickens, administrative housekeeper, Montreal General Hospital. The September issue of the *Journal* is to be devoted to this subject and will include a number of the papers presented.

The subsequent question period brought to light additional aspects of the problem than those touched upon formally.

What should be done about staphylococcal carriers? Studies are to be undertaken in institutions that have experienced virtual epidemics. The conclusions drawn from these should help to clarify the extent to which carriers are a factor. Treatment of carriers in some instances can be a great problem since success is not assured. However it is also known that where *very careful* technique is employed, carriers can work safely in surgery, etc.

What is the use of the plastic mattress cover? If the mattress is placed *completely* inside a plastic bag, then definitely this will protect against the gradual impregnation with the bacteria that is a current hazard.

What is the feeling in regard to the use of plastic face masks? The Minneapolis mask is one of the newest forms of surgical mask. The principle involved is direction of the expired air to outlets near the ears where it passes through filtration discs. Tentatively the mask appears somewhat clumsy with a tendency to obstruct vision and to make breathing uncomfortable. The surgeon on the panel expressed his belief that the familiar cotton face masks are still effective if talking is reduced to an absolute minimum, and then conducted in low tones; if the mask is changed at intervals when the operation is a lengthy one.

Consideration of all possible aspects leads to the conclusion that careful aseptic technique is still the first and main line of defence against infection. There should not be too much reliance on antibiotics since indiscriminate use of these preparations is known to lead to the development of resistant bacterial strains and subsequent complications.

A variety of tours to city hospitals and health agencies filled the afternoons. Historic Hotel Dieu Hospital which this year celebrates its tercentenary opened its doors to interested visitors. The Cardiology Institute of Montreal connected with Maisonneuve Hospital demonstrated techniques and equipment related to cardiac surgery. St. Justine's Hospital also displayed its cardiology department plus other features. At the Montreal Children's Hospital, members of both the medical and nursing staffs combined present, through panel discussions, two very interesting features of the institution — the constant care unit, and the mother and child unit. Recovery rooms are becoming a familiar part of hospital life. The constant care unit enlarges this service to increase the effectiveness of the care offered to the patient. Provision of mother and child units is based on recognition of the fact that the young child, in particular, can suffer deep emotional distress as the result of separation from family and familiar surroundings.

The Montreal General Hospital provided for tours through operating room and recovery room suites. The nursing staff of the operating room cooperated in preparing a most interesting exhibit related to its undergraduate and postgraduate educational programs as well as other features. Many delegates participated in the tour of the Occupational Therapy and Rehabilitation Centre where an average of 90 patients per day receive training that will eventually help to restore them as productive citizens.

These are only a few of the institutions that were included in tour arrangements. Both French and English institutions cooperated generously in making arrangements to entertain the nurses and display particularly interesting or unusual features in their facilities. Johnson and Johnson Company, Montreal branch, very graciously arranged to have delegates visit their plant.

The noon hour of each convention day was used for film viewing. The names of the films and the sources from which they can be obtained are included for the convenience of those who may wish them for teaching purposes. Some of the films are very recent productions, all of them can be commended for the excellence of the material presented.

- Positioning the Patient for Surgery
 North American Cyanamid Ltd.,
 5550 Royalmount Ave.,
 Montreal.
- 2. Transporting the Patient for Surgery North American Cyanamid Ltd.
- How to Conduct a Discussion
 National Film Board,
 3255 Cote de Liesse Rd.,
 Montreal.



PROGRAMS FOR GRADUATE NURSES

Teaching and Supervision

To meet the needs of nurses wishing to prepare for positions of responsibility in either teaching or supervision in Schools of Nursing.

Public Health Nursing

To meet the needs of nurses wishing university preparation for staff work in public health nursing agencies.

Administration of Hospital Nursing Service

To meet the needs of nurses preparing for head nurse, supervisory or matron positions.

This program is supported by the W. K. Kellogg Foundation.

Diplomas are granted on successful completion of the above programs and credits earned may be applied toward the degree of Bachelor of Science in Nursing.

PROGRAMS FOR HIGH SCHOOL GRADUATES Leading to the Degree in Nursing

Students with senior matriculation may pursue a combined academic and professional program leading to the degree of Bachelor of Science in Nursing. In the final year students will elect to study Teaching and Supervision or Public Health Nursing. This broad educational background followed by graduate professional experience enables nurses to progress rapidly into positions of responsibility.

Leading to the Diploma in Nursing

A three year hospital program is conducted for students meeting the entrance requirements of the University.

For further information or inquiries about scholarships, write to:

DIRECTOR, SCHOOL OF NURSING, UNIVERSITY OF SASKATCHEWAN, SASKATCHEWAN

UNIVERSITY OF TORONTO

School of Nursing Session 1959-60

I Basic Degree Course in Nursing (B.Sc.N.)

Length: 4 years

This course provides study in nursing and in the sciences and humanities with practice in hospitals and health agencies in Toronto. The course prepares for practice under the Nurse Registration Act of the Province of Ontario. Graduates are qualified for both public health and hospital nursing, and following experience are qualified for supervisory positions and for teaching in schools of nursing.

II Degree Course for Graduate Nurses (B.Sc.N.)

Length: 3 years

This course provides studies in the humanities, basic sciences, and nursing. Applicants select a field of professional specialization such as Hospital Nursing Service, Nursing Education or Public Health Nursing.

III Certificate Courses for Graduate Nurses

Length: 1 year

*Hospital Nursing Service
*Nursing Education
Public Health Nursing
Public Health Nursing
Advanced Course.

*Students who wish to take preparation in Psychiatric Nursing may register in Hospital Nursing Service or Nursing Education and include special work in Psychiatric Nursing.

For Calendar and Information concerning Bursaries and Scholarships apply to:

THE SECRETARY

UNIVERSITY OF TORONTO
SCHOOL OF NURSING

TORONTO 5

ONTARIO

- 4. Production 5118
 Sovereign Film Distributors Ltd.,
 1200 St. Alexander St.,
 Montreal
- Embryology of Human Behavior
 Educational Filmstrip Distributors,
 1900 Fairmount Ave., Ottawa,
 Box 3040.
- 6. Home Care

 Department of Education,
 Regina, Sask.
- 7. All My Babies
 Canadian Film Institute,
 142 Sparks St.,
 Ottawa.
- 8. A Nurse's Day with the Mentally Ill Canadian Film Institute.
- 9. Going to Hospital with Mother Canadian Film Institute.
- 10. Student Nurse
 National Film Board.

The expressions of thanks and appreciation extended on the closing day were most sincere. Thanks to the American College of Surgeons for their very great generosity in making the opportunity for this nurses' sectional meeting possible. Thanks to the chairmen and members of the planning committee who worked quietly, tirelessly and efficiently to carry out the myriad details involved in program production. It was the first time that this sectional meeting had been held in Canada — the first, it is hoped, of more to come.

J.E.M.

Portable dental equipment which may enable dentists to give home care is presently being tested. It consists of instruments which can be operated from an ordinary household outlet.

- U.S. Dept. of Health, Education and Welfare

THE CENTRAL REGISTRY OF GRADUATE NURSES TORONTO

Furnish Nurses

at any hour

DAY or NIGHT

TELEPHONE WAlnut 2-2136

427 Avenue Road, TORONTO 7

JEAN C. BROWN, REG. N.



X marks the buccal pouch, the area between the lower molar teeth and the inside of the cheek.

Patients need to understand that VARIDASE is not taken like an ordinary tablet ... it does not work properly if chewed or swallowed.

Taken correctly VARIDASE Buccal reduces inflammation and swelling, relieves pain and speeds recovery in sinusitis • contusions • abrasions • sprains • fractures • chronic bronchitis • skin infections.

Be sure to show them how to place the tablet in the buccal pouch and advise them to swallow no more saliva than necessary while it dissolves.





Posey Footboard, No. F-58, \$33.00 Anti-Rotation Supports, No. F-58A, \$6.00 ea.

(New) POSEY FOOTBOARD

No. F-58 Pat. Pend.

FEATURES:

- Fits ALL Hospital Beds
 Can be used with side rails
 Perpendicular Adjustment
 No losing parts
- Posey Anti-Rotation Supports,
 (Adjustable, removable, cushioned)
 May be used with traction.

Prices F.O.B. Calif., subject to change without notice. Satisfaction guaranteed.

J. T. POSEY COMPANY · 2727 E. FOOTHILL BLVD., PASADENA, CALIF.

Book Reviews

The Family Handbook of Home Nursing and Medical Care by I. J. Rossman, M.D., Ph.D. and Doris R. Schwartz, R.N. 403 pages. Random House Inc., 457 Madison Ave., New York 22. Price \$4.95.

Reviewed by Mrs. Kay Anderson, 359 West 26th St., North Vancouver, B.C.

This is a comprehensive reference book for any person who finds herself facing the care of a patient in the home. The authors describe it as "a guide to what to do after the doctor has gone," and this it truly is. It is well indexed for quick reference to any particular problem. It outlines the problems arising generally from having an ill person in a household of well people. It deals specifically with the bedside care of a variety of illnesses and the different approaches necessary to different age groups.

Stress is placed on a knowledge of good health as a weapon against illness and on a knowledge of the community resources available to assist in home care. The art and techniques of nursing are explained: An understanding of both the patient and his illness is emphasized. There are particularly good sections devoted to specific treatments and special diets; and a well-illustrated chapter on bedside procedures such as giving injections, taking pulse and temperatures, restraint of a bed patient, etc.

Anatomical and physiological explanations

are simply and clearly stated so that the home nurse has an understanding of the aims of treatment and is prepared to interpret the doctor and the patient to each other.

Medical-Surgical Nursing by Kathleen Newton Shafer, R.N., M.A., Janet R. Sawyer, R.N., M.A., Audrey M. Mc-Cluskey, R.N., M.A. and Edna E. Lifgren, R.N., M.A. 989 pages. The C.V. Mosby Company, St. Louis, Mo. 1958. Price \$8.75.

Reviewed by Miss Jean Anderson, Director of Nursing, Victoria Public Hospital, Fredericton.

Four nurse educationists have collaborated to present an excellent reference book on comprehensive patient care. Throughout the text the individuality of the patient is stressed, rather than his disease — "work towards responding to each patient individually." The text is divided into two sections:

- 1. General Conditions (Trends and Problems Influencing Patient Care).
- 2. Nursing Related to Specific Medical-Surgical Care.

The first section discusses the patient — with pain, with problems of electrolyte balance, with the problem of old age, etc. Of particular note is the chapter on "The Nurse's Role in Accidents, Emergencies."

The discussion of the care of the disaster



patient is excellent. One criticism of this chapter, as of all others, is that as a possible student nurse text, I feel that listings of symptoms or in this particular area, action to initiate should have been included to allow for rapid review and quick reference.

The second section dealing with specific conditions, both medical and surgical, is most comprehensive. The regime necessary, the clinical investigation to be done, the drugs used and their actions, are all discussed in detail. The actual nursing treatments, unfortunately, are given less attention — in fact, the nurse is referred back to her nursing principles text.

Chapter 21, "Disorders of the Urinary Tract" could be used to replace a text on genitourinary conditions. No condition or phase of care is overlooked. The explicit directions for home care of patients with catheters would be most helpful to the public health nurse. I believe the review questions at the beginning of each chapter should be valuable to both student and graduate nurse alike.

Because of the extreme length and detail of each chapter and because of the tendency to refer to the student's own text on nursing instead of outlining nursing care, I feel this book is unsuitable as a classroom text. It would be a valuable reference book on comprehensive patient care.

Personal, Impersonal and Interpersonal Relations by Genevieve Burton, R.N., Ed.D. 230 pages. Springer Publishing Company Inc., 44 East 23rd. St., New York 10. 1958. Price \$2.75. Reviewed by Miss E. James, Director, Centralized Teaching Program, Regina College, Regina.

The preface of the book states its purpose, "The major goal . . . is to increase insight and understanding on the part of nurses which will lead to improved interpersonal relations in whatever situation a nurse may find herself." The author admits that the motivation to write came from the expressed needs of experienced practising nurses but the text is primarily intended as a guide for the young, inexperienced nurse.

The material is presented in two parts. The basic psychological and sociological concepts of the human organism from birth to old age are discussed in the first section. The normal development of personality is illustrated by case studies. Our emotional needs and the means by which they are met are outlined. The effect of illness on both personality and emotions is discussed.

In the second section it is assumed that the nurse, by virtue of her relationships with patients and their families, will be drawn into the role of counsellor whether she wishes it or not. Careful guidance is given on how she can use her knowledge to help those with whom she comes in contact without usurping the place of the specially trained counsellor. Both areas of material should be useful to the nurse, either young or more mature, who is studying the social sciences for the first time. It should be particularly helpful in orienting the nurse to her place as a counsellor. A recommended reading list at the end of the book directs the reader to broader fields of understanding.



TABER'S CYCLOPEDIC MEDICAL DICTIONARY

By CLARENCE W. TABER and fifteen Associates

- Contains more nursing procedures and nursing care than any handbook of nursing
- All definitions appear in the first paragraph
- Invaluable to the nurse during examinations and after graduation
- Over 1300 pages, flexible binding, illustrated, eighth edition. Plain, \$7.00.

THE RYERSON PRESS
299 QUEEN STREET WEST, TORONTO

The last chapter in the book has great appeal. The nurse is urged to "know herself." After studying in an objective way the usual and peculiar qualities and behavior of others, the reader is asked to become subjective and see these same qualities and behavior in herself. This is the key to the usefulness of the book. A nurse cannot use the concepts outlined until she develops "empathy" by knowing, admitting and being able to cope with her own emotional needs and motivations. She must practise "empathy."

The author has artfully woven the term "Impersonal Relations" into her title. She supports the belief that the nurse must remain emotionally uninvolved with her patient but her interpretation of impersonal relationship implies a warm, supportive role, not a cold, reserved withdrawal. Any nurse could benefit from a study of this book.

Principles of Ethics by Dom Thomas V. Moore, M.D., Ph.D. and Dom Gregory Stevens, S.T.D. 282 pages. J. B. Lippincott Company, 4865 Western Ave., Montreal. 5th Ed. Price \$6.00.

Reviewed by Sr. Denise Lefebvre, Director, Institut Marguerite d'Youville, Montreal.

Student nurses, for whom this book was

written especially and graduate nurses will find in this volume the basic moral principles directing conduct, expressed in a simple, clear and concise form. A careful study of the content should be helpful in developing sound ethical judgment and in giving a richer appreciation of human life.

This book has always been considered a "classic" of its kind. It treats masterfully "a wide range of moral questions for which a correct solution is offered and prudent advice and counsel is given." "The revision preserves the manner and inspiration of the original work" while it gives careful consideration to recent trends in moral philosophy and their implications in the work of the nurse.

The book is divided into two parts. Part one deals with the general ethical principles fundamental to a true understanding of human behavior. Part two discusses various facets of the moral life. Prudence, justice, fortitude, temperance, the social virtues, friendship, the civil law, religion, morality of sexual life, principles of married life, form the content of 17 chapters.

Other aspects of the preparation of a nurse are also considered. Among these are the building of personality through self-knowledge, self-esteem and self-improvement; the development of one's cultural and intellectual capacities; the importance of an interest in good reading, the fine arts or similar constructive form of recreation; ways of spending leisure time to enrich life and deepen personal and cultural maturity; the cultivation of a balanced sense of propriety and good taste as manifested in one's general bearing, dress, appearance and in conversation.

Each chapter is followed by a brief summary, useful for review. Questions and problems for discussion are added. A bibliography and list of selected readings complete each chapter. Throughout the book, constant reference is made to the particular moral and ethical problems of the nursing profession.

In reading this text, the nurse will be impressed to realize how intimately in her everyday work, basic ethical principles find their application and how important it is for her, because of her public and professional status, to cultivate all the aspects of human virtue. In our modern world where materialism is prevalent and real values are questioned, this book "offers the nurse thoroughly validated fundamental principles upon which to build a body of resources essential to lasting integrity."



IRON ASSIMILATION ASSURED

Gerber's exclusive cereal formulation includes a selected iron salt (iron pyrophosphate) which is easily absorbed by infants.

And, it is absorbed as easily and to the same degree as the iron found in natural sources. (A clinical study* on Gerber Cereals substantiates this point.) To insure the most effective utilization of the iron, cereal grains which provide a good source of naturally occurring copper are used.

The experimentation which led to the Gerber Cereal formula is typical of Gerber's continuing program to further the cause of better infant nutrition.

Gerber Baby Foods

NIAGARA FALLS, CANADA

*A.M.A. JOURNAL OF DISEASES OF CHILDREN, 95:109-119, 1958

Employment Opportunities

Advertising Rates — \$5.00 for 3 lines or less; \$1.00 for each additional line. U.S.A. & Foreign — \$7.50 for 3 lines or less; \$1.50 for each additional line.

Closing date for copy and cancellations: 1st of the month preceding the month of publication. All letters should be addressed to: The Canadian Nurse Journal, 1522 Sherbrooke St. W., Montreal 25, Quebec.

ALBERTA

Clinical Instructors for medical & surgical clinical services needed for large expanding City Hospital. Salary range \$310-\$340; 40-hr. wk. liberal sick leave & vacation. Permanent employment, opportunities for advancement. For particulars apply to: Director of Nursing, Royal Alexandra Hospital, Edmonton, Alberta.

Night Supervisor: Salary \$3,840 - \$4,440 per annum, General Graduate Nurses: Salary \$3,480 - \$4,080 per annum. Residence with board if desired \$30 per mo., excellent holiday, sick leave & pension benefits. Apply to: Superintendent of Nurses, Baker Memorial Sanatorium, Calgary, Alberta.

Matron-Superintendent for 30-bed fully accredited hospital located on Highway 13 between Edmonton & Saskatoon. Separate nurses' home, nursing staff on 40-hr. wk., total staff of 27 employees, including a stenographer-medical records clerk, X-Ray & Lab. technician. Salary commensurate with experience & qualifications. Apply stating qualifications, experience, age & salary expected to: Mr. B. L. Baldridge, Secretary, Municipal Hospital Board, Provost, Alberta.

Nursing Superintendent (position available October 1st. 1959) for 44-bed well equipped hospital in good new building, situated in a town of 2,200, on main highway between Calgary & Edmonton. Medical staff consists of 4 active & progressive doctors, total staff of 40. Good residence, pension plan, hospital & medical plans available. Present Matron has been with us 4-yr. Salary decided by suitability, capability & experience. If interested please write giving qualifications, age & experience to: Miss Beryl Scott, Secretary-Treasurer, Municipal Hospital #26, Olds, Alberta.

Matron for 51-bed hospital fully staffed. Excellent equipment, Lab & X-Ray Technician. Wages \$375-\$400 with increments. 2-room suite with bath, maintenance \$26 per mo. Pension plan available. Situated in a thriving district, with bus & rail transportation daily. 4 doctors, 1 dentist, orderly on staff. Write or phone: W. N. Saranchuk, Sec.-Treas. Municipal Hospital, Elk Point, Alberta.

Registered Nurses for a large expanding City Hospital in Edmonton, Alberta for summer relief & permanent employment. Experience available in all departments including oprating rooms & case rooms. Credit given for postgraduate work & past experience. Opportunities for advancement. Liberal sick leave, vacation, 40-hr. wk. General Duty \$255-\$285 per mo. plus laundry. Staff Nurses \$285-\$315 per mo. plus laundry. For particulars apply to: Director of Nursing, Royal Alexandra Hospital, Edmonton, Alberta.

Registered Nurse for 35-bed busy General Hospital offering a variety of experience. 40-hr. wk., rotating periods of duty. Gross salary \$270 per mo. \$35 deducted for maintenance & laundry. 4 semi-annual increments of \$5.00, 3-wk. vacation, 10 statutory holidays, 12 days sick leave yearly, cumulative to 30 days. Accommodation in hospital wing — single & double rooms. Viking is 90-mi. southeast of Edmonton, on main highway & railway with daily bus & train service. Apply to Matron-Supt., Municipal Hospital, Viking, Alberta.

Registered Nurses for General Duty Staff. Salary \$275 per mo. 4 semi-annual increments. Board & room \$30 per mo. Paid overtime, 42-hr. wk. 1-mo. paid vacation, sick leave $1\frac{1}{2}$ -day per mo. accumulative to 90-days. Apply stating age & qualifications, to: Matron, Municipal Hospital, Mayerthorpe, Alberta.

Registered Nurses or Graduate Nurses (2) for General Duty in 16-bed hospital. Salary schedule according to the current A.A.R.N. suggested schedule. Basic salary \$255 for R.N. plus increment increases according to experience. Hospital is centrally located between two (2) Lake resorts etc. Apply to: Mrs. J. Bergquist R.N. — Matron, Municipal Hospital #43, Bentley, Alberta.

General Duty Nurses (Immediately for summer relief & steady employment) new 54-bed hospital. Gross salary \$255 per mo. with annual increase, less \$26 maintenance, l-mo. vacation after l-yr. service. Voluntary pension plan & compulsory medical & hospitalization plan in operation. Apply stating references & experience, if any, to: Matron, Municipal Hospital, Vermilion, Alberta.

Graduate Nurses (2) for small country hospital in northern Alberta (40-mi. paved road to next city). Starting salary for R.N., \$265; for Gr.N., \$250 less \$30 room & board. Good working conditions. Foreign nurses are given opportunity to register in Alberta after 1-yr. service. Newly decorated residence, single rooms. Apply: Matron, Hythe Hospital, Hythe, Alberta.

Graduate Nurses for 56-bed hospital. Pleasant working conditions. Apply to: Mrs. A. Kerby, R.N., Superintendent, Municipal Hospital, Stettler, Alberta.

Graduate Nurses for General Duty in new 30-bed hospital 90-mi. from Calgary on Trans Canada Highway. 44-hr. wk., generous personnel policies. For particulars apply to: The Matron, Municipal Hospital, Bassano, Alberta.

General Staff Nurses (immediately) for new modern hospital of 243-beds, 37-bassinettes. School of nursing has a present enrollment of 58 students. Temporary residence available in new nurses' home. 40-hr. wk. with liberal personnel policies. Apply to: Director of Nursing, Municipal Hospital, Medicine Hat, Alberta.

Nurses (2) immediately for 20-bed hospital, 40-hr. wk. Wages \$285 plus annual raises; 4-wk. vacation after each year's service. Living in quarters available. Apply to Matron, Coronation Municipal Hospital District No. 39, Coronation, Alberta.

BRITISH COLUMBIA

Nursing Supervisor (B.C. Registered) for Community owned 18-bed hospital, with new 26-bed hospital under construction. Starting salary \$325 per mo. Full maintenance \$48 per mo., in new modern nurses' residence, Scenic location in Rocky Mountains west of Calgary, Alberta on Trans Canada Highway. For full particulars write: C. F. Collins, Secretary, General Hospital, Golden, British Columbia.

Supervisor of Nursing for 40-bed General Hospital, a very active western town in the world famous Cariboo ranching country. Construction of new 100-bed, double corridor design, 5-story hospital to start this fall. All applications considered but preference to graduate in nursing administration. Quarters in nurses' home, 40-hr. wk. 28 annual & 10 statutory holidays, $1\frac{1}{2}$ -days sick leave per mo. accumulative, position vacant July 1, 1959. State age, experience & references in first letter to: Adminstrator, War Memorial Hospital, Williams Lake, British Columbia.

Registered General Duty Nurse for 30-bed hospital. Starting salary \$260 per mo. with \$10 yearly increment. Board & room \$40, 1½ day sick leave per mo. 40-hr. wk. 11 statutory holidays & 28 days vacation after 1-yr. service. Comfortable nurses' residence next door to hospital. Rotating shifts. Please apply to: The Matron, Community Hospital, Grand Forks. British Columbia.

Laboratory Technician (1) X-Ray Technician (1) fully qualified; Registered Nurses (3) for 30-bed hospital in Central B.C. on the Jasper Prince Rupert Highway, 70-mi. from Prince George. Salary for each of the above positions \$290 per mo., 10 legal days with pay per year; 1½-days sick leave per mo., 28-days vacation after 1-yr. Laundering of uniforms by hospital; modern nurses' residence \$50 per mo. Also Certified Practical Nurses (3) salary \$190 per mo., 1½-days sick leave per mo. 10 legal days with pay per year; 2-wk. vacation after 1-year. Kindly apply giving qualifications & references to: Sister Superior, St. John Hospital, Vanderhoof, British Columbia.

Head Nurses for Operating Room: 42-bed pediatric unit in 434-bed hospital with nurses' training school. Postgraduate or equivalent experience required, B.C. registration required, 40-hr. wk., statutory holidays, 28-days annual vacation. Credit given for past experience & postgraduate preparation. Salary \$295-\$354. Apply: Director of Nursing, Royal Columbian Hospital, New Westminster, British Columbia.

General Duty Nurses for small active hospital. Salary \$250 for unregistered. \$260 registered with yearly increments. Nurses' home available. For further particulars write, The Administrator, Lady Minto Hospital, Ashcroft, British Columbia.

General Duty Nurses for new 60-bed acute General Hospital on Vancouver Island R.N.A.B.C. contract in effect, new residence, good personnel policies. Further information from Director of Nursing, Campbell River & District General Hospital, Campbell River, British Columbia

General Duty Nurses for General Hospital with school of nursing. Salary \$275-\$327 per mo. B.C. registration essential. Apply: Director of Nursing, Royal Inland Hospital, Kamloops, British Columbia.

General Duty Nurses for 110-bed General Hospital located in British Columbia's beautiful Northwest. Salary \$283 per mo. with \$10 increments for 3 years. Modern residence facilities available. For complete information apply to: Director of Nursing, General Hospital, Prince Rupert, British Columbia.

General Duty Nurse for well-equipped 80-bed General Hospital. Initial salary \$270, maintenance \$47.50; 40-hr. 5-day wk. 4-wk. vacation with pay. Apply: Sacred Heart Hospital. Smithers, British Columbia

General Duty Nurses for modern 154-bed General Hospital. Generous personnel policies. nurses' residence. Apply: Director of Nursing, Trail-Tadanac Hospital, Trail, British Columbia.

General Duty & Operating Room Nurses for 434-bed hospital with training school; 40-hr. wk., statutory holidays. Salary \$280-\$336. Credit for past experience & postgraduate preparation; annual increments; cumulative sick leave; 28-days annual vacation. B.C. registration required. Apply: Director of Nursing, Royal Columbian Hospital, New Westminster, British Columbia.

Graduate Nurses for 70-bed General Hospital. Salary \$260-\$280; 5-day wk., 28 days vacation plus 10 statutory holidays, after 1 yr. Apply: Matron, St. George's Hospital, Alert Bay British Columbia.

Graduate Nurses; for new 63-bed hospital. 30 miles from Vancouver in the Fraser Valley For salary rates & personnel policies, apply: Director of Nursing, Maple Ridge Hospital, Haney, British Columbia.

Graduate Nurses for 37-bed hospital, salary \$250 per mo. with annual increments — **28-dy**. annual vacation, cumulative sick leave. \$50 monthly board, lodging, laundry. New 50-bed hospital to be erected 1959. Apply: Administrator, Terrace & District Hospital, Box 1297, Terrace, British Columbia.

MANITOBA

Matron, Registered Nurse & Licensed Practical Nurse for 8-bed hospital soon to be enlarged to 15-beds with new surgical & patient facilities. Basic salaries of \$325, \$290 & \$200 gross per mo. 4-wk. vacation with pay per yr. after 1-yr. service. Daily bus service to Brandon & Winnipeg. Duties to commence as soon as possible. Apply: Sec.-Treas., Mrs. A. E. Owen, Reston, Manitoba.

Registered Nurse (for general floor duty) Salary \$290 per mo. less \$25 for full maintenance, yearly increments, 44-hr. wk. For further information apply to: John Hiscock, Secretary-Treasurer, Baldur Medical Nursing Unit, Baldur, Manitoba.

Registered Nurses (2) as soon as possible for 16-bed hospital. Salary \$280 per mo. gross, \$40 per mo. deducted for board & room. 40-hr. wk. 3-wk. vacation with pay after 1 full year employment, 4-wk. after 2 full years. Sick leave one day for each full month of employment plus 1 day for each full 6-mo. employment cumulative to 30 days. Living quarters in hospital. Apply to A. C. Laughlin, Secretary, Wilson Memorial Hospital, Melita, Manitoba.

Registered Nurses (2), Practical Nurses (2) for 30-bed hospital. Salary \$285 & \$185 respectively. Board & room \$35. Minor & major surgery. 44-hr. wk., vacation pay, statutory holidays, paid sick leave. Apply: Administrator, DeSalaberry Hospital, St. Pierre, Man.

General Duty Nurses (3) for new 85-bed hospital. Good salary & generous personnel policies. Apply: Director of Nursing, Portage Hospital District #18, Portage La Prairie, Manitoba.

NEW BRUNSWICK

Clinical Instructor Medical & Surgical Nursing. 1-class a year. For further information please apply: Superintendent of Nursing, Charlotte County Hospital, St. Stephen, New Brunswick.

Head Nurses & General Staff Nurses for new 26-bed phyciatric division opening July 1, 1959. Apply to: Director of Nursing, Saint John General Hospital, Saint John, New Brunswick.

NOVA SCOTIA

General Duty Nurses for modern 35-bed hospital situated on beautiful South Shore. Good personnel policies. Excellent living quarters. Apply Superintendent, Fishermen's Memorial Hospital, Lunenburg. Nova Scotia.

General Staff Nurses for 400-bed Medical & Surgical Sanatorium, fully approved student affiliation & postgraduate program. Full maintenance. Recreational facilities. Vacation with pay. Sick benefits after 1 yr. Blue Cross coverage. Attractive salary; 40-hr. wk. For further particulars apply Supt. of Nurses, Nova Scotia Sanatorium, Kentville, N.S.

ONTARIO

Assistant Director of Nurses, Registered Nurses for General Duty in new 50-bed hospital. Apply: Superintendent, Meaford General Hospital, Meaford, Ontario.

Lady Superintendent & Administrator for small well equipped General Hospital in a community of 3,000 people & serves a fairly large rural area; situated close to Ottawa, there is a good rail & road communication with the Capital & other communities in the Ottawa valley. Applicants are requested to provide reference with a resume of past experience & salary expected. Apply: Secretary-Treasurer, The Rosamond Memorial Hospital, Almonte, Ontario.

Superintendent of Nurses (with administrative qualifications) for modern 32-bed hospital to be opened early in 1960. Situated in one of Eastern Ontario's most progressive communities, close to Ottawa & U.S. Border. A small apartment is provided in the hospital. Applicants are requested to provide a resumé of past experience & salary expected. Apply to: Secretary-Treasurer, District Hospital, Box 248 Kemptville, Ontario.

Registered Nurses for 50-bed Hospital, Obstetrical & General Duty. Rotating shifts, 40-hr. wk. Apply: Director of Nursing, Ajax & Pickering General Hospital, Ajax, Ontario.

Registered Nurses (2) for small well equipped hospital, 30 miles from Ottawa. Liberal salary. Apply: Superintendent, The Rosamond Memorial Hospital, Almonte, Ontario.

Registered Nurses for 73-bed General Hospital on Lake of Woods. Tourist & industrial town of 10,000. General duty salary \$265-\$295 for nurses currently registered; \$245 for non-registered qualified nurses. Excellent personnel policies. Apply to: Superintendent, General Hospital, Kenora, Ontario.

Registered Nurses: See beautiful Northern Ontario & enjoy life in the heart of Canada's gold mining district. Additional staff required for new 60-bed addition opening about June 1st. Salary \$255 per mo. to start, with above average personnel benefits. Accommodation available in residence. Transportation can be arranged if necessary. Apply: Superintendent, Kirkland & District Hospital, Kirkland Lake, Ontario.

Registered Nurses (2) for an active 50-bed General Hospital in an attractive business town 100-mi. northwest of Toronto. Excellent salary plus full maintenance. For further information please apply to: Superintendent, Memorial Hospital, Listowel, Ontario.

NURSING WITH INDIAN AND NORTHERN HEALTH SERVICES



OPPORTUNITIES REGISTERED HOSPITAL NURSES, PUBLIC HEALTH NURSES, AND CERTIFIED AUXILIARY NURSES

for Hospital Positions and Public Health Positions in Outpost Nursing Stations, Health Centres and Field Positions in the Provinces, Eastern Arctic Northwest Territories and the Yukon Territory.

SALARIES

- Public Health Nursing Supervisors: up to \$5,220 depending upon qualifications and location.
- (2) Directors of Nursing in Hospitals: up to \$4,950 depending upon qualifications and location.
- (3) Public Health Staff Nurses: up to \$3,780 per year depending upon qualifications and location.
- (4) Hospital Staff Nurses: up to \$3,540 per year depending upon qualifications and location.
- (5) Certified Nursing Assistants or Licensed Practical Nurses: up to \$200 per month depending upon qualifications and location.
- Room, Board and Laundry in residence at reasonable rates.
 Statutory holidays. Three weeks' annual leave with pay. Generous sick leave credits. Hospital-Medical and superannuation plans available.
- Special pay and leave allowances for those posted to isolated areas.

For interesting, challenging, satisfying work apply to — Indian and Northern Health Services at one of the following addresses:

- (1) Regional Superintendent, 4824 Fraser Street, Vancouver, B.C.
- (2) Regional Superintendent, 11412-128th Street, Edmonton, Alberta.
- (3) Regional Superintendent, 735 Motherwell Building, Regina, Saskatchewan.
- (4) Regional Superintendent, 803-9 Confederation Life Building, 457 Main Street, Winnipeg, Manitoba.
- (5) Regional Superintendent, 4th Floor, Booth Building, 165 Sparks Street, Ottawa, Ontario.
- (6) Zone Supervisor of Nursing, Box 493, North Bay, Ontario.
- (7) Zone Superintendent of Indian Health Services, P.O. Box 430, Upper Town, 3 Buade Street, Quebec 4, P.Q.
- (or) Chief, Personnel Division,

Department of National Health and Welfare, Ottawa, Ontario.

Registered Nurses for 200-bed hospital for extended illness. Residence accommodation. Apply to: Director of Nursing, Parkwood Hospital, 81 Grand Avenue, London, Ontario.

Registered Nurses (Several) for immediate & tuture vacancies in modern 42-bed hospital, Starting salary: \$265 per mo. plus shift allowance. 40-hr. wk. 4 wk. vacation after 1 yr. Apply: Superintendent of Nurses, New Liskeard & District Hospital, New Liskeard, Ontario. Registered Nurses for medical, surgical & pediatric services in new General Hospital. Apply: Director of Nursing, Greater Niagara General Hospital, Niagara Falls, Ontario,

Canada

Registered Nurses (Toronto Area) for 30-bed hospital for chronic illnesses. Salary \$12 per day; 5-day wk.; 3-wk. vacation per year. Apply: L. Mackie, Director of Nursing, The Villa Private Hospital, Box 490, Thornhill, Ontario.

Registered Nurses & Certified Nursing Assistants for General Duty in all services. Salary commensurate with experience & qualifications, good personnel policies. Apply to: The Director of Nursing, St. Vincent de Paul Hospital, Brockville, Ontario.

Registered Nurses & Nursing Assistants (for regular staff & summer relief) in 47-bed hospital, tourist town, good personnel policies, full maintenance in residence. Apply: Superintendent, General Hospital, Kincardine, Ontario.

Registered Nurses & Certified Nursing Assistants for 26-bed hospital. R.N. salary \$290-\$335. 28-day vacation after 1-yr. C.N.A. salary \$210-\$240, 2-wk. vacation after 1-yr., 3-wk. after 2-yr. Credit for past experience. \$5.00 increment every 6-mo. 44-hr. wk., 8 statutory holidays. Room & board residence \$28.50 per mo. 1-day sick leave per mo. Apply to: Mrs. G. Gordon, Superintendent, District Memorial Hospital, Box 37, Nipigon, Ontario.

Registered Nurses for General Duty in all departments including operating room. Apply to: Director of Nursing, General Hospital, Belleville, Ontario.

Registered Nurses for General Duty in modern 18-bed Private Hospital in iron mining town, 180-mi. north of Sault Ste Marie, Ontario. Excellent accommodation & personnel policies. Starting salary \$268 minimum to \$303 maximum for experience, less \$20 per mo. maintenance. Transportation allowance after 6-mo. service. Operating Room Nurse, starting salary \$288 minimum with postgraduate course, \$323 maximum with 3-yr. experience or more. Apply: Superintendent, Miss O. Keswick, Lady Dunn Hospital, Jamestown, Ontario.

Registered Nurses for General Duty in all departments including operating room, premature & newborn nursery. Good salary & personnel policies. Apply: Director of Nursing, Victoria Hospital, London, Ontario.

Registered Nurses for General Duty starting salary \$250 per mo., 44-hr. wk., sick leave, 3-wk. vacation. Apply: Superintendent, Public Hospital, Smiths Falls, Ontario.

Registered Nurses for General Staff & Operating Room in modern hospital (opened in 1956). Situated in the Nickel Capital of the world, pop. 50,000 Salary: \$260 per mo. with semi-annual merit increments, plus annual bonus plan. Recognition for experience. Excellent personnel policies. Assistance with transportation can be arranged. Apply Director of Nursing, Memorial Hospital, Sudbury, Ontario.

Registered General Duty Nurses. Salary: \$230 per mo. 40-hr. wk. Apply Director of Nursing, General Hospital, Cobourg, Ontario.

Registered General Duty Nurses for 28-bed General Hospital. Salary & personnel policies in accordance with R.N.A.O. Adjacent attractive residence, recreation facilities. For further information please apply: Miss A. Burnett, Superintendent, Niagara Hospital, Niagara-on-the-Lake, Ontario.

General Duty Nurses for 65-bed modern hospital. Salary & personnel policies upon application to: Director of Nurses, Memorial Hospital, Campbellford, Ontario.

General Duty Nurses for 100-bed hospital. Salary \$260 month with recognition for P.G. Courses, 44-hr. wk. at present. Up-to-date facilities in a beautiful location on the shore of Lake Erie. Residence available. Apply: Director of Nursing, General Hospital, Port Colborne, Ontario.

General Duty Nurses for an accredited 64-bed hospital. Starting salary: \$250-\$260. Good personnel policies with sick leave benefits, holidays & paid vacations. Apply Director of Nursing, Douglas Memorial Hospital, Fort Erie, Ontario.

General Duty Nurses & Certified Nursing Assistants for 86-bed hospital. Living accommodation available. Collingwood is situated on Georgian Bay & is noted as a vacation land in summer with 7-mi. of sand beach, along with great skiing on the Blue Mountains in winter. For further information apply Director of Nursing Services, General & Marine Hospital, Collingwood, Ontario.

General Duty Nurses & Operating Room Nurse for new 105-bed hospital on shores of Georgian Bay. 40-hr. wk. For salary, rates & personnel policies apply: Director of Nursing, St. Andrews Hospital, Midland, Ontario.

McKellar General Hospital, Fort William, Ontario has openings in all departments for General Staff Nurses. Basic salary \$250 per mo., 40-hr. wk. Good personnel policies for other benefits. Resident accommodation available. Apply to: The Director of Nursing.

Graduate Nurses (Close to Metropolitan Toronto) for 120-active bed County Hospital with up-to-date facilities located in a friendly community, 1-hr. bus ride to downtown Toronto. Salary \$245-\$285, residence accommodation available. Adequate staffing & personnel policies. Apply: Director of Nursing, York County Hospital, Newmarket, Ontario.

The Roosevelt Hospital

428 WEST 59th STREET . NEW YORK 19, N.Y.

APPLICATION FOR APPOINTMENT NURSING SERVICE DEPARTMENT

NAME (PRINT)				
ADDRESS				
	MARITAL STATUS			
	D			
	Т			
DATE AVAILABLE				
PROFESSIONAL BACKGROUND				
BASIC NURSING & POSTGRADUATE COURSE	s ADDRESS	DATE OF DIPLOMA OR DEGREE		
EXPERIENCE (LIST MOST RECENT POSITION FIRST)				
POSITION	HOSPITAL AND LOCATION	DATE		
		*		
TRANSPORTATION FROM CANADA PAID UPON APPOINTMENT TO STAFF				
COMMENTS:				
PLEASE INDICATE IN NUMERICAL ORDER, NURSING SERVICE PREFERRED:				
☐ MEDICINE ☐ SURGERY	MEDICINE & SURGERY OPERATING ROOM	☐ PEDIATRICS ☐ GYNECOLOGY		
SEND TO: DIRECTOR, NURSING SERVICE THE ROOSEVELT HOSPITAL				
428 WEST, 59th STREET				
	YORK 19, NEW YORK	HOSPITAL		

SUDBURY GENERAL HOSPITAL

of the

IMMACULATE HEART OF MARY



ON LAKE RAMSAY

Operated by the Sisters of St. Joseph 370 beds — built in 1950

Services in Medicine, Surgery, Pediatrics, Obstetrics, Gynecology, Psychiatry.

Opportunities for Nursing Instructors and General duty nurses.

40-HR. WK. BEGINNING SALARY \$260.

APPLY, DIRECTOR OF NURSING, SUDBURY GENERAL HOSPITAL SUDBURY, ONTARIO.

REGISTERED NURSES — \$3,000 - \$3,540

(According to Qualifications)

CERTIFIED NURSING ASSISTANTS — \$2,040 - \$2,400

SUNNYBROOK HOSPITAL, TORONTO

WESTMINSTER HOSPITAL, LONDON

Pension Plan; three weeks' paid vacation; three weeks' accumulative sick leave; 5-day week; low-cost living in staff residence — for Nurses; application forms available at your nearest Civil Service Commission Office, or main Post Offices, should be forwarded to the Civil Service Commission, 25 St. Clair Avenue East, Toronto 7, as soon as possible.

Public Health Nurse (qualified) for completely generalized program. Salary range, pension plan & other personnel policy given on request. Applicant must have car. Apply to: Dr. W. H. Cross, Muskoka District Health Unit, Bracebridge, Ontario.

Public Health Nurses for generalized program in Seaway Development area. Good transportation policy & pension plan. Apply to: Mr. L. C. Kennedy, Secretary-Treasurer, Board of Health, Stormont, Dundas & Glengarry Health Unit, County Buildings, Cornwall, Ontario.

Public Health Nurses (generalized program) minimum salary \$3,300 with allowance for experience & annual increments. Generous provision for transportation. For further details write: Dr. R. M. Aldis, Director, Huron County Health Unit, Goderich, Ontario.

Public Health Nurses (qualified) for generalized program, urban & rural. Salary \$3,500 - \$4,250, annual increment \$150, pension plan, P.S.I., 4-wk. vacation. Apply: Archie F. Bull, M.D., D.P.H., Director, Halton County Health Unit, Milton, Ontario.

Texas: Registered Nurses, (English speaking) for rotating shifts. Salary \$290-\$315, 40-hr. wk., living facilities available. Hospital operated by Daughters of Charity. Apply: Director of Nursing Service, St. Paul Hospital, Dallas 4, Texas.

Staff Nurses (All services) Texas teaching hospital. Air conditioned; good personnel policies. Base salary-rotation \$290 per mo. Evenings or night \$304 per mo. Apply: Director of Nursing Service, University of Texas Medical Branch, Galveston, Texas.

Operating Room Nurses, General Duty Nurses get away from fog, smog & industrial areas. Come to exciting wonderful Wyoming. 340-days sunshine, fresh air in year-round recreation area. Position vacancies, all shifts & types. 165-bed JCAH Hospital with expansion program. Capitol city, growing medical center Wyoming. 50,000 pop. Home of Frontier Days & Warren Air Base. Metropolitan Denver 2-hr. drive from Cheyenne. Excellent personnel policies. 40-hr. wk., 2-3 wk. vacation, sick leave. New nurses' residence at reasonable rates. Excellent housing facilities within 10-min. of hospital. Excellent starting salaries. Apply. Director of Nursing, Memorial Hospital, Cheyenne, Wyoming.

VICTORIAN ORDER OF NURSES FOR CANADA

has Staff and Supervisory positions in various parts of Canada.

Personnel Practices Provide:

- Opportunity for promotion.
 - Transportation while on duty.
 - Vacation with pay.
 - Retirement annuity benefits.

For further information write to:

Director in Chief, Victorian Order of Nurses for Canada 5 Blackburn Ave., Ottawa 2, Ontario

DIRECTOR -- SCHOOL OF NURSING

For a School of 90-students, organized independently of Nursing Services. The school program follows the pattern of 2-years of nursing education plus 1-year of internship.

Salary: \$5,400-\$6,000 per annum.

Requirements: Degree & experience in the administration of a nursing education program.

Apply to: R. Buckner, Administrator,

Metropolitan General Hospital Windsor, Ontario

SUDBURY & DISTRICT HEALTH UNIT

ASSISTANT SUPERVISOR

and

PUBLIC HEALTH NURSES

are required for generalized public health nursing service; maternal and child health, tuberculosis, school health, etc.

- -Hospital Plan, P.S.I., pension plan.
- —Sick leave 1½ days monthly, accumulative.
- -Vacation 4 weeks yearly.
- —Transportation provided or allowance for use of private car.
- -Salary:

Assistant Supervisor \$4,000 to \$5,000 annually

Public Health Nurses \$3,500 to \$4,500 annually

Annual increment \$200.

Apply to:

DR. J. B. COOK, M.O.H. and DIRECTOR
SUDBURY & DISTRICT HEALTH UNIT
SUDBURY, ONTARIO

APPLICATIONS ARE INVITED FOR THE POSITION OF

DIRECTOR OF NURSING

at the 625-bed Barton Street

unit of the

HAMILTON GENERAL HOSPITALS

The School of Nursing has a program of 2-years nursing education plus 1-yr. of internship, for approximately 300-students.

For further information apply to:

THE DIRECTOR OF HOSPITALS
HAMILTON GENERAL HOSPITALS
HAMILTON, ONTARIO

Public Health Nurses (Qualified) for a generalized program in suburban & rural areas with Peel Country Health Unit. Unit headquarters near Toronto. Salary range \$3,400 - \$4,200. Annual increment \$150; pension plan, car allowance, cumulative sick & holiday leave. Optional Blue Cross & P.S.I. protection. Apply to: Mrs. Helen Littleton, Supervisor of Public Health Nursing, 44 Nelson Street West, Brampton, Ontario.

Registered Nurses (Immediately & later) for General Hospital. Salary \$300 per mo. & full maintenance. Previous obstetrical & operating room experience necessary. New Hospital, comfortable nurses' residence. Apply to: Matron, General Hospital, Mayo,

Yukon Territory.

Public Health Nurses: required in a generalized program in rural & semi-urban area adjacent to metropolitan Toronto. Excellent working conditions including pension plan, group insurance & transportation arrangements. Write: Dr. R. M. King, York County Health Unit, Newmarket, Ontario.

Public Health Nurses (Qualified) for a generalized program in the City of Oshawa. Salary range \$3,500 - \$4,370, annual increment \$175, starting salary based on experience. 5-day wk., 4-wk. vacation, pension plan, group insurance, hospitalization & P.S.I. employer shared. Transportation provided. Apply: Dr. C. C. Stewart, Medical Officer of Health, 50 Centre Street, City Hall, City of Oshawa, Ontario.

Public Health Nurse (Qualified) for generalized program 20-mi. from Toronto. Salary \$3,500 - \$4,250 effective July 1st; allowance for experience, annual increment \$150, 4-wk. vacation, cumulative sick leave, hospitalization & shared medical & surgical group in effect, pension plan. Apply: The Director, Ontario County Health Unit, (Southern Area), Pickering, Ontario.

Public Health Nurses (Qualified) for Victorian Order of Nurses (Toronto Branch). Minimum salary \$3,432, consideration given to past experience. Annual increments, 5-day wk., 4-wk. vacation, \$100 uniform allowance, PSI & supplementary Blue Cross available. Pension plan benefits. Apply: Director, 281 Sherbourne Street, Toronto 2, Ontario., WA. 1-3184.

Public Health Nurse for generalized program. Basic salary \$3,300 with annual increment of \$175, other personnel policies on request. Apply to: Supervisor of Public Health Nursing, Oxford Health Unit, Woodstock, Ontario.

Operating Room Scrub Nurse for modern well equipped 40-bed General Hospital. 40-mi. from Ottawa. Apply giving qualifications & salary expected to: The Superintendent, Arnprior & District Memorial Hospital, Arnprior, Ontario.

Director of Nursing Service for Metropolitan Toronto Hospital with university degree or equivalent courses, some experience in supervision or administration. Salary \$450 per mo., 40-hr. wk., 3-wk. paid vacation, accumulative sick leave. Direct your reply to: Box H, The Canadian Nurse Journal, 1522 Sherbrooke Street West, Montreal 25, Quebec.

Educational Director, unusual opportunity in unique well-staffed hospital well known for both scholastic standing & bedside patient care. Excellent work situation, warm, friendly atmosphere, above usual remuneration, excellent housing & personnel policies. Midwest location in rapidly developing industrial area, 3-yr. program, 100-students, completely new facilities, college affiliation. State approved, desire accreditation. Present director retiring. Apply: Box F, The Canadian Nurse Journal, 1522 Sherbrooke Street West, Montreal 25, Que. Assistant Head Nurses excellent personnel policies. Apply Director, Shriners' Hospital for

Crippled Children, 1529 Cedar Avenue, Montreal, Quebec

Registered Nurses — General Staff for large psychiatric hospital (preferably postgraduate) with possibility for rapid promotion. 15-min. from downtown Montreal. Good residential facilities available. Write: Personnel Officer, Box 6034, Montreal, Quebec.

Registered General Duty Nurses for 28-bed General Hospital in Huntingdon, Quebec, 45-mi. from centre of Montreal with excellent bus service. Gross salary \$235 with full maintenance in nurses' home at \$35; 3-increases at 6-mo. intervals to \$250; 44-hr. wk., 8-hr. rotating shifts; 1-mo. annual vacation; 7 statutory holidays; 2-wk. sick leave, Blue Cross paid. Apply: Mrs. M. G. Curran, R.N., Huntingdon County Hospital, Huntingdon, Que.

Registered Nurses for Operating Room with operating room postgraduate courses and/or experience, for 140-bed hospital. Travel allowance paid. For particulars, write Matron, King Edward VII Memorial Hospital, Bermuda.

Registered Nurses for 95-bed hospital. New nurses' residence. For particulars write to: Director of Nursing, Lloydminster Hospital, Lloydminster, Saskatchewan.

Registered Nurses (2) for 19-bed hospital. Gross salary \$260 with increments & benefits as per S.R.N.A. Nurses' residence on grounds with T.V. Apply: Union Hospital, Vanguard, Saskatchewan.

Registered Nurses: Positions available in all areas & on all shifts. Ultra modern, new 254-bed General Hospital located in the heart of beautiful sunny Castro Valley, just 30 minutes drive from San Francisco. This is a busy residential community which offers casual California living at its very best. Many excellent schools & colleges within easy commuting distance. Progressive personnel policies include free hospital & surgical insurance, paid sick leave, paid vacations, 7 recognized holidays & other benefits. No split shifts, evening & night duty salary differential, also differential paid for operating room, delivery room & nursery service. Uniforms laundered free. Basic salary for general staff duty, \$320 per mo. Salaries for other positions commensurate with assignments. Please write: Personnel Manager, Eden Hospital, 20103 Lake Chabot Road, Castro Valley, California.

JOHNS HOPKINS INVITES YOU...





Nursing at Johns Hopkins

16-page illustrated booklet
of information about "Nursing
at Johns Hopkins."

Learn about the career
that can be yours at the
Johns Hopkins Hospital
in Baltimore

R.S.V.P.

A big and busy medical center in the Land of Pleasant Living

CX

Director of Nursing Service Johns Hopkins Hospital Baltimore 5, Maryland

Please send me the booklet "Nursing at Johns Hopkins."

Name......Address.......Prov......

Registered Nurses General Duty for 230-bed approved teaching hospital, resort city. Salary \$315 plus \$22.50 shift differential, provision for housing allowance. Apply: Director of Nursing, Cottage Hospital, Santa Barbara, California.

General Duty Nurses (English speaking) 500-bed General Hospital in Sunny Southern California. \$315-\$360 base plus \$15 shift differential until California Registered. \$330-\$375 base a month plus \$33 shift differential upon registration. Employee health & pension plan. Generous holiday & vacation benefits. Nurses' residence located on grounds. For information apply: Director of Nursing, Cedars of Lebanon Hospital, Hollywood 29, California.

Attention! General Duty Nurses 400-bed County Hospital located 2 hr. drive from San Francisco, ocean beaches & mountain resorts in modern & progressive city of 35,000. 40-hr. 5-day wk., 3-wk. pd. vacation, 11-pd. holidays, pd. sick leave, retirement plan & social security. Accommodations in nurses' home, meals at reasonable rates, uniforms laundered without charge. Starting salary \$341 per mo. plus shift & service differentials. Must be eligible for California Registration. Write Director of Nursing, Stanislaus County Hospital, 830 Scenic Drive, Modesto, California.

General Duty Nurses (California, between Sacramento & San Francisco) for 84-bed general short term JCAH hospital. Starting salary \$325, nurses' home, excellent working conditions, Write, Director of Nurses, Clinic Hospital, Woodland, California.

General Staff Nurses (Grow & develop with us) new 400-bed hospital under construction. Fully approved. Intern-resident program. Developing teaching center. Starting salary \$330 per mo., \$15 per mo. merit increases at 6, 12, 24 & 36-mo. 40-hr. wk., 2-wk. paid vacation, paid sick leave to 30-days; 7 paid holidays. One of Southern California's most outstanding locations. Apply: Director of Personnel, Seaside Memorial Hospital, 1401 Chesnut Avenue, Long Beach 13, Calif.

Staff Nurses 600-bed general & tuberculosis teaching institution in central valley City. Accredited State & Junior Colleges in immediate vicinity, Liberal personnel policies. Full maintenance available. Write — Director of Nursing Service, Fresno County General Hospital, Fresno 2, California.

Staff Nurses for 300-bed General Hospital. Attractive personnel policies plus differential for specialties, afternoon & night duty. Opportunities for advanced education. Apply to Director of Nursing Service, Kaiser Foundation Hospital, Oakland 11, California.

Operating & Delivery Room Nurses (English speaking) 500-bed General Hospital in Sunny Southern California. \$325-\$370 month base plus \$15 shift differential until California Registered. \$340-\$385 month base plus \$33 shift differential upon registration. Employee health & pension plan. Generous holiday & vacation benefits. Nurses' residence located on grounds. For information apply: Director of Nursing, Cedars of Lebanon Hospital, Hollywood 29, California.

Registered General Duty Nurses for 154-bed General Hospital with expansion program under way. Along the shores of Lake Michigan, 25 mi. from Chicago. Salary: \$340 for days, \$370 for evenings, \$360 for nights, 5 day wk. Good personnel policies. Apply Personnel Director, Highland Park Hospital Foundation, 718 Glenview Ave., Highland Park, Ill.

General Duty Nurses for 320-bed General Hospital. Only a few blocks from Lake Michigan Beach & Lincoln Park; near Chicago Loop. Hospital accredited by J.C.A.H. & school of nursing accredited by N.L.N. Apartments available close to hospital. Liberal personnel policies. Must be eligible for Ill. registration; openings on all shifts. Write: Director of Nursing, Augustana Hospital, 411 W. Dickens Ave., Chicago 14, Illinois.

Registered Nurses for new 750-bed municipal hospital. Salary \$3,700 per year with \$100 yearly increments reaching maximum of \$4,200; 40-hr. wk., vacation, sick time & 12 holidays, 1 meal & laundry of uniforms provided. Apply to: Director of Nursing, Martland Medical Center, Newark, New Jersey.

School Nurse (Registered) for small infirmary in girls' private school 20-mi. from N.Y.C., pleasant opportunity. Apply: P.O. Box 308, Summit, New Jersey.

Registered Nurses: Spend your winter in the Sunny Southwest — New Mexico, "The land of Enchantment". Vacancies for staff duty in Medicine, Surgery, Obstetrics, Pediatrics, and Operating Room. Salaries \$285-\$315, days; \$10 differential for evenings & nights; \$15 differential, operating room. No shift rotation. Excellent job benefits. Board and room in nurses' residence, \$43 per month. Free transportation via 1st Class Air travel to Albuquerque and return in exchange for a 1-yr. employment contract. Write or call collect Mrs. Margaret Nelson, Director of Nursing, Presbyterian Hospital Center, 1012 Gold Ave. S.E. Albuquerque, New Mexico. Phone 3-5611.

Clinical Instructor, unique hospital school located in rapidly developing industrial area. 100-students, basic program, college affiliated. Splendid opportunity for recent graduate, in friendly atmosphere, devoid of the usual tensions & conflicts. Better than average salary & personnel policies. Apply: Personnel Director, Holzer Hospital, Gallipolis, Ohio.

Registered Nurses (Oregon observing Centennial Year, packed with exciting activities, including International Trade Fair.) for 310-bed General Hospital affiliated with University of Oregon Medical School. Staff Nurses basic salary \$309 with annual increases to \$361. Asst. Head Nurse \$316-\$386, Head Nurse \$385-\$438, opportunities for advancement. Full-time eyening & night nurses given asst. head nurse classification, plus \$10. Paid vacations, sick leave, holidays, soc. security. Multnomah Hospital, Portland, Oregon.

THE B. C. CIVIL SERVICE

Requires

PUBLIC HEALTH NURSES GRADE 1

Positions available for qualified Public Health Nurses in various centres in B.C. Salary: \$324 rising to \$389 per month; car provided.

An opportunity for interesting and challenging professional service in this beautiful and fast-developing province.

For information and application forms, write:

THE DIRECTOR, PUBLIC HEALTH NURSING, DEPARTMENT OF HEALTH, VICTORIA, B.C. or THE CHAIRMAN, B.C. CIVIL SERVICE COMMISSSION, 544 MICHIGAN STREET, VICTORIA, B.C. Competition No. 59:67

HAMILTON HEALTH ASSOCIATION

Mountain Sanatorium (Tuberculosis Division)
Brow Infirmary (Convalescent and Chronic Division)

Due to the expansion program of the Hamilton Health Association, applications are invited from General Staff Nurses and Certified Nursing Assistants. This expansion program provides an excellent opportunity for advancement since it is expected that further units will be opened in the not too distant future.

For information, write to:

THE DIRECTOR OF NURSING, HAMILTON HEALTH ASSOCIATION, BOX 590, HAMILTON, ONTARIO.

REGISTERED NURSES NURSING ASSISTANTS

Required for all departments in new 160-bed hospital, centrally located between Toronto and Hamilton, in a very progressive community.

Good salary and personnel policies, pension plan, 40-hour week.

Apply stating age, qualifications to:

DIRECTOR OF NURSING,
OAKVILLE-TRAFALGAR MEMORIAL HOSPITAL, OAKVILLE, ONTARIO

Staff Nurses for 800-bed General Hospital, fully accredited, located on the university campus. Starting Salary \$290 per mo. plus \$50 differential for evening & night tour of duty. Apply: Director of Nursing, Hospital of the University of Pennsylvania, 3400 Spruce Street, Philadelphia 4, Pennsylvania.

Registered General Duty Nurses (100-bed) Good bedside nursing required, 40-hr. wk. rotating duties. Excellent personnel policies. You arrange for R.I. State Registration. Apply:

Nurse Director, Jane Brown Memorial Hospital, Providence 3, Rhode Island.

VICTORIA PUBLIC HOSPITAL

FREDERICTON, N.B.

requires

GENERAL DUTY STAFF
OPERATING ROOM STAFF
INSTRUCTRESS

For July 1 & September 1.

Work in a University City.

Good personnel policies.

44-hr. week & increment for afternoon & evening duty.

Apply:

DIRECTOR OF NURSING

PSYCHIATRIC NURSING COURSE for REGISTERED NURSES

The Brandon Hospital for Mental Diseases, Brandon, Manitoba, offers a six months' course in Psychiatric Nursing.

Classes commence in November each year. Salary \$230. per month while training. 40-hour work week.

Uniforms supplied and laundered.

Annual holidays and sick leave as set out in Civil Service Regulations.

For further information apply to:
DIRECTOR OF NURSING
BRANDON HOSPITAL
FOR MENTAL DISEASES
BOX 420, BRANDON, MANITOBA

GENERAL HOSPITAL

IS RECRUITING

- CLINICAL SUPERVISORS
 IN MEDICINE & SURGERY
- GENERAL DUTY NURSES FOR ALL SERVICES

Please send applications direct to:

THE DIRECTOR OF NURSING,
THE WINNIPEG GENERAL
HOSPITAL,
WINNIPEG 3, MANITOBA.

NEW MOUNT SINAI

Toronto

Modern 400-bed Hospital requires

REGISTERED NURSES

and

Certified Nursing Assistants

40-hour week - Pension plan
Good Salaries and Personnel Policies
Residence Facilities Available

Apply

DIRECTOR OF NURSING
NEW MOUNT SINAI HOSPITAL
550 UNIVERSITY AVENUE
TORONTO

THE VANCOUVER GENERAL HOSPITAL

requires

PEDIATRIC & OPERATING ROOM NURSES

General staff positions also available for expansion program in July 1959

Salary: \$280 - \$336 general staff.

Commencing salary \$294 for approved experience of 2-yrs.

Salary: Operating Room Nurses, \$286.25 - \$343.25.

A clinical differential of \$10 a month in addition for approved postgraduate courses.

4-week vacation per year.

Please apply to:

Personnel Department,
Vancouver General
Hospital,
Vancouver 9,
British Columbia



For

CRIPPLED CHILDREN

Requires Immediately

QUALIFIED PUBLIC HEALTH
NURSES

For

OTTAWA-HAMILTON-TORONTO

AND OTHER CENTRES

YOU WILL RECEIVE -

- GOOD SALARY RANGE (Schedule revised June 1959)
- · A NEW AUTOMOBILE
- PENSION PLAN
- FREE INSURANCE
- 5-MONTH TRAINING COURSE IN NEW YORK CITY AND OTHER CENTRES.

You will deal directly with children, their parents and service club members.

Join our expanding staff for a rewarding experience

Apply to:

MISS SARA E. OLIPHANT R.N.
SUPERVISOR OF NURSING
ONTARIO SOCIETY FOR CRIPPLED CHILDREN
92 COLLEGE ST., TORONTO 2



HERE NEVER STOP
LEARNING ...
GROWING

... THEY WORK AT

COOK COUNTY HOSPITAL

...in one of the Largest Most Stimulating Medical Centers in the World

Residence, Cook County School of Nursing

Here's an opportunity to gain unique and valuable experience in a public hospital — world's largest for acute medical conditions. Cook County Hospital offers you the stimulation of working with more than 2,500 other doctors and nurses in one of the world's largest and most exciting medical centers. Housing is available at nominal cost. Salaries begin at \$340-\$372.50 for a 371/2 hour week. And you're only minutes from Chicago's fabulous Loop and local universities.

Graduate Nurses! Write today to Director, Cook County School of Nursing, Dept. C., 1900 West Polk Street, Chicago 12, Illinois.

GRADUATE STAFF NURSES - YOU WILL LIKE IT HERE

Opportunities for men & women on the service of your choice. A 953-bed teaching hospital with a friendly atmosphere, well planned orientation program, active graduate nurse club, cultural advantages & excellent transportation facilities.

Starting salary: \$325 per mo., 6 holidays, sick leave, 3 wk. vacation.

For further details write:

Director — Nursing Service, University Hospitals of Cleveland, Ohio.

NURSING POSITIONS AVAILABLE

Starting salary \$300-\$340 per mo; 40-hr. wk., 4-wk. vacation; 2-wk. sick time allowance; health insurance; living accommodation in nurses' residence; evening & night bonus \$40-\$30 per mo.; tuition aid for advanced education in nearby universities.

Lenox Hill Hospital is a large General Hospital in the heart of Manhattan, easily accessible to the cultural advantages of the large metropolis.

Write:

DIRECTOR OF NURSING, LENOX HILL HOSPITAL 76th STREET & PARK AVENUE (MIDTOWN NEW YORK)

UNIVERSITY OF MINNESOTA HOSPITALS

Minneapolis, Minnesota

Large teaching & research center including all clinical services located on the university campus.

General Staff Nurse positions available at \$316 per mo. with annual increments & apportunities for advancement. Rooms available in attractive & convenient nurses' residence. Arrangements for attendance at university classes may be made. Licensure in Minnesota must be completed before permanent appointments may be made.

APPLY TO: DIRECTOR OF NURSING SERVICE UNIVERSITY OF MINNESOTA HOSPITALS MINNEAPOLIS 14, MINNESOTA

GENERAL DUTY NURSES

For all Departments in a new 116-bed, 40-bassinettes, hospital. Positions available now in the Obstetrical and Emergency Department.

Opening of other departments, September 1959. Applications now being accepted. Gross salary \$275 per month, 40-hour week, 3-week vacation annually, Group Pension plan.

Apply: ADMINISTRATOR
ST. JOSEPH'S GENERAL HOSPITAL, ELLIOT LAKE, ONTARIO



ONTARIO PLACEMENT CENTRE

For Professional, Supervisory and Administrative Nursing Staff

DIRECTOR: MISS H. E. JONES, REG.N. SUITE 304, 97 EGLINTON AVENUE E., TORONTO, ONTARIO.
HU. 1-6301 or HU. 1-6362

DIRECTOR OF HEALTH SERVICE

This position in a well organized health service for all staff & students is open in the early fall. Requirements necessary is experience in public health field with an appreciation & understanding of a referral system to community health agencies. Salary commensurate with experience & qualifications.

Apply to: The Director of Nursing McKELLAR GENERAL HOSPITAL FORT WILLIAM, ONTARIO

WOODSTOCK GENERAL HOSPITAL

WOODSTOCK, ONTARIO

Requires Teachers for:

- (1) Nursing Arts
- (2) Medical Clinical
- (3) Surgical Clinical

General Staff Nurses —

All Departments

APPLY TO: DIRECTOR OF NURSING WOODSTOCK GENERAL HOSPITAL WOODSTOCK, ONTARIO

REGISTERED NURSES

Required by several of the (19) hospitals in Saskatchewan's beautiful Northwest. This area has excellent recreational facilities.

GENERAL DUTY NURSES

40-hr. 5 day wk., 8 statutory holidays & generous paid annual vacation. Salary \$280-\$355. Residence accommodation available. Further information can be obtained & application submitted to:

CO-ORDINATOR,
NORTHWEST REGIONAL HOSPITAL COUNCIL,
1165 MAIN STREET
NORTH BATTLEFORD, SASKATCHEWAN

NURSING SUPERVISORS

required for

MENTAL HEALTH SERVICES,

ESSONDALE, PROVINCE OF BRITISH COLUMBIA

Salary: \$324 - \$389 per month

Duties are those of nursing supervisors in modern psychiatric & geriatric units.

Applicants must be British Subjects, registered nurses, with training in a mental hospital setting & supervisory experience.

For further information & application forms, apply to:

THE PERSONNEL OFFICER, B.C. CIVIL SERVICE COMMISSION, ESSONDALE, BRITISH COLUMBIA. IMMEDIATELY. COMPETITION NO. 59:152

ALBERTA

General Duty Graduate Nurses for active 76-bed hospital, near Calgary & Edmonton. \$260 gross salary for Alberta registered, \$250 gross salary non register in Alberta. Excellent personnel policies & working conditions. Apply: Matron, Municipal Hospital, Brooks, Alberta.

Operating Room Graduate Nurse (Duties to commence September 1, 1959) 76-bed General Hospital near Calgary & Banff. Gross starting salary \$270 per mo. if registered in Alberta. Excellent personnel policies. Apply: Matron, Municipal Hospital, Brooks, Alberta.

GENERAL DUTY NURSES FOR ALL DEPARTMENTS

Gross salary \$255 monthly (\$117.50 bi-weekly) if registered in Ontario, \$235 monthly (\$108.20 bi-weekly) until registered. Annual increment \$10 monthly (\$4.60 bi-weekly) for three (3) years. Rotating periods of duty, 40-hr. per wk., 8 statutory holidays. 14-days vacation & 12-days leave for illness with pay after 1-yr. Pension plan available. Ontario Hospital Insurance with Blue Cross supplemental & Physicians' Services Incorporated, partial payment by hospital.

APPLY

DIRECTOR OF NURSING, GENERAL HOSPITAL, OSHAWA, ONTARIO.

THE PETERBOROUGH CIVIC HOSPITAL

REQUIRES

NURSES FOR GENERAL DUTY IN ALL SERVICES, INCLUDING OPERATING ROOMS & DELIVERY ROOMS.

For further information write:

THE DIRECTOR OF NURSING
PETERBOROUGH CIVIC HOSPITAL, PETERBOROUGH, ONTARIO

SUBURBAN TORONTO

GRADUATE NURSES & CERTIFIED NURSING ASSISTANTS

Are invited to enquire re: employment opportunities in a well staffed new 125 bed hospital in suburban west Toronto. General duty salary range: \$255-\$305 per mo. Certified Nursing Assistants \$190-\$210 per mo. Residence accommodation optional. Personnel manual forwarded on request. Enquire to:

DIRECTOR OF NURSING, HUMBER MEMORIAL HOSPITAL, 200 CHURCH STREET, WESTON, TORONTO 15, ONTARIO — CH 4-5551

REGISTERED NURSES

FOR THE OPERATING ROOM, OBSTETRICAL AND MEDICAL SURGICAL UNITS OF A 350-BED GENERAL HOSPITAL

Gross salary \$260 - \$290 per month if registered in Ontario.
Differential of \$10 for evening and night duty.
40-hour week. Sick leave cumulative to 30 days.
3 weeks vacation and eight statutory holidays.

Apply:

DIRECTOR OF NURSING SERVICES,
METROPOLITAN GENERAL HOSPITAL, WINDSOR, ONTARIO



The great operatic works of Rossini have been enjoyed by millions for many decades

THINGS THAT ENDURE

Good things endure...a work of art, a literary classic, a proud bridge...a dependable pharmaceutical. Such is **Desitin Ointment**. For over 35 years Desitin Ointment has endured as an incomparable, safe way to prevent and clear up diaper rash ...and as a soothing, healing application in wounds, burns, external ulcers and other skin injuries.

Desitin®

DESITIN CHEMICAL COMPANY Providence 4, R. I.

Sole Canadian Representative and Distributor

LESLIE A. ROBB
54 Baby Point Rd., Toronto 9, Canada

INDEX TO ADVERTISERS

AUGUST, 1959

Abbott Laboratories Ltd 735	Imperial Tobacco Co. of Canada Ltd
Bland & Co	J. B. Lippincott Co. 720, 721, Cover IV
Canadian Tampax Corp. Ltd 743	Parke Davis & Co. Ltd 719
Carnation Co. Ltd 677	G. P. Putnam's Sons 731
Cash's Names	Reitman's Inc 688
Coca Cola Ltd	Smith Kline & French 733
Cyanamid of Canada 687	Swift Canadian Co. Ltd 729
Desitin Chemical Co 673	Uniforms Registered of
G. T. Fulford Co. Ltd 745	Toronto Cover III
Geigy Pharmaceuticals (Canada)	White Sister Uniform Inc Cover II
Ltd	John Wyeth & Bros. (Canada) Ltd. 768

* * *

Subscription Rates: Canada & Bermuda: 6 months \$1.75; one year, \$3.00 two years, \$5.00.

Student nurses — one year, \$2.00; three years, \$5.00.

U.S.A. & foreign: one year, \$3.50; two years, \$6.00.

Single copies 35 cents.

In combination with the American Journal of Nursing or Nursing Outlook: one year, \$8.00.

Make cheques and money orders payable to The Canadian Nurse.

Change of address: Four weeks' notice and the old address as well as the new are necessary.

Not responsible for Journals lost in mail due to errors in address.

Authorized as Second-Class Mail, Post Office Department, Ottawa.

Member of Canadian Circulation Audit Board.

Advertising Representatives: W. F. L. Edwards & Co., Ltd., 34 King St. E., Toronto 1, Ont. Walter Slack, 801 Public Ledger Building, Philadelphia 6, Pa.

1522 Sherbrooke Street West, Montreal 25, Quebec

THE CANADIAN NURSE

VOLUME 55

CTC Remission Orthographic

NUMBER 8

AUGUST 1959

678	New Products
681	RANDOM COMMENTS
689	The "Clair-Obscur" of the Picture
691	CARDIAC CATHETERIZATIONG. R. Cumming, M.D.
695	CARDIAC CATHETERIZATION,
	GENERAL NURSING CARE
696	CARDIAC CATHETERIZATION,
	Specific Nursing Care
	Home Visiting and Maternal HealthR. Doyon
702	An Analysis of the Experiences of
	EIGHT CARDIAC PATIENTS DURING A
	Period of Hospitalization in a General Hospital
719	Nursing across the Nation
	Nursing Profiles
	In Memoriam
	THE ARTIFICIAL KIDNEY
	A Modern Version of Patient CareE. C. Flanagan
	A LETTER TO My NIECE
732	A CERTIFIED ORDERLY TRAINING PROGRAM
720	Infiltrative Duct Carcinoma of
730	RIGHT Breast
744	Don't Bend an Elbow
	A PARAPHRASE OF PAUL'S THIRTEENTH
	CHAPTER OF FIRST CORINTHIANS
	FOR NURSES
746	Book Reviews
750	EMPLOYMENT OPPORTUNITIES

The views expressed in the various articles are the views of the authors and do not necessarily represent the policy or views of THE CANADIAN NURSE nor of the Canadian Nurses' Association.

Journal Board: Mrs. A. I. MacLeod, chairman, Sr. M. Felicitas, Misses H. Carpenter, R. Chittick, S. Giroux, E. Gordon, K. MacLaggan, A. Girard, president CNA; Misses M. P. Stiver, M. E. Kerr.

Editorial Advisors: Alberta, Miss Irene M. Robertson, 11831-87th Ave., Edmonton; British Columbia, Miss Marion E. Macdonell. 1807 W. 36th Ave., Vancouver 13; Manitoba, Miss Sheila L. Nixon, Children's Hospital, Winnipeg; New Brunswick, Miss Shirley Y. Alcoc. 180 Charlotte St., Fredericton; Newfoundland, Miss Isabel Sutton, 66a, Mullock St., St. John's; Nova Scotia, Mrs. Hope Mack, P.O. Box 76, Hantsport; Ontario, Miss Jean Watt, R.N.A.O., 33 Price St., Toronto; Prince Edward Island, Sr. M. David, Charlotteown Hospital; Quebec, Miss Geneviève Lamarre, Hôpital de l'Eniant Jésus, Quebec City (French), Sr. M. Assumpta, St. Mary's Hospital, Montreal (English); Saskatchewan, Miss Victoria Antonini, S.R.N.A., 401 Northern Crown Bldg., Regina.

Executive Director: Margaret E. Kerr, M.A., R.N.

Assistant Editor: Jean E. MacGregor, B.N., R.N.; Gabrielle D. Côté, M.A., R.N., Pamela E. Poole, B.N., R.N.

Circulation Manager: Winnifred MacLean. Production Assistant: Elizabeth M. Hanlon.

Advertising Assistant: Ruth H. Baumel

1522 Sherbrooke Street West, Montreal 25, Quebec

Between Ourselves

Few persons enter hospital with greater trepidation than those who come for the investigation of some kind of heart involvement. So many of the tools for precise cardiac diagnosis, for surgery when it proves necessary, have been developed within such a comparatively short space of time that their very newness is cause for alarm. Even more disturbing is the fact that few of the patients can be given complete and emphatic assurance that if surgery is undertaken it will be entirely successful. They may remember an explanation given them a few years back of why nothing could be done to relieve them.

The nurse on the cardiac ward has a very definite responsibility in approaching a newly admitted patient. It is very important that she should know just how the doctor has interpreted the contemplated procedures to the patient and his family. Using this information as her starting point, the thoughtful nurse by her own observations of the patient's symptoms, attitudes, and expectations can develop an effective plan of care that will go far beyond the ordinary routines.

It is imperative that every nurse who will be in contact with the patients during the time when the evaluations of the heart are being made, should be completely familiar with the various procedures. Dr. Cumming explains the equipment used in heart catheterization in simple yet detailed phrase-ology. Miss Macmillan outlines the general fundamentals of good nursing care while Miss Benesch shows how these principles are applied in the care of a specific patient.

Last April we started a series of four articles on aspects of research, prepared by faculty members of the School of Nursing, University of Toronto. We interrupted the presentation of the series in our June and July issues in English in order to give our French-speaking colleagues an opportunity to read the articles prepared by Miss Fidler and Dr. Uprichard. This month we continue

the series in both issues. It is particularly interesting, in view of the topic featured in this number, that Miss Allemang's specific research problem was concerned with the time involved in the care of eight heart patients.

A few months ago we received a letter from an interested nurse who wanted some information on the use and function of the artificial kidney. Our first reaction was: we had an article on that very topic just a couple of years ago. When we looked it up in the cumulative index, we were astonished to find that the article in question appeared in the January, 1949 issue! Tempus

We are very pleased, therefore, to comply with our subscriber's request and provide her and the rest of you with Miss Rackham's authoritative discussion of this topic.

fugit!

When the Readership Survey was made in November, 1957, we learned that 85.2 per cent of those replying glance through the Employment Opportunities section from time to time even though only 26.3 per cent stated that they had applied for positions that they saw advertised there. In an endeavor to make it easy for those nurses interested in changing their position, for years we have started the section with openings for directors of nursing, on to supervisors and head nurses, then staff opportunities, etc. It has been suggested to us that the whole listing of available positions would be more useful if the breakdown we have been using were revised somewhat to show the openings of each kind in each of the provinces and in the United States. Please let us know how you like the pattern which we have started this month. Quite frankly, it is uneconomical from our point of view for each of the provincial names occupies the space of one three-line advertisement. However, if it is helpful to even the quarter of our readers who use those advertisements when making application for positions, we are satisfied.

At the time of the 1951 census roughly 20 per cent of all professional women in Canada were graduate nurses. The census also classes nurses-in-training as profes-

sional women, and if they are added to the graduates, nurses make up 30 per cent of the women in professions.

- Dept. of Labour of Canada.



Carnation's Quality Meets Your Standards

More than any other form of milk, Carnation supplies the high quality and safe nourishment that infant-feeding specifications require. Carnation's quality controls provide:

- All the food values of pasteurized whole milk, in a more digestible form.
- All the butterfat of whole milk, so important for normal energy.
- Increased Vitamin D-800 units per pint of Carnation.
- · Known bacteriological safety.
- · Safeguards of uniformity.

Carnation protects your recommendation—warrants your specification.



Optimum prescription quality in today's trend to the individualized formula.



New Products

Published Through Courtesy of Canadian Pharmaceutical Journal AND IN COOPERATION WITH THE PHARMACEUTICAL FIRMS.

HEMATEST

Indications—For routine, diagnostic examinations to determine the presence of internal bleeding, particularly in suspected gastrointestinal disease. Especially important

in anemic patients.

Administration—One drop or light smear of specimen placed on a piece of filter paper which rests on clean, dry surface. Place I Hematest tablet in centre of specimen area. Add 2 drops of water on the tablet so that they run down the sides onto the filter paper. Blue color indicates positive test.

Description-Tablets containing: Orthotolodin, strontium peroxide, tartaric acid and

calcium acetate.

Manufacturer—A. E. Ames & Co., Montreal.

HYDRODIURIL

Indications—In edema of congestive heart failure, nephrosis, certain types of nephritis, hepatic edema, toxemia and edema of pregnancy, premenstrual tension due to fluid retention, drug-induced edema and obesity when water retention is a complicating factor.

In hypertension, potentiates action of antihypertensive drugs such as reserpine,

veratrum alkaloids, hydralazine and ganglionic blocking agents.

Administration—In edema, suggested dosage is 50 to 100 mg. once or twice daily. In hypertension, 25 to 50 mg. once or twice daily. In premenstrual tension, 25 to 50 mg. once or twice daily beginning the first morning that symptoms appear and continuing to onset of menses. Dosage should be individualized in all cases.

Description—Hydrochlorothiazide. Orally effective saluretic agent resembling chloro-

thiazide qualitatively but several times more potent.

Manufacturer—Merck Sharp & Dohme, Division of Merck & Co. Ltd., Montreal.

ILIDAR

Indications—Peripheral vascular disease (Raynaud's) vasospastic disorders.

Administration—Dosage to be individualized, starting with one tablet 3 times daily for one week; then increasing if necessary to 2 tablets 3 times daily; after one week if well tolerated may be increased if necessary to 2 tablets 4 times daily. Caution is necessary in increasing the dose; due to mildness of the side reactions in many cases a high degree of sympathetic block may be reached

Description—Azepatine phosphate (6-allyl-6, 1-dihydro-5H-dibenz (c,e) azepine phos-

phate), adrenergic blocking agent, tablets 25 mg

Manufacturer-Hoffman-La Roche Ltd., 1956 Bourdon St., Montreal 9.

INDON

Indications—Such conditions as thromboembolic diseases, both real and threatened,

when anticoagulant therapy is desired.

Description—An anticoagulant tablet effective orally and possessing rapid onset of therapeutic effect for short duration. Each tablet is grooved and contains 50 mg. of phenylindanedione (2-phenyl-1, 3-indandione)

Manufacturer-Parke, Davis & Co., Ltd., Montreal.

IONOSOL D-CM

Indications—For replacement of fluid lost in duodenal fluid through intestinal suction or biliary or pancreatic drainage.

Administration—Intravenously, at a rate not exceeding 500 cc. per hour.

Description—Each 100 cc. contains: Sodium chloride 516 mg., potassium chloride 89.4 mg., calcium chloride 36.8 mg., magnesium chloride 30.3 mg., sodium lactate anhydrous 500 mg., in water for injection.

Manufacturer—Abbott Laboratories Ltd., Montreal.

217 MEP

Indications—Pain accompanied by muscle spasm and anxiety, as in tension headache, low back pain, menstrual stress, bursitis, rheumatoid arthritis, postoperative pains. Administration—One or two tablets 3 times daily.

Description—Each tablet contains: Acetophen (acetylsalicylic acid) 200 mg., phenacetin 150 mg., caffeine citrate 30 mg., meprobamate 200 mg.

Manufacturer—Charles E. Frosst & Co., Montreal.

VESPRIN

Indications—1. As an antiemetic to control and prevent nausea and vomiting; 2. for the relief of symptoms in the alcohol withdrawal syndrome; 3. for management of the psychotic: acute and chronic psychoses; manic states; mental deficiency with psychoses; postpartum psychoses; psychoses associated with organic brain diseases and senility; schizophrenia; sociopathic personality disturbances with psychotic reactions.

Description—Triflupromazine HCl capsules and injection

Manufacturer—E. R. Sauibb & Sons of Canada, Limited Montreal.

The Journal presents pharmaceuticals for information. Nurses understand that only a physician may prescribe.

McMASTER UNIVERSITY School of Nursing

I DEGREE COURSE IN BASIC NURSING (B.Sc.N.)

A Four-Year Course designed to prepare students for all branches of community and hospital nursing practice and leading to the degree, Bachelor of Science in Nursing (B.Sc.N.). It includes studies in the humanities, basic sciences and nursing. Bursaries, loans and scholarships are available.

II DEGREE COURSE IN SCIENCE TEACHING FOR GRADUATE NURSES (B.Ed.N.)

A Two-Year Course designed to prepare graduate nurses to teach basic sciences in schools of nursing and leading to the degree, Bachelor of Education in Nursing (B.Ed.N.). It includes studies in the humanities, the physical, social and biological sciences, teaching and nursing education. Bursaries of Six Hundred Dollars each are offered in both years of this Course.

For additional information, write to:

School of Nursing,
McMaster University, Hamilton, Ontario.



ONTARIO PLACEMENT CENTRE

For Professional, Supervisory and Administrative Nursing Staff

DIRECTOR: MISS H. E. JONES, REG.N. SUITE 304, 97 EGLINTON AVENUE E., TORONTO, ONTARIO. HU. 1-6301 or HU. 1-6362

CHILDREN'S HOSPITAL OF WASHINGTON, D.C.

OFFERS

Registered Nurses a 16-wk, supplementary program in pediatric nursing. Admission dates, September 1, 1959, January 5, May 3, August 30, 1960, January 3, 1961.

For complete information write to:
DIRECTOR OF NURSING,
2125-13th STREET, N.W., WASHINGTON 9, D.C.

MABUTONE

Indications—In a variety of psychotic, neurotic and psychoneurotic conditions for symptomatic relief from anxiety, inward tension, nervousness, mental depression and various emotional disturbances; also an adjunct in treatment of alcoholism.

Description—Each tablet contains: Butabarbital 8 mg., d-amphetamine phosphate dibasic 2.5 mg., mephenesin 250 mg.

Manufacturer—Reed & Carnrick, Toronto.

MARRO-DAUSSE "P"

Indications—Hemorrhoids and acute hemorrhoidal attacks; phlebitis, varicose veins,

venous circulation disorders and capillary fragility.

Administration—Solution: Average dose: 10 to 20 minims 3 times a day. Massive doses: One to 2 teaspoonfuls two or three times a day. Dilute with a little water.

Suppositories: One in the morning and one at bedtime.

Description—A solution of horse chestnut prepared by a special process and containing 11 mg. of vitamin P per cc. of solution.

Manufacturer-Herdt & Charton Inc., Montreal.

UNIVERSITY OF BRITISH COLUMBIA COURSES FOR GRADUATE NURSES

Leading to the Degree of Bachelor of Science in Nursing (B.S.N.):
 An integrated program which includes preparation for staff positions in public health nursing as well as the fundamentals of teaching, supervision and administration and their application to clinical nursing. Students are required to select one advanced clinical nursing course — i.e., Medical-Surgical, Obstetric, Pediatric, or Psychiatric Nursing.

Students with an appropriate Senior Matriculation can complete the Course in approximately two years. Those with Junior Matriculation re-

quire approximately three years.

2. Leading to a Diploma in Public Health Nursing:

A ten-month course which prepares for staff positions in public health nursing.

3. Leading to a Diploma in Clinical Teaching and Supervision:

A ten-month course which prepares for hospital positions that entail teaching, supervisory and administrative activities. Students are required to select one of the advanced clinical nursing courses listed above.

N.B.: The School of Nursing also offers, for high school graduates with University Entrance, a Basic Professional Course leading to the degree of B.S.N.

For further information write to:

DIRECTOR, SCHOOL OF NURSING, UNIVERSITY OF BRITISH COLUMBIA, VANCOUVER 8, BRITISH COLUMBIA.

UNIVERSITY OF ALBERTA

SCHOOL OF NURSING

- Basic Degree Course in Nursing (B.Sc.): This
 course provides study in the humanities, basic
 sciences and nursing, and prepares the graduate for community and hospital nursing
 practice. A major field of interest: Public
 Health Nursing or Teaching and Supervision
 is selected in the final year.
- II. Degree Course for Graduate Nurses (B.Sc.): A two-year program designed to prepare the nurse for positions in Nursing Education or Public Health Nursing,
- III. Diploma Course in Public Health Nursing
- IV. Diploma Course in Teaching and Supervision in Schools of Nursing.

V.

Certificate Course in Advanced Practical Obstetrics. A five month course of study and supervised clinical experience in the care of the mother and the newborn infant. Two courses will be held: First commences August 31, 1959 and the second commences February 8, 1960.

For information apply to:

THE DIRECTOR, SCHOOL OF NURSING UNIVERSITY OF ALBERTA, EDMONTON, ALTA.

MONTREAL NEUROLOGICAL INSTITUTE McGILL UNIVERSITY

GRADUATE COURSE

in

NEUROLOGICAL AND NEUROSURGICAL NURSING AND OPERATING ROOM TECHNIQUE

Classes: Feb. 1 & Oct. 1

One half staff salary is paid during course. Students may live in or out.

For information apply:

MISS E. C. FLANAGAN, B.A., R.N.
Director of Nursing,
3801 University St.
Montreal, Que.

Random Comments

Dear Editor:

Between ourselves, I honestly am not more intrigued by a burp or two than by the subtitle "Teaching Esophageal Speech"—nor does the second heading completely satisfy me either. "Post-Operative Esophageal Therapy" might tempt me. I am interested in therapy of any kind.

However, I look upon myself as a cranky old armchair critic — because, as well as being a nurse by profession, I also dabbled in writing for five years. It tends to confuse one, but on one point I am certainly clear. This famous newspaperman was not married to a nurse!

Writing and nursing have a lot in common. They are both professions in which there are many fields, and the writer, as does the nurse, must, in order to be successful, select one of them and specialize in it. Obviously the nurse who had specialized in obstetrics would not be qualified to criticize the techniques of a nurse in the psychiatric field.

Few newspapermen have much real interest in the laborious "Informative article." They are a very special breed of writers. They are not as much interested in news as their name implies, but have rather a nose for sensationalism. They care very little as to whether this information is accurate — but it must be "shock treatment."

Recently I had a little talk with a fellow who was ladling out news. I understood him to report that one of the speakers at the Medical Convention had said that ulcers were not psychosomatic, but were boils and that if you left them alone they would go away!

Now this riled me a bit so I called my friend up. Sure enough my hearing was unimpaired. When I asked the name of the speaker, he mentioned a general practitioner in our city. When I suggested that there was another side to the story, and that he might get in touch with the finest stomach specialist, he replied — "Well, you know the newspaper game. That's yesterday's news!"

I do know the newpaper game, also I know nurses. Titles and slanting are important in writing. I have read *The Canadian Nurse* with an eye to both, and I am satisfied that it is slanted in the right direction.

L. D., Ontario.

NOVA SCOTIA SANATORIUM KENTVILLE N.S.

Offers to Graduate Nurses a Six-Month Course in *Tuberculosis Nursing*, including Immunology, Prevention, Medical & Surgical Treatment.

- 1. Full series of lectures by Medical and Surgical staff.
- 2. Demonstrations and Clinics.
- 3. Experience in Thoracic Operating Room and Postoperative Unit.
- 4. Full maintenance, salary & all staff privileges.
- 5. Classes start May 1st and November 1st.

For information apply to:

SUPT. OF NURSES, NOVA SCOTIA SANATORIUM, KENTVILLE, N.S.

PSYCHIATRIC COURSE

for

REGISTERED NURSES

THE NOVA SCOTIA HOSPITAL offers to qualified Registered Nurses a sixmonth certificate course in *Psychiatric Nursing*.

- · Classes in March and September.
- · Remuneration.
- Preference given to Nova Scotia applicants.

For further information apply to:

Superintendent of Nurses Nova Scotia Hospital Drawer 350 Dartmouth, Nova Scotia

THE WINNIPEG GENERAL HOSPITAL

Offers to qualified Registered Graduate Nurses the following opportunity for advanced preparation:

A six month Clinical Course in Operating Room Principles and Advanced Practice.

Course commences in January and September of each year. Maintenance is provided. A reasonable stipend is given after the first month. Enrolment is limited to a maximum of six students.

For further information please write to:

DIRECTOR OF NURSING GENERAL HOSPITAL WINNIPEG, MANITOBA

THE MOUNTAIN SANATORIUM

HAMILTON, ONTARIO

TWO-MONTH
POSTGRADUATE COURSE
IN THE IMMUNOLOGY,
PREVENTION & TREATMENT
OF TUBERCULOSIS

This course is especially valuable to those contemplating Public Health, Industrial, or Tuberculosis Nursing.

For further information apply to:

Director of Nursing, Mountain Sanatorium Hamilton, Ontario. Dear Editor:

May I take this opportunity to compliment you on your recent publications, most especially November, 1958 and February, 1959. The articles on gastrointestinal disease conditions and cancer are of great value in reviewing and preparing lecture material. I do hope it is the intention of the editorial staff to continue material on these areas of clinical interest.

S. R. G., Missouri.

Dear Editor:

Is it possible to obtain a handbook on the newer pharmaceutical products which have been listed in *The Canadian Nurse?* It would be most informative in my position where the doctors are prescribing many of the new products with which I am not too well acquainted.

M. H., Manitoba.

Editor's Note: No such reprinted material is available from our office. Suggest you procure a copy of "New and Nonofficial Drugs" published annually by J. B. Lippincott Co., 4865 Western Ave., Montreal 6, Que. The price is \$3.35.

Dear Editor:

I have recently read an article on coronary artery thrombosis, which appeared in the May issue of *The Canadian Nurse*.

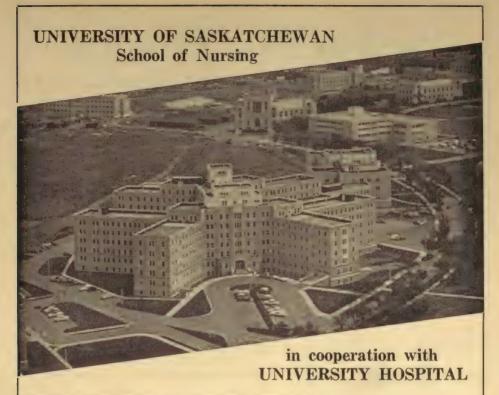
The words "must," "should" and "should not" appear frequently in the section on the general care of the patient. Surely any patient who is as acutely ill as a coronary sufferer, would be better treated if a little less emphasis was used on these words. Kindness, patience and a closer understanding between nurse and patient would seem to be more essential. The patient's doctor can give him some idea of the extent of his illness, and explain the complications that may arise should he not cooperate with the instructions given by the nursing staff.

From my own experience, which is by no means limited, more satisfactory results have been obtained in the treatment of such patients when a simple, clear explanation of the reasoning behind the nursing instructions is given to the patient, rather than the constant use of such words as "must," "should" and "should not."

I. C. S., Quebec.

Conscience: an inner voice that warns us somebody is looking.

— Mencken



PROGRAMS FOR GRADUATE NURSES

Teaching and Supervision

To meet the needs of nurses wishing to prepare for positions of responsibility in either teaching or supervision in Schools of Nursing.

Public Health Nursing

To meet the needs of nurses wishing university preparation for staff work in public health nursing agencies.

Administration of Hospital Nursing Service

To meet the needs of nurses preparing for head nurse, supervisory or matron positions.

This program is supported by the W. K. Kellogg Foundation.

Diplomas are granted on successful completion of the above programs and credits earned may be applied toward the degree of Bachelor of Science in Nursing.

PROGRAMS FOR HIGH SCHOOL GRADUATES

Leading to the Degree in Nursing

Students with senior matriculation may pursue a combined academic and professional program leading to the degree of Bachelor of Science in Nursing. In the final year students will elect to study Teaching and Supervision or Public Health Nursing. This broad educational background followed by graduate professional experience enables nurses to progress rapidly into positions of responsibility.

Leading to the Diploma in Nursing

A three year hospital program is conducted for students meeting the entrance requirements of the University.

For further information or inquiries about scholarships, write to:

DIRECTOR, SCHOOL OF NURSING, UNIVERSITY OF SASKATCHEWAN, SASKATCHEWAN

The New York Polyclinic

MEDICAL SCHOOL AND HOSPITAL • Organized 1881

The Pioneer Postgraduate Medical Institution in America

Announces the following Courses (Six Months Duration) for qualified Graduate Nurses

OPERATING ROOM NURSING
MEDICAL SURGICAL NURSING
OUT PATIENT DEPARTMENT NURSING

Courses include lectures by the Faculty of the Medical School and the Nursing Department

Stipend of \$50.00 per month and full maintenance is provided

For information address:

Director of Nursing Education, 345 W. 50th St., New York, 19, N.Y.

WILLS EYE HOSPITAL Philadelphia, Penna.

The largest eye hospital in the United States offers a six-month course in Nursing Care of the Eye to Graduates of Accredited Nursing Schools. Operating Room Training is scheduled in the course.

- \$205 per month for the first four months. \$215 per month for the last two months.
- REGISTRATION FEE is \$20
- Course starts March 15 & September 15. Ophthalmic Nurses in great demand for hospital eye departments, operating rooms & ophthalmologists' offices.

For information write to:

Director of Nurses, Wills Eye Hospital, 1601 Spring Garden Street, Philadelphia 30, Penna.

COURSES FOR GRADUATE NURSES

In various clinical fields, beginning August 24, November 16, 1959, and February 8 and May 2, 1960.

Room, meals, laundering of uniforms, and honorarium provided.

Apply to:

DIRECTOR,
COOK COUNTY SCHOOL
OF NURSING,
DEPT. C., 1900 WEST POLK ST.,
CHICAGO 12, ILLINOIS

DALHOUSIE UNIVERSITY

School of Nursing

COURSES OFFERED

1959 - 1960

1. Degree Course in Basic Professional Nursing

Candidates for the degree of Bachelor of Nursing are required to complete 2 years of university work before entering the clinical field, and one year of university work following the basic clinical period of 30 months. On completion of the course the student receives the **Degree** of Bachelor of Nursing **and** the **Professional Diploma** in either Teaching in Schools of Nursing or Public Health Nursing.

2. Degree Course for Graduate Nurses

Graduate nurses who wish to obtain the degree of Bachelor of Nursing are required to complete the three years of university work.

- 3. Diploma Courses for Graduate Nurses
 - (a) Public Health Nursing
 - (b) Teaching in Schools of Nursing

For further information apply to:

DIRECTOR, SCHOOL OF NURSING DALHOUSIE UNIVERSITY, HALIFAX, N.S.

THE JOHNS HOPKINS HOSPITAL SCHOOL of NURSING

Offers to qualified Registered Nurses a 16-week supplementary course in

OPERATIVE ASEPTIC TECHNIC

with instruction and practice in the general surgical, neurosurgical, plastic orthopedic, gynecologic, ophthalmologic, urologic and ear, nose and throat operating room services. Maintenance and stipend are provided.

For information write to:

DIRECTOR, SCHOOL OF NURSING
THE JOHNS HOPKINS HOSPITAL
BALTIMORE 5, MARYLAND, U.S.A.

THE NATIONAL HOSPITAL QUEEN SQUARE

London, W.C.1

and

MAIDA VALE HOSPITAL

London W.9, England

(Institute of Neurology, University of London)

Postgraduate Nursing Education for Medical Neurology & Brain Surgery One year courses are open to Nurses on the General Register with good educational background.

3 mo. full time instruction in the school under guidance of the Sister Tutor assisted by a teaching staff of senior neurologists & neuro-surgeons.

8-mo. clinical experience, 1 mo. vacation. Certificate & badge of the hospital awarded to successful students. Staff nurses' salary paid throughout the year. This work has a special appeal to nurses interested in research & the humanitarian aspect of nursing.

Apply, in writing, to Matron,
THE NATIONAL HOSPITAL,
W.C.1.

A SCHOOL BLAZER BUT A GOOD ONE —

MADE FROM A SPECIAL BLAZER CLOTH IN COLORS TO MATCH SCHOOL REQUIREMENTS.

IN ALL SIZES.

TO ENJOY ONE YOU REALLY HAVE TO WEAR ONE.



MADE ONLY BY

BLAND AND COMPANY 2048 Union Ave., Montreal, Canada

ROYAL VICTORIA HOSPITAL

SCHOOL OF NURSING MONTREAL, QUEBEC

Postgraduate Courses

 (a) Six month clinical course in Obstetrical Nursing.

Classes — September and February.

(b) Two month clinical course in Gynecological Nursing.

Classes following the six month course in Obstetrical Nursing.

(c) Eight week course in Care of the Premature Infant.

Six month course in Operating Room Technique and Management.

Classes — September and March.

 Six month course in Theory and Practice in Psychiatric Nursing.

Classes — September and March.

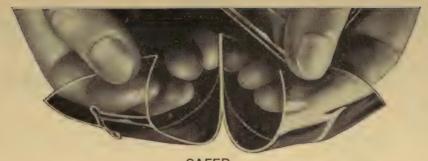
Complete maintenance or living-out allowance is provided for the full course.

Salary — a generous allowance for the last half of the course.

Graduate nurses must be registered and in good standing in their own Provinces.

For information and details of the courses, apply to:—

Miss H. M. Lamont, B.N.
Director of Nursing,
Royal Victoria Hospital,
Montreal, P.Q.



SAFER
...AND MORE
CONVENIENT,
TOO



PROJECTION TECHNIC



Circulating nurse peels the outer envelope to 1" from bottom edge.



Circulating nurse then strips the envelope to the bottom edge, projecting the sterile inner envelope on to the sterile field.



- Checks cross-infection-no more storage jars and solutions
- Eliminates broken glass hazards
- Simplifies handling and storage . . . reduces waste

SURGILOPE SP® STERILE SUTURE STRIP PACK

PERLAT PROBLETS SIPERIFICATION

Reg. Trade Mark in Canada



THE CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA PUBLISHED
IN ENGLISH AND FRENCH BY THE CANADIAN NURSES' ASSOCIATION
270 LAURIER AVE. WEST, OTTAWA

VOLUME 55

NUMBER 8

MONTREAL, AUGUST 1959

The "Clair-Obscur" of the Picture

With the harvest season at its height, gardens rioting with color, and sun-ripened, juicy fruit ready to drop into your palm at the lightest touch, who can settle down to very serious thinking? But perhaps this is just the time for me to talk shop quietly with you, while vacations are in full swing, nature is in a festive mood and even the patients seem to take a holiday. I have a story to tell you.

After a series of comparatively complicated events whose deeper significance remains hidden, you suddenly find yourself considered capable of doing editorial work. You can not foresee that skill with your pen alone is not enough to meet the requirements of such work. A decision is made, the editorial cloak is graciously laid about your shoulders, and you are in business.

From a distance and through the confident eyes of inexperience, editorial work presents no particular problems. Paper, pencils, an eraser, a dictionary or two and there you are! At first there is a certain feeling of creativity — well-written articles flow before your eyes like cool, fresh water

from a fountain. A scholarly, well-expressed article is a joy. Information presented with confidence and conviction is readily assimilated. The intellectual side of editing appears to be somewhat like the work of an artist although really quite different. Both presuppose a technique acquired through study and practice. Certainly a natural aptitude is a prerequisite. But no one can deny that unless this natural gift or flair is properly developed, it will be unproductive.

A few weeks of apprenticeship emphasizes the fact that editorial work is compounded to a large extent of technical experience, plus a dream, or more correctly an ideal, to help or give within the limits of your resources, and finally tricks of the trade that you must quickly master in order to meet daily needs.

Every profession or trade has its own terminology. Anyone engaged in a specific field gradually acquires a number of expressions which are used as a means of communication among the personnel. The uninitiated look upon these as the "jargon" or "clichés" of the trade. As necessary these symbols,

which come so easily to the lips or the pens of the initiated, can always be examined to see what they stand for in relation to the field in which they are used. In editorial work these expressions and symbols are particularly significant in our contacts with the printers and they must be used accurately.

The "galley" which the printers return is used to prepare the "pin dummy" — the initial model. This step in the preparation of material for publication gives you an inward thrill of excitement. It again arouses the feeling that you are doing creative work; it stimulates a certain amount of initiative in the use of decorative art in the arrangement of editorial material. After two or three pricked fingers, you quickly learn the mechanics of this operation! The "paste dummy" is a copy of the pin model and is a replica of what the finished product will be.

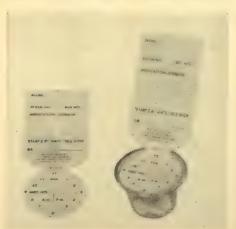
Thanks to the decision made by the majority of nurses in the province of Quebec at an annual convention, the publication of our national nursing journal in the French language has been realized. This is the tangible

result of an idea conceived more than 50 years ago in the minds and hearts of women whose vision extended well beyond their own time. They believed in the universality of nursing — free to go beyond the frontiers of the past, unhindered by regional boundaries as all human effort seeks to push forward free from the backwardness and slowness of isolated progress. Nursing — a profession as old as mankind and yet eternally young and dynamic — must meet the new and expanding developments of the age.

The confidence of the readers in the value of the journal assures future growth. The magic of the written word in the mother tongue of the reader becomes, for the individual nurse, a powerful means of growth and development, of increased self-confidence. Later, she in her turn, as others before her have done, will contribute the knowledge that she has acquired while practising and perfecting the art and science of her profession. Nothing is expected of her that she can not do. She, like others, will share in the fruits of the harvest.

Gabrielle D. Coté Assistant Editor

A lightweight, disposable plastic container with a detachable medicine-card safety-cap is now available. The new containers offer greater safety, easier checking, and freedom from error. Time and expense of collecting, washing, and sterilizing medicine glasses is



eliminated. Self-stacking *Pill-Packs* hold up to 12 pills or one-half ounce of liquid. The medicine card has spaces for patient's name, room and bed number, medication, directions, and doctor's name. Safety-seal lid bears patient's name and directions for administration.

The medicine card is detached at the bedside and can be filed or fastened to the patient's chart. A lightweight plastic Carrying Tray is available, large enough to hold 25 containers. Write for a free circular to Caddie Creations, 712-714 S. Pulaski Rd., Chicago 24, Illinois.

High blood pressure or hypertension could be prevented in many cases if those over 40 years of age would follow a commonsense plan for living, with adequate rest, moderation in eating and drinking, and such exercise and diet as approved by the doctor.

- Dept. of National Health and Welfare

Cardiac Catheterization

G. R. CUMMING, M.D.

Most major medical centers have a laboratory where special investigative procedures on the heart and circulation are carried out. Very few people have the opportunity to familiarize themselves with the workings of this cardiac laboratory, and the object of this report is to outline the information that is obtained at heart catheterization and how it is used in

the diagnosis of heart disease. It must be emphasized that in most patients an accurate diagnosis of heart disease is obtained by clinical examination supplemented by an electrocardiogram and chest x-rays, and these special studies are not required. Today, with proper safeguards, heart catheterization is a safe procedure. As the keystone to proper treatment is an accurate diagnosis, this procedure is being used more and more. Heart catheterization is used in congenital heart disease: (1) whenever diagnosis cannot be made by usual means, (2) to confirm a diagnosis before surgery, and (3) to assess results of surgical repair. In rheumatic heart disease catheterization is required to obtain quantitative data on the severity of valve damage and to determine whether a valve is predominantly too narrow (stenotic) or allows leakage of blood (insufficient), as the surgical indications and approaches differ. A third and important use of heart catheterization is an investigative tool for research. Age is no barrier. Safe, successful catheterizations have been done on the newborn and in patients

Personnel

over 60.

A most important consideration in the development of a laboratory is teamwork. A laboratory may employ as many as ten to twenty people, and a minimum staff should consist of: (1) a physician in charge who also manipulates the catheter, (2) a technician or resident to run the recording

Dr. Cumming is associated with Children's Hospital, Winnipeg.

devices and emergency apparatus and monitor the electrocardiogram, (3) a nurse to care for the patient, drugs, supplies, and (4) a technician to perform blood and gas analyses. Advice and cooperation from a radiologist and x-ray technicians are required, and an anesthetist, other physicians and technicians may be needed depending on the quantity and type of information desired. In some institutions general anesthesia is used in infants and young children, but many places are able to do the procedure with moderate barbiturate sedation and tranquilizers.

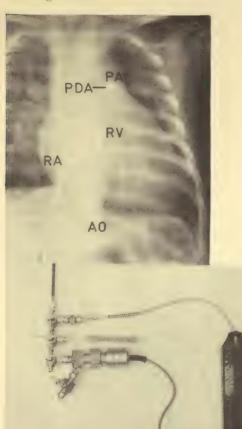
Catheters

These are made of a woven nylon material, vary in diameter from 4 to 8 French, in length from 50 to 125 cm., and are radiopaque. They are easily inserted into a vein by cut-down, or threaded through a large needle that has been inserted into the vein percutaneously. In adults an arm vein is usually chosen; in infants the saphenous or femoral vein in the right groin; and in children — either area, depending on the choice of the operator. In the arm the catheter slides along the vein without any discomfort to the patient, reaches the superior vena cava, turns down and enters the right atrium. The course of the catheter may be followed by fluoroscopy. The tip of the catheter is bent, and by external twisting this tip may be directed within the heart and the catheter advanced in the desired direction. From the right atrium the catheter is pushed through the tricuspid valve, into the right ventricle, out the pulmonary valve and into the pulmonary artery and lungs.

The electrocardiogram is monitored in case an arrhythmia develops. The position of the catheter is determined from the fluoroscope picture and confirmed by oxygen and pressure records. The lumen of the catheter is kept free of blood by a slow drip of saline containing heparin. The presence of defects within the heart may be determined by putting the catheter

through a hole, but in most instances one is not so fortunate and less direct information is obtained to arrive at the diagnosis. Through the catheter, pressure in each heart chamber is measured and blood is withdrawn for an analysis of its oxygen content.

The catheter and the attachments for measuring pressure and blood oxygen are shown in figure 1. Connected to the catheter from above down by stop cocks are: an oximeter, the heparin drip, and a pressure transducer. This also shows the chest x-ray of a six weeks old infant with the catheter having been advanced up the inferior vena cava, into the right atrium, right ventricle and pulmonary artery. From there the catheter slipped through a patent ductus arteriosus, and the end of the catheter is well down the descending aorta.



Pressures

These may be measured by a saline manometer such as is used for spinal fluid pressure in a lumbar puncture, but because the contour of the pulse wave is of some value pressures are usually measured by a pressure transducer connected to the end of the catheter. A transducer is simply a gadget for changing the physical energy of pressure into an electric current which varies according to the pressure, and can be measured and recorded by the galvanometers of the recording appa-

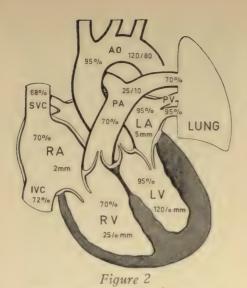
The normal values for the pressures and oxygen saturations in each heart chamber are shown in figure 2. In many forms of congenital heart disease the pulmonary artery pressure, instead of being 1/6th of arm blood pressure, is elevated to 60 or even 120 mm. of mercury systolic. This is spoken of

as pulmonary hypertension.

The term stenosis is applied to a valve that is narrow. An example is congenital pulmonary stenosis. In this case the pressure in the chamber upstream from the valve — the right ventricle - is high because the narrow valve impedes the flow of blood from the chamber, and the pressure in the pulmonary artery beyond the obstruction is low. Figure 3 shows an actual case, with the pressure curve obtained from above and below the valve narrowing. By slowly drawing the catheter from P.A. to R.V. and following the pressures, the exact site of the narrowing may be determined

> P.A-pulmonary irtery PD.1—patent ductus arteriosus RI'-right ventricle R.1—right auricle AO-aorta

Figure 1 Catheter assembly & catheter traversing a patent ductus



Normal pressures and oxygens
knowing where the sudden change

by knowing where the sudden change in pressure occurs.

Blood Oxygens

Blood is withdrawn from the catheter with the latter in various positions in the heart. This blood is analyzed for its oxygen content, either by measuring the gas directly in a Van Slyke apparatus, or by using an oximeter which measures the per cent oxygen saturation by electrical means. The latter has the tremendous advantage of giving an answer immediately, as the blood is being drawn through the oximeter, and not a few hours later when the laboratory results are back. Also the blood may be returned through the catheter after the reading is obtained, and blood loss is avoided. This is important in infants where ten or so samples of 5 cc. would represent a significant blood loss.

In the normal heart the oxygen content of the venous blood is constant at about 70% saturation in the vena cavae, right ventricle and pulmonary artery. After going through the lungs the blood is about 95% saturated, and remains so in the pulmonary veins, left atrium, left ventricle and in the ar-

teries.

When there is a hole between the two atria, (an atrial septal defect), the pressure in the left atrium being a little higher than in the right atrium, the blood flows from left to right. This produces a rise in the oxygen content of the blood in the right atrium, which

can be detected by sampling through the catheter. Similarly, in holes between the ventricles (ventricular septal defects), blood high in oxygen flows from the higher pressure left ventricle to the right ventricle, causing a rise in the oxygen saturation in this chamber.

Lastly, in communications between the aorta and the pulmonary artery, (commonly, a patent ductus arteriosus), highly oxygenated blood flows from the aorta to the pulmonary artery, producing a rise of oxygen content in that vessel. A rise in oxygen in the chamber in the right side of the heart is indirect evidence in favor of a defect at the area where the rise is found, and with large defects the "shunt" of oxygenated blood is such that the diagnosis is clear. With small shunts the oxygen measurements may

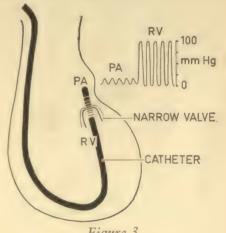


Figure 3
Pressures in pulmonary stenosis

not change enough to be diagnostic. With ventricular defects the pressures may be higher in the right heart chambers than the left because of associated valve narrowing or occlusive disease of the pulmonary arteries. In these instances the shunt is from right to left, the arterial blood shows an oxygen saturation under 95%, and a form of "blue baby" is produced.

Angiography

The standard chest x-ray depicts the shadow cast by the heart and fails to show what is present inside the shadow. The anatomy within the chambers of the heart may be shown by following the course of a contrast media in its course through the heart. This is the same principle used to out-

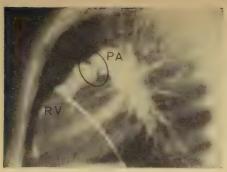


Figure 4
Selective angiocardiogram in pulmonary
stenosis.

line the gallbladder, stomach or kidney, but because blood flow is so much faster than movement in other areas, special techniques are necessary. opaque media may be the same as used for an intravenous pyelogram and may be injected into an arm vein, (a venous angiocardiogram), or the injection may be made into a heart chamber through a catheter, (a selective angiocardiogram). In either case the media is injected as rapidly as possible, either by hand, or preferably by a mechanical injector, so as to form a bolus that can be followed through the heart. Xrays are then taken to follow the bolus. Because of the rapidity of changes in the heart, the x-rays must be taken at minimum speeds of 3 to 10 pictures per second. This requires special expensive x-ray apparatus that changes the film automatically at these rapid rates. The injection through the catheter has definite advantages over the arm vein.

Many laboratories now combine the procedure of catheterization and angiocardiography. The angiocardiogram may be used to show up narrowing of valves as in pulmonary stenosis, or show up defects of the septa, and lastly to reveal the anatomy of the aorta and pulmonary vessels in the complex anomalies such as Tetralogy of Fallot, Truncus and Transpositions. Angiography is indispensable for diagnosis of the latter anomalies. Figure 4 is a selective angiocardiogram of a twoyear-old. The opaque media was injected through the catheter which is in the right ventricle, and the lateral view shows the thickened valve cusps with a small central opening (circle).

Dye Curves

One or two cc. of a green or blue

dye is injected at varying points in the heart through the catheter, and blood is sampled either from a peripheral artery or by means of another catheter in another heart chamber. If the dye shows at the sampling site before it normally should then an abnormal communication is present in the heart. This can be further localized by varying the site of injection or sampling. The appearance of the dye at the sampling site is now measured electronically, in place of earlier methods where fluorescene was injected and its time of appearance at the lips was determined, or it was injected and the time of its appearance in the lungs determined by smell or cough. The curve of the changing dve concentration in the blood is called a dye dilution curve.

Image Intensification

The picture on the fluoroscopic screen is not bright, and must be viewed in the dark, the viewer accommodated. This not only is tiresome — turning lights off and on, putting red goggles on and off, trying to manipulate instruments in the dark during a heart catheterization, but it prevents the watching of the patient as closely as one would like. The image of the fluoroscopic picture can now be intensified electronically and the intensified image can be viewed directly in a dimly lit room, or may be transferred by a television camera to a television set mounted on the wall, so the catheterization may now be done in the lighted room. The other application of this advance is the ability to obtain ciné angiocardiograms. Instead of viewing single pictures showing the progress of an opaque substance through the heart, the motion of the heart and the opaque media going through it is shown in slow motion on a movie camera. The technical qualities of these pictures is still not completely satisfactory.

Summary and Conclusions

The mechanics and uses of heart catheterization have been briefly reviewed. The work of many researchers has made this procedure safe and effective, and easy to apply to clinical cases. Heart catheterization has improved the accuracy of clinical diagnosis of heart defects.

Cardiac Catheterization

General Nursing Care

NANCY D. MACMILLAN

GOOD NURSING is an essential part of safe and diagnostically complete heart catheterization, and the nurse is an indispensable member of the catheterization team.

Preoperative Care

While heart catheterization may be done as an outpatient procedure it is usually advisable to have the patient admitted about 36 hours before. This allows the child to get accustomed to the hospital, and preliminary studies such as heart fluoroscopy and electrocardiograms may be completed. Blood hemoglobin level is checked and with infants, if the hemoglobin is low, crossmatched blood is obtained.

Older children and adults are fasted prior to the procedure. Infants are allowed milk about two hours before the procedure. It is important to avoid dehydration of cyanotic children with high hemoglobins. Usual preoperative care consisting of voiding, sponging, removal of gum, rings and watches is instituted. A sedative is usually given one hour before going to the laboratory. A prophylactic dose of penicillin is administered.

During Heart Catheterization

It is advantageous for the nurse to meet and gain the confidence of the child prior to the catheterization. The patient may be reassured that there is no discomfort in the test. During the setting up of the equipment and insertion of the catheter all steps are explained. The attention of children three to ten may be diverted with story books. A lollipop may prove a big hit if other measures fail. Infants are quieted if necessary by a soother or sips of glucose and are usually tied to a circumcision board.

During the manipulation of the catheter and the measurements of blood

Miss Macmillan is an assistant head nurse at Children's Hospital, Winnipeg, Manitoba. oxygens and intracardiac pressures the patient is watched closely for:

- 1. changes in color cyanosis, pallor.
- 2. quality and rate of pulse.
- 3. rate and depth of respirations
- 4. adverse reactions such as chills, fever, sweating.

Signs of trouble include shallow, slow breathing, excessive slowing of the heart, cardiac arrhythmias, and increase in cyanosis. Heart rhythm is followed with an electrocardiogram, and it is not difficult for a nurse to master the essentials to monitor this. Emesis may occur occasionally and the nurse should be alert to prevent aspiration. The patient with heart failure may be studied well propped up with pillows or with the foot of the x-ray table tilted down.

Postcatheterization Care

In infants especially, pulse and respirations should be watched carefully until the effects of the sedation have worn off. The site of the catheter insertion and arterial puncture should be checked for bleeding. Many patients have had angiocardiography combined with catheterization and the media injected may cause nausea and vomiting, so that excessive fluids and food should be avoided in the immediate postoperative period.

Radiation Hazard

There is no hazard if proper precautions are taken. Lead aprons are worn at all times. If the patient must be held for angiography the nurse should wear gloves. Nurses should alternate in this job if angiography is used frequently. The radiology department aids in this by proper shielding of patient and limitation of fluoroscopy time. The recent development of image intensifiers will further reduce any radiation hazard.

Preparation of Equipment

In many laboratories nurses have

taken over the running of the recording equipment, and also prepare the syringes, drugs, catheters and instruments. A few points should be stressed. Syringes must have well matched barrels. In drawing blood samples for oxygen analysis air bubbles must be scrupulously avoided. The catheters are usually cold sterilized with detergicide. Complete rinsing away of all chemical with several washings sterile water is essential to avoid pyrogenic reactions.

Drugs and Emergency Equipment

It is the nurse's duty to see that the drugs are always available. These include ampoules of digoxin, quinidine, procaine amide, atropine, caffeine and

sodium benzoate, coramine, an antihistamine, dramamine, demerol and a barbiturate. An emergency set with larvngoscope and endotracheal tubes must be kept complete. Oxygen with a bag and mask should be available. It is hoped and expected that these will never be needed, but in the event of an emergency they are needed rapidly.

The nurse's position in the catheterization team varies greatly with the size of the team and the number of catheterizations done. It is much more difficult in the smaller laboratory where all the techniques, procedures, nursing care and preparations may have to be mastered by one nurse, compared with the larger laboratory where each member has a limited and prescribed duty.

Cardiac Catheterization

Specific Nursing Care

ANN BENESCH

The Patient as a Person

MRS. DORAN was a quiet, shy house-Wife with slightly wavy brown hair and pretty brown eyes. She was a small, extremely thin woman about five feet three inches in height and weighing 95 pounds. Her attractive face had a frail, sunken appearance although her cheeks still had a rosy flush. A happy, motherly woman, her ready smile revealed teeth discolored from peridontal disease. It was easy to see that she "liked to look as nice as possible." When she was out of bed she wore a crisp white bathrobe patterned with pink roses and a dainty lace-trimmed collar. Her threadbare, much-laundered nightgowns were always clean — even her bedroom slippers had a much-scrubbed look.

Mrs. Doran was devoted to her husband and five children whose ages ranged from 16 months to 12 years.

She commented that her house was

always filled with children with their hurrying feet, laughter and questions and she loved the activity. Each child was encouraged to bring his friends home and sometimes her little home resembled the storybook picture of the old woman in the shoe. During her hospitalization, her eight-year-old son and his 32 classmates made get-well cards to send to her. Their arrival at noon on the day of her cardiac catheterization was a happy accident of fortune. She was so busy enjoying the cards that she forgot the morning's discomfort and tediousness.

Mr. Doran, a World War II veteran, worked as a meat handler. Since his monthly income was not large, his wife occasionally worked as a clerk. They had lived in their small, frame

house for three years.

Mrs. Doran had had only 11 years of schooling due to her early marriage at the age of seventeen. During her hospitalization she did considerable reading. She took a definite interest in her condition and treatment, complaining very little and cooperating in treatments readily.

Ann Benesch was a third year student at the Georgetown University School of Nursing when this nursing care study was written.

Past Medical History

Before she was five years old, both of Mrs. Doran's parents died from causes unknown to her. She and her two little sisters were reared by different aunts. She contracted the usual childhood diseases but in addition was troubled by frequent epistaxis, aching joints and sore throats. When she was 12 years old she developed scarlet fever and a heart murmur was noted. At that time Mrs. Doran was told that she had rheumatic fever and she was placed on restricted activity. Since then she has had dyspnea on exertion.

During each pregnancy Mrs. Doran has had paroxysmal nocturnal dyspnea, at least two-pillow orthopnea, ankle edema and palpitation. These symptoms receded after each delivery except the last one. Three weeks after the birth of her first baby, she was hospitalized for one month with hepatitis. To her distress, her next three pregnancies terminated in spontaneous abortions. Happily the succeeding four pregnancies were carried to term. Since the birth of her last baby, the dyspnea, orthopnea, palpitation, and ankle edema have continued and even increased.

Five weeks prior to admission to the Medical Center she sought help from her private physician after a bout of fever and abdominal pain of six days' duration. Immediate hospitalization followed. After being digitalized and treated with antibiotics and diuretics for a week, she was discharged with a diagnosis of heart failure. One week later, she returned to her physician with complaints of increased dyspnea on exertion, palpitation, edema, a productive cough and left anterior chest pain which did not radiate and was not related to respiration. The doctor referred Mrs. Doran to the medical center's cardiac clinic.

Following a complete physical examination in the clinic, Mrs. Doran was admitted to the hospital for cardiac evaluation and treatment. The final report noted engorgement of the neck veins, cardiomegaly, cardiac insufficiency, heart murmur of unknown origin with probable intra-atrial septal defect and possible mitral stenosis and insufficiency, together with hepatomegaly, peridontal disease, a second degree cystocele and bronchitis.

Intra-Atrial Septal Defect

In the embryo the primitive heart has a common atrium, and a septum is added later in development. At the front and back of the atrioventricular canal, endocardial cushions grow together to form a partition. A septum primum grows down to meet them but there is an incomplete closure since the ostium primum, formed by the curved margin of the septum remains. This ostium closes by the end of the sixth week, but meanwhile the ostium secundum, a new opening higher up, develops. Then a septum secundum develops. It partly joins and partly overlaps the first so that the foramen ovale exists in fetal circulation

An atrial septal defect is a serious condition. Sometimes the septum secundum does not sufficiently develop and leaves the ostium secundum open. At other times there is an ostium primum when the first septum does not meet the endocardial cushions. The latter defect may involve the mitral and tricuspid valves and present greater difficulties.

The existence of an ostium primum or ostium secundum allows blood to go from the left atrium to the right atrium since the normal pressure is greater in the left atrium. This abnormal situation can be shown in a cardiac catheterization. The tip of the catheter may go through the defect and be visible on fluoroscopy. Alternatively the contamination of mixed venous blood by oxygenated blood at the right atrium level may be demonstrated through blood specimens. In the diagnosis of intra-atrial septal defect, cardiac catheterization associated with x-rays showing pulmonary blood flow helps to rule out other defects which cause enlargement of the pulmonary artery. Intraatrial septal defect is frequently accompanied by mitral stenosis, and it is found most often in females.

Diagnostic Studies

Prior to cardiac catheterization, Mrs. Doran had certain other routine diagnostic studies. An electrocardiogram, which is a visual representation of the electrical activity of the heart, demonstrated and identified certain cardiac rhythm disturbances. A complete blood count revealed a normal blood picture while her serology and routine urinalysis reports were nega-

tive. A Fishberg concentration test, a phenolsulfonphthalein test and a total nonprotein nitrogen test — all related to renal function were within normal limits. A bromosulfalein clearance test of liver function and a glucose tolerance curve for glycosuria showed normal values.

The physician explained the purpose of the cardiac catheterization in nontechnical language to the patient prior to carrying out the procedure. In this way Mrs. Doran knew exactly what was to be done when the operative permit was signed.

The Procedure

In the cardiac catheterization laboratory, strict surgical aseptic technique was followed. Mrs. Doran was draped and a local anesthetic administered. An incision was made into a branch of the left median basilic vein and a No. 9 cardiac catheter was inserted. This catheter is radiopaque, 100 cm. in length, with a curved tip. The drip system was adjusted to maintain a constant, slow flow of normal saline containing one mg. of heparin per 100 cc., through the catheter. A Courmand arterial needle was placed in the right femoral artery. Electrocardiograph and electrocardiotachometer readings were recorded simultaneously.

Under fluoroscopy the catheter was advanced into the heart. Pressure readings and blood samples were obtained several times and later analyzed for oxygen content, oxygen capacity and hemoglobin saturation. In this instance the catheter passed through the intra-atrial septal defect. The patient's blood-samples showed definite oxygenation at the level of the right atrium and an oxygen step-up of 2.75 volumes per cent. Oxygen saturation of the arterial blood was normal. Determination of cardiac output showed a pulmonary flow 2.5 times the systemic flow. During the procedure Mrs. Doran chatted with her nurse.

The procedure demonstrated an intra-atrial defect with a large left-to-right shunt and slight pulmonary hypertension. The only permanent solution to Mrs. Doran's problem would be intracardiac surgery.

Nursing Care

Mrs. Doran was helped to view her

condition as a problem that could be solved satisfactorily. It seemed to relieve her mind that we recognized her symptoms as constituting a *physical* problem for her — not a mental one.

Her doctor described her heart problem as a *mechanical* problem. This was the "break-through" to patient comfort and peace of mind. A mechanical problem is something that you can see and Mrs. Doran was of the opinion that "What you can see and get at, can be fixed — like an automobile engine. Get a good mechanic and he can fix it. Maybe it's a lot of trouble or maybe it isn't so much trouble — but a mechanical problem can be fixed!"

Mrs. Doran felt so certain that any mechanical problem could be fixed that part of her nursing care at that point meant knowing when enough had been said. An optimistic outlook is very important. One of her nurses who had a little more time at her disposal than the doctor, drew a diagram and explained the problem in more detail. This helped the patient to accept it, and reinforced her idea that, as the doctor had said, "It's a mechanical problem and it requires essentially a mechanical solution."

In her eyes: "A person is worth saving — however much of the mechanic's time it takes and whatever the cost. A broken or worn-out engine isn't always worth repairing; a person is." This gave the nurse an opportunity to encourage Mrs. Doran to talk. The sick person likes to talk a bit. She wants you to be interested in her problem. Illness makes the person more self-centred which a nurse needs to realize. Interested listening is a part of nursing care.

Sometimes sick people need to talk to keep from thinking too much. Mrs. Doran shared her interest in her children with the nurse as a diversion. This helped the patient to maintain her sense of individuality and the feeling that she was taking an active part in life.

When a diagnostic test, medication or treatment was scheduled, the nurse discussed it with Mrs. Doran. Renal and liver function tests showed whether these organs could get rid of waste products in the blood stream. Since they were normal, her "mechanical"

problem was less complicated — that was encouraging! An electrocardiogram was a "blue print" of the electrical activity of the heart. The cardiac catheterization could and did show a septal defect between the auricles and indicated whether the blood flow, as judged by its oxygenation at certain points, was normal.

Digitoxin 0.1 mg, administered daily slowed the rate of the heart beat and strengthened the force of contraction making the heart a more efficient pump. Nembutal 0.1 gm. enabled her to sleep and her heart was helped by proper rest. Procaine penicillin, 600,000 units intramuscularly twice a day, prevented infection which would force the heart to work harder and faster.

Planning For the Future

After the cardiac catheterization the doctor discussed the diagnosis and prognosis with Mrs. Doran and her husband. The only permanent solution was a surgical closure of the interauricular septal defect — a mechanical correction of a mechanical defect. This both the patient and her husband could accept and understand.

A discharge from the hospital with follow-up care through the cardiac clinic and re-evaluation in six weeks was planned. This would allow Mrs. Doran to spend some time with her children and give her an opportunity to build up her general health. Since she had

to follow a low sodium diet (800 mg. daily), detailed diet teaching and planning were done with her. In many forms of heart disease the kidneys cannot excrete as much sodium as normally. An average daily diet containing 10 to 15 grams of salt becomes too much for the kidneys to handle. Salt is retained which results in water retention and tissue edema.

Mrs. Doran was given two medications to take at home — a daily tablet of digitoxin and four tablets of oral penicillin, 200,000 U., to prevent infection. A specific appointment was made with the clinic for continued follow-up care. Mr. Doran was given an appointment with a social service worker so that the family could plan for the future regarding finances, care of children when Mrs. Doran was hospitalized, and similar problems.

Bibliography

Beveridge, R. J.: Cardiac Catheterization. Amer. J. Nurs. 49: 214-17, 1949. Clark, H. V.: Music, Mobiles and Cardiac Catheterization. Amer. J. Nurs. 57:1026-27, 1957.

Himmelstein, A., Cournand, A.: Cardiac Catheterization in the Study of Congenital Cardiovascular Anomalies. Seminars on Congenital Heart Disease, New York. Amer. J. Med., p. 40-47 1952.

Schinz, H. R., et al.: Roentgen-Diagnostics. New York: Green and Stratton, p. 2883-89, 1953.

The Canadian Junior Red Cross will be host to the first world-wide International Study Centre held under the auspices of Junior Red Cross, August 11-22. The delegates will meet at the University of Toronto and will include representatives from many countries. More than 1,304,000 Canadians belong to Junior Red Cross and there is a world membership of over 55 million. This is the world's largest youth organization.

The Study Centre is being held to mark the 50th anniversary of the granting of a charter to the Canadian Red Cross Society and to commemorate the 100th anniversary since Henri Dunant founded the Society. Last year almost 1000 Canadians lost their lives in water accidents. Surely it is just as important to take care of ourselves at play as at work. The Canadian Red Cross Society has been appealing to everyone to learn and follow the rules of water safety this summer. This attempt to reduce the number of drownings should have our wholehearted support.

A round man cannot be expected to fit a square hole right away. He must have time to modify his shape.

— MARK TWAIN

The pride of ancestry increases in the ratio of distance. — George William Curtis

Home Visiting and Maternal Health

RITA DOYON, B.SC.

N IMPORTANT FACTOR in the maternal A health program for any pregnant woman is the home visit made by the nurse from the supervising health agency. The care required by the expectant mother has a number of aspects that will be elaborated upon later in this article. New ideas, techniques and general information will be presented, designed to make the nurse's work in this field not only more interesting but

also more productive.

A home visit calls for the use of all those techniques applicable to any successful personal contact. Such a visit provides fertile ground for teaching and effective action and could well be one of the most important duties performed by the nurse in the interests of public health. The friendly meeting during which an understanding and sympathetic relationship is established can be a very profitable aspect of the health program.

Family contacts are necessary for a number of reasons. One of the nurse's main objectives is to evaluate the health of the family in general, as a guide to her in determining the medical supervision or care required. By careful observation and by being a good listener, she is able to estimate the family's needs. On this she bases her program of teaching and care.

The art of being able to share one's ideas effectively with others is acquired gradually. It is a skill which the nurse must perfect by constant practice since the ability to present her information clearly and accurately will be to the benefit of those whom she is teaching. Knowing when to communicate is equally as important as knowing how to communicate. Teaching methods will vary according to the circumstances, the environment and the individuals involved. Under the guise of friendly advice, teaching should be directed along two specific lines what the mother wants to know and what she should know. Keeping this in

Miss Doyon is a supervisor with the Department of Health, Montreal.

mind the nurse must plan her teaching so that it is adapted to the specific situation, understandable to the family and easily implemented. Generally speaking, modern means of communication have resulted in a betterinformed public but it also means that the nurse must have a proportionately larger fund of knowledge so that she can correct false impressions or ideas.

We have said that a home visit to the expectant mother provides an especially favorable situation for health teaching. Instruction could be based

on the following outline:

1. The pregnant woman needs to know the factors which will predispose to emotional security and eliminate fear or anxiety during this particular phase of her life.

2. The normal development of the child in utero requires a balanced diet.

3. The mother-to-be must understand what proper medical supervision consists of and its importance to her.

4. The mother must recognize the value of specific periods of rest, relaxation and exercise as related to pregnancy and learn how to fit these into her daily routine.

5. The value of breast feeding of the newborn can be emphasized.

6. Advice can be given in relation to the baby's layette or other preparations that may be necessary.

Carefully phrased questions will elicit answers that can guide the nurse in her approach to the mother. For example, "How are you feeling?" This is always a good introductory question. "What are your doctor's orders?" This gives the nurse a chance to find out if the mother is under a doctor's care. "What was your blood pressure the last time you saw your doctor? Was your urine test normal? What is your weight? Are you gaining? When do you go back again to see your doctor?" During subsequent visits the nurse will be mainly concerned with the mother's general appearance - her color, her posture, her ability to relax.

In planning maternal health visits

priority is given to those women with particular problems or in special situations:

- 1. Primiparas especially those under 20 years of age or over 40.
 - 2. The more poorly educated women.
- 3. Mothers with large families (six children or more).
- 4. Women who may tend to be careless about obtaining medical supervision.
- 5. Women who have chronic heart or kidney conditions, diabetes or other illness. Each one of the above calls for special care.

Choosing the right moment for the home visit is an important detail. Preferably an appointment should be made in advance. Meal hours or the times during which meals are being prepared should be avoided. If the mother is ready to go out or is absorbed in tasks that she can not leave easily, it is much better to arrange another meeting since advice given under such circumstances would be useless.

The aims of prenatal teaching are varied:

- 1. To plan for the division of family responsibilities during pregnancy.
- 2. To explain to the parents the mechanism of pregnancy and the growth of the child in utero.
- 3. To point out the need for a sensible dietary regime for the family with emphasis on the foods required by the mother and baby.
- 4. To help both parents understand the physical, mental and emotional needs of the pregnant woman. To assist the parents in awaiting the birth of their child confidently, ready to meet the physical and emotional needs of the newborn.

The home visit brings out the various factors that allow the nurse to know the family — the family background, interests, customs and special needs. She looks upon the family as a team and observes the general atmosphere, the relationships among the various members, and any tension or friction which, in spite of efforts to hide it, may still be perceptible. Sometimes the nurse discovers remediable physical disorders which might otherwise have gone undetected.

The following rules may help the nurse to make her visits more interesting and profitable for her patients:

- 1. Provide the mother with the information that she wants to know and which she is ready to receive.
- 2. Teach at the level of the mother's understanding. Integrate new ideas with those that she already has. Start from the known and proceed to the unknown. Such teaching calls for considerable skill and tact on the nurse's part.
- 3. Although repetition is an excellent way to impress ideas, don't overdo it. The same idea can be expressed in different ways or in different words.
- 4. Avoid too much detail and too much advice. It is better to have the mother accept and thoroughly understand one idea than to pour out a flood of advice that may confuse her or make her lose interest completely.

The "follow-up" visit is often the best way to find out if individuals have understood what they have been taught and are putting it into practice. Experience is a great help in ensuring effective teaching but every nurse should periodically ask herself, "Is my teaching clear, not too detailed? Have I really answered the mother's questions and are my replies understandable? Have I been too demanding thus creating an emotional or intellectual block that hinders understanding of my advice? In the mother's place, how would I feel towards the nurse?" Some nurses forget that they have to

keep up-to-date.

The ultimate aim of prenatal supervision is the birth of a healthy child to a healthy mother in a healthy home environment. Professionally we work with people of all ages and conditions — the newborn, the infant, the preschool child, the school child, adolescent — the future adults and parents. In our visits to the homes we encounter the aged and by a smile or a word of advice give new courage. But our concern lies too with the future generations and realization that preparation for motherhood begins years in advance is essential for effective health service. Every opportunity must be used to teach prevention of illness and improvement of health. Every child born in this country is a potential parent. Home visiting is one of the most effective means of bringing health education to the public.

RESEARCH

An Analysis of the Experiences of Eight Cardiac Patients during a Period of Hospitalization in a General Hospital

Interim Report

MARGARET ALLEMANG, B.SC.N., B.A., M.N.

This is a report of a study of eight cardiac patients hospitalized at the Toronto Western Hospital in January, 1958. The purpose of this study was to analyse the experiences cardiac patients were having in hospital as a first step in an attempt to gain factual information that would throw light on the fundamental questions, "What are the needs of patients for nursing care?" and "How may nursing resources be utilized for the greatest benefit of the patient?"

Purpose of the Study

We are all aware that nursing exists solely for the welfare of the people it serves, yet we have little factual information regarding the factors in nursing that most effectively promote recovery. We are also aware that the hospital situation is continually growing more complex, yet we have little, if any reported research regarding the impact of these changes on the patient. We are fully aware that heart disease is one of the leading health problems in our society and that the nurse has a contribution to make in promoting the recovery and welfare of the cardiac patient, yet we have little reported research regarding the problems and

Miss Allemang is a lecturer in the School of Nursing, University of Toronto.

needs of cardiac patients for nursing care.

Obviously all these problem areas require intensive and extensive investigation, and no single study will provide the answers to the many questions that might be raised in any one of these areas. Although this study was conceived as a result of an awareness of the need for factual information regarding nursing problems, it may be considered as only exploratory in anticipation of further research. This study was designed to answer five specific questions:

1. What activities comprise the cardiac patient's day in hospital?

2. Who are the people who participate in these activities? What do they do and for what period of time are they with the patient?

3. What symptoms, reactions, changes in condition does the patient display during the course of his hospitalization?

4. What are some of the identifiable needs of cardiac patients as evidenced by the patients studied?

5. How may the nursing of cardiac patients be improved?

Scope and Limitations of the Study

Four female and four male patients hospitalized in a 700-bed general hospital comprised the group observed for the purposes of this study. These pa-

tients were selected from two medical, 39-bed, standard wards, one of which was for female patients, the other for male patients. Both wards were rectangular in shape and non-partitioned.

The selection of patients was based on certain requirements which included: a cardiac diagnosis, medical permission, and the stated willingness of the patient to participate. If this decision could not be made by the patient because of his mental or physical condition, the permission of the nearest relative was required. The selection of patients was further conditioned by the fact that the period for collecting data was determined in advance and limited to seven days on each ward.

Hence, as the scope of this study was limited to selected patients, on selected wards in one particular hospital, the findings are conclusive only for the patients studied. No generalizations may be made although the findings may possibly be indicative of

general trends.

As the primary intent of this study was to describe the activities and course of events experienced by patients during a period of hospitalization, the study should not be considered a critical evaluation of the nursing care given in a particular hospital. The answer to the question, "How may the nursing of cardiac patients be improved?" can only be in terms of hypotheses to be tested at a later date.

Nor does this study purport to identify the needs of cardiac patients for nursing care. If the question, "What are some of the identifiable needs of cardiac patients as evidenced by the patients studied?" seems to imply that all cardiac patients have the same needs, irrespective of the nature of their disease and the degree of cardiac involvement, this was not intended. As the data for this study arise from observation, obviously only some of the patient's needs will be discernible. As emphasized previously, these findings will not be applicable to patients other than the ones studied.

Sources of Data, Method of Procedure

Direct, continuous observation was the method selected for gathering in-

formation to the questions posed. The plan was to have an observer stay at the bedside around the clock and observe what she saw and heard. Her observations were to be as factual as possible and were to include the activities of the patient, the symptoms and changes in condition he displayed, the supportive and therapeutic care given the patient by all members of the health team, and the visits to the patient by relatives and friends. Conversation at the bedside was also to be recorded if possible. There was to be no interpretation of what was observed; rather, the observer was to mirror what was happening to the patient and taking place at his bedside.

For recording these observations, special sheets were designed on which the observer could record her minute-by-minute observations. To validate this method of procedure and the devices for gathering data, a three-day pilot study was undertaken. This pre-liminary study provided much valuable information that facilitated further

planning and procedure.

For example, all the patients on the ward were more or less affected by the presence of observers, although only two patients were observed. The ward patients called the observers, "The Gestapo," and wondered what Mrs. X. had done that she had to be guarded by police women. As the observation proceeded this particular patient became suspicious of the observers. She would cast furtive glances at the observer and say she didn't like being watched.

As a result of this pilot project, it was decided, that before starting the next period of observation, the purposes of the study would have to be clearly explained to all the patients on the wards, and moreover, for valid results an attempt must be made by the observers to establish a friendly non-threatening relationship with the patients being studied, possibly by some social conversation and by performing occasionally such small services for the patient as offering fluids or fluffing his pillows.

The plan for classifying the observations according to a category system was also refined as a result of the pilot study. Determining clear-cut categories and formulating precise descriptions of activity for each category proved to be a difficult task. Categories were required that would embrace all the activities in which the patient and the personnel at the bedside participated and which would be so sufficiently clear-cut that information gathered by the observers would readily fall into a particular category.

For the classification of data relating to patient-activity twelve categories were defined, described, and coded. Nine of these categories pertained to activities related to the hygiene of everyday living and included:

1. sleep; 2. quiet; 3. slight activity; 4. moderate activity; 5. extreme activity; * 6. activities related to bathing, grooming and comfort; 7. activities related to elimination; 8. mealtime activities; and 9. diversion.

Three categories were related to specific activities necessitated because the patient was ill:

1. activities related to diagnostic measures or methods; 2. activities related to treatment; and 3. consultation, receiving health teaching.

Categories for the classification of data pertaining to the activities of the people who participated directly in the care and experiences of the patient included:

1. bathing, grooming and providing simple comfort measures; 2. mealtime activities; 3. activities associated with elimination; 4. care of unit and equipment; 5. socializing; 6. diagnostic measures and other activities to gain information; 7. activities related to treatment; 8. consultation, health teaching; 9. miscellaneous.

This last category embraced such activities as bringing and taking various articles to and from the bedside and other activities of infrequent occurrence that could not be classified elsewhere.

Although this category system was relatively exhaustive, the objective of mutually exclusive categories was not satisfactorily achieved. The differentiation between such categories as socializing and consultation and between activities related to diagnostic measures and consultation in some instances

is minimal. Furthermore, the pilot study showed that infrequently several activities took place simultaneously. It was finally decided that the solution to the problems of classifying data according to the outline set of categories would have to be left to the discrimination of the person coding and classifying the data; and that, if two activities were taking place at the same time, the analyst should classify both activities but only include in the time analysis the one activity which in her judgment had priority.

After this preliminary work, detailed plans were made for the gathering of data to be used in answering the questions posed by the study. This time all patients and staff were well informed regarding the plans and pur-

poses of the study.

Four male patients, and four female patients, two of whom were in their forties, four in their seventies, and two in their eighties, were selected for study and observed minute-by-minute around the clock. Six patients were observed for seven days, one for six days, and one for five days. In all, observation of 53 patient-days were made and 76,320 minutes of observation were recorded.

Collection of Data

Observations were gathered by eight graduate nurses from Toronto Western Hospital and by eight staff members of the School of Nursing, University of Toronto. One person observed two patients during the day for a seven-hour period, alternating an hour of observation with a half-hour of relief. At night one person observed four patients for a total of seven or eight hours, alternating an hour of observation with an hour of relief. The observers sat either at the head or at the foot of the patient's bed and recorded on the spot what they saw and heard.

The observers did not participate in patient care except to perform simple services or to chat occasionally. To avoid getting involved in extensive care, which would prevent accurate observation, the observers wore white laboratory coats rather than the nurse's uniform.

It was interesting to note how quickly the ward became accustomed to

^{*}Categories 3, 4, and 5, embraced varying degrees of random patient-activity in which no other person was involved.

the observers. Only one patient seemed to be somewhat bothered by the study in so far as he complained several mornings about being watched so closely at night. When asked if he wished to withdraw from the study he refused to do so. Three patients mentioned specifically how sorry they would be when the observers left. One patient said he would miss having someone to talk to, although in this case, the observers had mostly listened to him. Despite this, it was felt, that the observers did not, on the whole, influence the patient or the situation to any marked degree.

Analysis of Data

The data have now been analysed in terms of how the patient spent his day; also, in relation to who participated in the care and, at the bedside of the patient, the amount of time spent with him; and what was done for him by the various members of the health team. In other words we have factual information to answer the first two questions posed in the purpose of the study.

In this report detailed information gained from this analysis cannot be given; only some of the findings may be highlighted. In presenting summaries it should be emphasized that no patient passed an average day. There was wide variation in all categories of activity from patient to pa-

tient and from day to day.

The answer to the question, "What activities comprise the cardiac patient's day?" is shown in Figure 1. On the average approximately 23 of the 24 hours (22 hours and 56 minutes) were spent in activities of a general nature related to meeting basic and personal needs, and slightly over one hour (64 minutes) was spent in activities associated with diagnostic measures and methods, treatment, consultation and health teaching.

Some interesting facts emerge from the breakdown of this material. For example, the wide variation from patient to patient in time spent in sleep, quiet, and in varying degrees of random activity is illustrated in *Figure 2*, and in Table 1. Although the average time spent in sleep, as noted in *Figure 1*, was 7 hours and 18 minutes, *Figure 2* shows that, in a 24-hour period, the

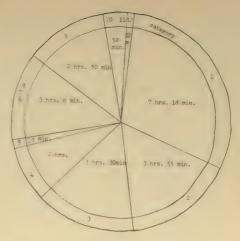


Figure 1. Mean time distribution of patient activities in a 24-hour period.

- 1. Sleep, 7 hrs. 18 min.
- 2. Quiet, 3 hrs. 55 min.
- 3. Activity† 3 hrs. 30 min.
- 4. Activity†† 2 hrs.
- 5. Activity††† 17 min.
- 6, 7, 8. Personal hygiene and activities associated with elimination and mealtime, 3 hrs. 6 min.
- 9. Socializing and other diversional activity, 2 hrs. 50 min.
- 10, 11. Activities related to diagnostic measures and treatment 52 min.
- 12. Consultation, health teaching, 12 min.

average hours of sleep per patient varied from a maximum of 9 hours and 24 minutes for Male Patient A to 3 hours and 56 minutes for Female Patient D. Male Patient A, who was in his eighties and suffered from senility as well as heart disease, secured the most sleep recorded in any 24-hour period which was 12 hours and 32 minutes. Female Patient D, an acutely ill patient, who was extremely restless, agitated and dyspneic, secured the least amount of sleep recorded in any 24-hour period — eight minutes. As well as distressed by her physical symptoms this patient had great difficulty in communicating her wants.

A comparison of the maximum, minimum and average time per day spent in all categories of activity by each of the eight patients during their total period of observation may be seen in

Table I.

Figures 3 to 6 summarize the findings of the study in answer to the

TABLE I

Maximum, Minimum, and Mean Time per day spent in Twelve Categories of Activity by each of Eight Patients during period of Observation

	Mean Time	5:48	1:49	2:35	3:32	:19	:53	1:05	:27	6:36	+4:	90:	90:
Male Patient D	muminiM	4:18	1:02	1:28	1:32	00:	:24	:37	:21	4:22	20:	00:	00:
Pa	mumixsM	8:44	2:55	4:23	6:07	1:02	1:07	1:37	:41	90:8	2:15	:25	61:
	AmiT nasM	6:43	1:54	2:11	1:51	:27	1:05	1:27	:31	6:53	:+2	00:	:16
Male Patient C	muminilX	5:24	1:26	:50	:51	00:	:16	1:16	:17	5:01	:08	00:	:03
Pa	mumixsM	7:29	2:34	3:33	3:01	:51	1:28	1:41	1:01	8:52	1:35	:01	
B	Mean Time	8:10	4:28	4:11	:36	00:	1:75	1:09	:23	1:56	:46	:19	:17
Male Patient	muminiM	5:51	2:35	3:14	:14	00:	:58	:53	:03	1:25	1.7	:01	:00
Pa	mumixsM	10:21	5:50	60:9	95:	:03	3:02	1:32	44:	2:06	1:44	5. 5.	:47
4	Mean Time	9:24	3:30	2:44	2:13	:30	2:34	1:07	:18	:37	:05	:37	:20
Male Patient A	muminiM	7:06	2:08	1:47	1:06	00:	1:50	:40	:03	:16	:02	:20	:07
Ра	mumixsM	12:32	5:45	6:18	2:55	1:38	3:57	1:31	:46	1:07	1	:52	:30
	Mean Time	3:56	7:07	5:45	2:16	:29	1:59	:19	:12	:31	:31	:40	00:
Female Patient D	muminiM	80:	5:24	3:23	:20	:03	1:20	90:	00:	:0-1	60:	:13	00:
Pa	mumixsM	7:41	9:21	8:32	4:47	1:03	2:34	:31	:23	:59	1:01	1:49	:16
	Mean Time	9:14	3:49	2:31	1:47	:19	1:36	1:15	:46	1:44	:24	:14	60:
Female Patient C	muminiM	4:02	2:24	1:24	:42	00:	1:08	:24	00:	:56	:15	00:	:04
Pa	mumixsM	12:14	5:03	4:27	4:32	1:16	2:22	1:58	2:07	2:55	10.	87	:14
	Mean Time	7:51	3:00	2:51	2:46	00:	:55	1:03	:32	3:34	:46	+1:	:12
Female Patient B	muminiM	3:32	1:53	1:06	1:35	00:	:45	:48	:19	:48	90:	00:	:01
Pa	mumixsM	11:37	4:28	4:16	3:38	:17	1:08	1:14	:52	7:28	2:03	1:00	:23
A	Mean Time	6:40	4:43	4:43	1:09	00:	1:34	1:14	:29	2:27	:20	:20	:11
Female Patient A	muminiM	3:23	2:34	1:46	:23	00:	1:09	:51	:00	1:24	1:06	:10	00:
	mumixsM	10:25	6:38	7:57	2:21	:04	2:03	1:46	1:18	3:54	:38	:37	:22
	Category of Activity	Sleep	Quiet	Activity †	Activity ††	Activity †††	Personal Hygiene	Mealtime Activities	Activities Assoc.	Diversion	Diagnostic Activities	Receiving Treatment	Consultation Health Teaching

Time given in hours & minutes.



Figure 2. Mean time in hours per day spent in sleep, quiet, and varying degrees of activity by each of four female and four male cardiac patients.

second question, "Who are the people who participate in the activities of the patient, what do they do, and for what period of time are they with the patient?"

The variation in the number of hospital and professional personnel who gave care to the patient or took part in other activities at the bedside during each 24-hour period of the patient's observation is shown in Figure 3. The smallest number of persons participating at the bedside of any one patient for any 24-hour period was nine. This patient was discharged the following day. The maximum number of persons with any one patient was 28 which occurred on three different days in relation to three different patients. The average number of hospital and professional personnel with the patient in a 24-hour period was 20.

The percentage distribution of the total time spent with the eight patients by seven categories of professional and hospital personnel may be seen in *Fig*-

ure 4. This graph may be more meaningful when the total time is computed as a daily average and converted into hours and minutes. For example, the average time per day spent at a patient's bedside by all professional and hospital personnel was 3 hours and 57 minutes.

It will be noted in Figure 4 that nurse internes** gave the largest proportion of the total time spent at the bedside by all professional and hospital personnel (24 per cent); and that student nurses and nursing assistants shared equally in the amount of time spent at the patients' bedside (21 per cent each group). The graph also shows that graduate nursing service staff was responsible for 13 per cent of the total time all personnel spent

^{**}Nurse internes are third-year students enrolled in the three-year basic professional nursing course at the Atkinson School of Nursing of the Toronto Western Hospital, Toronto, Ontario.

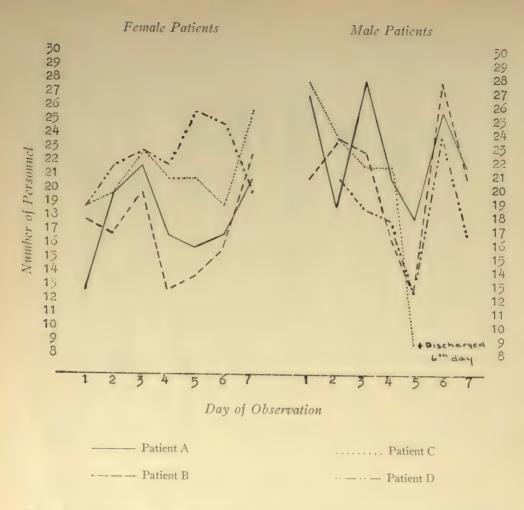


Figure 3. Number of professional and hospital personnel with each of 8 cardiac patients during each 24-hour period of observation.

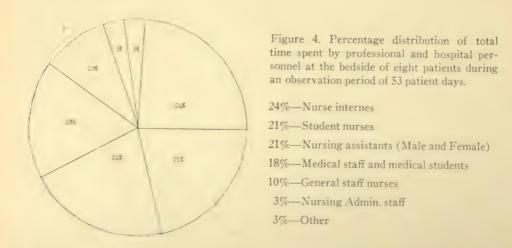
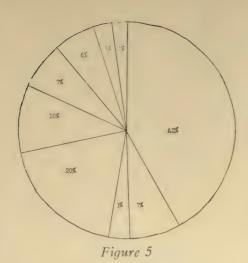


Figure 4



with patients; that 10 per cent of this time contributed by nursing service personnel was given by general staff nurses and 3 per cent by nursing administrative staff (supervisors, head nurses, and assistant head nurses).

As also depicted in Figure 4 medical personnel accounted for approximately one-fifth of the total time all personnel spent at the patients' bedsides. Activities of medical students, however, accounted for 41 per cent of this time. Nursing instructors, dietitians, ministers, representatives from service agencies, ward clerks, ward aides, laboratory technicians, and librarians, all of whom were included in the category of other personnel, were responsible for the remaining proportion of the total

time (3 per cent).

The percentage distribution of the total time spent at the bedside by all professional and hospital personnel, classified according to type of activity performed, is shown in Figure 5. As would be expected general care and hygiene including activities associated with mealtime and elimination, accounted for the largest proportion of the total time (52 per cent), and activities related to diagnosis and treatment ranked second (30 per cent of the total time). The remaining time was devoted to consultation and health teaching (7 per cent of total time), socializing (3 per cent), care of environment (2 per cent), and miscellaneous activities (6 per cent).

Figure 5. Percentage distribution of time spent with 8 patients in 9 categories of activity by professional and hospital personnel. (Data based on 1.272 hours of observation).

42%—Bathing, grooming, general comfort measures

7%—Mealtime activities

3%—Activities assoc, with elimination

20%-Diagnostic measures and other activities to gain information

10%-Treatment

7%-Consultation, health teaching

6%-Miscellaneous

3%—Socializing

2%-Care of environment

A comparison of the activities performed for and with patients by four categories of nursing personnel may be made from a study of Figure 6. By comparing the four graphs a similarity may be noted in the time distribution of the activities of graduate nurses and nurse internes; likewise, between the graphs representing the activity-pattern of student nurses and nursing assistants. These graphs also show that all four nursing groups devoted the largest proportion of their time at the bedside to activities related to the general care of the patient and his environment (categories 1 to 4 inclusive), and that, if the percentages of time devoted to activities associated with treatment and diagnosis are combined for each category of personnel, these activities have next priority.

In relation to the four groups represented in Figure 6, it is interesting to note that proportionately the graduate nurses spent the most time in consultation and health teaching (8 per cent of their time), and that the nursing assistants did more socializing with the patient than any other group (7

per cent of their time).

Reference to a particular patient may serve to highlight the preceding data as well as specifically illustrate the implications of Figures 3, 4, 5, and 6. For example, data from observation of Female Patient D during one 24-hour period showed that 22 people participated in her care for a

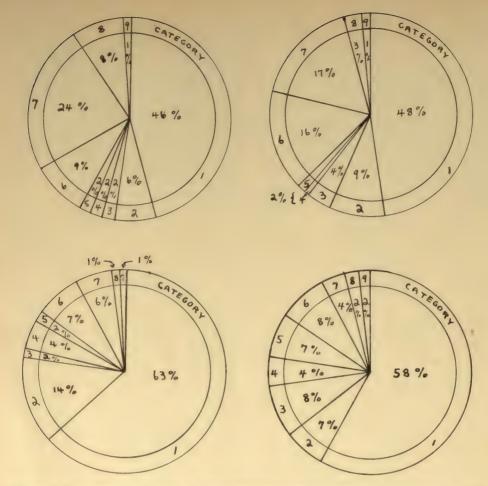


Figure 6. Percentage distribution of time spent with patients by each of four categories of nursing personnel — General Staff Nurses, Nurse Internes, Student Nurses, Nursing Assistants — classified according to type of activity performed.

Category 1 — bathing, grooming, providing general comfort measures

2 - mealtime activities

3 - activities associated with elimination

4 — care of environment

5 — socializing

6 — diagnostic activities

7 — activities related to treatment

8 - consultation and health teaching

9 — miscellaneous

total period of 3 hours and 38 minutes. A further analysis of these figures gives the information above.

The nature of the activities performed by these persons and the total time spend in these activities follows on the next page.

Concluding Remarks

At this time it is impossible to draw conclusions from these findings. The material presented has been purely descriptive and has related only to the first two questions this study was designed to answer. Next steps will in-

Number of persons		Combined total tim			
with the patient	Category of Personnel	with the patient			
2	Medical staff	15 minutes			
2	Nursing administrative staff	3 minutes			
3	General staff nurses	30 minutes			
6	Nursing internes	117 minutes			
2	Student nurses	14 minutes			
5	Nursing assistants	16 minutes			
1	Ward aide	1 minute			
1	Priest	2 minutes			
Total 22		198 minutes			

Nature	of.	Activity
--------	-----	----------

Performing general care	101 minutes
Care of equipment and environment	3 minutes
Mealtime assistance	12 minutes
Activities associated with elimination	5 minutes
Diagnostic measures and methods to gain information	29 minutes
Performing treatments	42 minutes
Consultation and Health teaching	6 minutes
	198 minutes

clude a study of the symptoms and changes in condition the patients displayed, and of the problems they experienced during the course of their hospitalization. When this analysis is completed an attempt will be made to interpret the findings in answer to the last two questions.

Total time spent in Activity

The Nursing Times has announced the award of its first travel bursary. The winner is Miss Katherine Mary Jones, S.R.N., S.C.M., District Nursing and H.V. Cert., Industrial Nursing Cert. She is the education officer at the Birmingham Centre of Nursing Education of the Royal College of Nursing. Later this year Miss Jones will visit Canada and the United States.

The Nursing Times published in London, England, plans to award a similar bursary in 1961.

Brain work is certainly tiring. I get all worn out just thinking of the things I ought to be doing.

- Hospitals

Women are gradually making a name for themselves in many professions once regarded as men's work. Yet the great majority of professional women are in fields that have been traditionally considered "suitable for women." There are many reasons for this, most of them associated with the social and educational pattern of woman's life. Professional work generally requires a long period of training and often university graduation . . . But because most women do not expect to be employed full time throughout their lives, and because it is still difficult for women to establish themselves in fields that have been traditionally considered men's work, relatively few devote themselves to preparing for professions that require the longest period of training . . .

At the time of the 1951 census more than three-quarters of all professional women were either teachers or nurses. However, in comparison with 1931 figures the number of social service workers, journalists, librarians had shown a substantial increase.

By far the most important profession for women numerically, is the teaching profession. More than 70 per cent of all teachers (in Canada) are women.

- Dept. of Labour of Canada.



PREPARED IN YOUR NATIONAL OFFICE, CANADIAN NURSES' ASSOCIATION, OTTAWA

British Nurse to Participate in Institute

Miss Frances Goodall, former general secretary of the Royal College of Nursing, London, England, will take part in the second institute for staffs of national and provincial nursing associations to be held September 14-19, 1959.

Designed to assist professional staffs to maintain and improve the service rendered to association members, the institute will take the form of formal presentations with special speakers, group discussions and the use of films and other visual aids.

Planned by the executive secretaries themselves, under the sponsorship of the Canadian Nurses' Association and with Clara Van Dusen, executive director of the Alberta Association of Registered Nurses as planning chairman, the institute will cover the following topics:

1. Techniques in Counselling, Guidance and Placement.

2. Office Administration

- (a) Evaluation techniques for employees
- (b) Selection and placement
- (c) Work simplification in office management

3. Research

- (a) Principles of research
- (b) Techniques
- (c) Preparation
- (d) Compilation

4. Registration Procedures

- (a) Procedures and principles of reciprocal registration leading to the eventual standardization of policies on a dominionwide basis
- (b) Disciplinary measures

5. Implementation of Employment Relations program — Methods and techniques of negotiating

MARGARET KERR, executive director of *The Canadian Nurse* will act as chairman during the week's program.

The Director's Busy Schedule

Helen Mussallem, director of the Pilot Project for the Evaluation of Schools of Nursing still maintains a busy schedule although the survey of 25 schools has been completed. Recent travels and projects included an institute at the University of New Brunswick, participation at the Maritime Hospital Association Meeting at St. Andrew's, N.B., an institute planned by the nurses of Cape Breton and Victoria County Branch, R.N.A.N.S. in Sydney, N.S., and an institute planned by the hospitals in Sudbury, Ontario.

A further workshop on Evaluation and Accreditation is planned by the A.N.P.E.I. and here assistance will be given by Blanche Duncanson, one of the regional visitors for the Project.

The General Secretary Abroad

Following the July 6 to 10 meeting of the Board of Directors of the International Council of Nurses in Helsinki, Finland, our general secretary, PEARL STIVER, visited the Danish Council of Nurses in Copenhagen, Denmark and The National Nurses' Association of the Netherlands in Amsterdam, Holland where, as well, visits were made to hospitals and public health agencies.

A visit to London afforded an opportunity to plan with the National Council of Nurses of Great Britain and Northern Ireland for the study tour for Canadian nurses planned in conjunction with the Post-Convention European Tour in June 1960.

A Welcome awaits us in 1960

Frances Rowe, executive secretary of the National Council of Nurses of Great Britain and Northern Ireland, who is assisting us in planning the British section of the Post-Convention Study Tour (details in June, 1959 issue), has extended a welcome to all Canadian nurses. We quote from a recent letter:

Our Council and members look forward wholeheartedly to welcoming the nurses from Canada and we will do our very best to make their visit worth while.

News of CNARP Spreads

Opportunity has been afforded LAURIE McColl, assistant secretary-treasurer to interpret the CNA Retirement Plan in various parts of Ontario through invitations extended by

district and chapter associations.

At District no. 9 annual meeting at Sault Ste Marie she spoke to representatives from North Bay, Sudbury and Sault Ste Marie Chapters on the CNARP outlining its benefits and stressing its value to nurses for whom it is established. "The Widening Circle" was the topic on which Miss McColl spoke at the banquet where the ever-widening circle of CNA activities and the oneness of nurses in the international nursing family today was portrayed.

The "Pattern for Security" which is in reality, the CNA Retirement Plan, was described to the nurses of District no. 12 at their annual meeting at New Liskeard where chapter representatives from Timmins, Kapuskasing, Kirkland Lake and New Liskeard were in attendance. Visits were also made to hospitals in Sudbury and North Bay where interpretation of the CNA Retirement Plan and its benefits was given.

In the Good Old Days

(The Canadian Nurse - August, 1919)

Ten Commandments of Marshal Foch:

- 1. Keep your eyes and ears ready, and your mouth in the safety notch; and it is your soldierly duty to see and hear clearly, but, as a rule, you should be heard mainly in the sentry challenges or the charging cheer.
- 2. Obey orders first, and, if still alive, kick afterwards if you have been wronged.
- 3. Keep your arms and equipment clean and in good order; treat your animals fairly and kindly, and your motor as though it belonged to you and was the only one in the world. Do not waste your ammunition, your gas, your food, your time, nor your opportunities.
- 4. Never try to fire an empty gun, nor at an empty trench; but when you shoot, shoot to kill; and forget not that, at close quarters, a bayonet beats a bullet.
- 5. Tell the truth squarely. Face the music and take your punishment like a man; for a good soldier won't sulk.

- 6. Be merciful to the women of your foe and shame them not, for you are a man; pity and shield the children in your captured territory, for you were once a helpless child.
- 7. Bear in mind that the enemy is your enemy, and the enemy of humanity, until he is killed or captured; then he is your dear brother or fellow-soldier, beaten or ashamed, whom you should not further humiliate.
- 8. Do your best to keep your head clear and cool, your body clean and comfortable, and your feet in good condition; for you think with your head, fight with your body, and march with your feet.
- 9. Be of good cheer and high courage; shirk neither work nor danger; suffer in silence, and cheer the comrades at your side with a smile.
- 10. Dread defeat, but not wounds; fear dishonor, but not death; and die game. Remember the motto of the division: "It shall be done."

Nursing Profiles

This month Elsbeth Geiger took up her new duties as director of nursing at Edmon-



ELSBETH GEIGER (Rice)

ton's Royal Alexandra Hospital. Born and educated in Montreal, most of her professional life to date has been spent in that city. After graduating from the Royal Victoria Hospital, Montreal in 1942, she engaged in operating room work until she joined the United States Public Health Serv-

ice in 1944 for a two-year tour of duty with UNRRA. She subsequently spent a similar period of time at the United States Marine

Hospital, Staten Island, N.Y.

Postgraduate study earned her the degrees of Bachelor of Nursing from McGill University and a Master of Arts from Teachers College, Columbia University. In 1951 Miss Geiger accepted an appointment as director of nursing at the Queen Elizabeth Hospital of Montreal. She resigned from this position to accept her present one.

Her keen interest in nursing education has been manifested through her work on the curriculum committee of the ANPQ and in the development of the undergraduate program of the Queen Elizabeth Hospital. She has served her provincial association faithfully in other offices as well. The congratulations and best wishes of her friends and colleagues are extended to her in this new venture.

Margaret Mary Matheson is the new

president of the RNANS. Although born in Cambridge, Massachusetts, she is of Scottish-Canadian stock. She received her early education at the Owen Sound, Ont. Collegiate and Ottawa Ladies' College prior to entering the school of nursing of the Royal Victoria Hospital, Montreal.

Five years of general staff duty in her home hospital preceded a lengthy period of time in private nursing. Then in 1952 Miss Matheson joined the staff of Aberdeen Hospital, New Glasgow, N.S., as instructor. She has been director of nursing education since 1956. She is the immediate past president of the Pictou County branch of the RNANS and has served for some time on the provincial board of examiners.

Reading, swimming and music are favorite off-duty activities with membership in the Canadian Professional and Business Women's Club as an additional interest. This year Miss Matheson was made an honorary life member of the St. John Ambulance Association.



(Mackenzie Studio)
MARGARET MATHESON

Ida Evelyn Johnson has retired as director of nursing of the Royal Alexandra Hospital, Edmonton after 10 years of service in this role. Her complete record of service extends over many more years than this, since with the exception of time spent in



(Little Studio)
IDA JOHNSON

postgraduate study, almost her entire professionnal life has been devoted to "The Alex."

Although born in British Columbia and partially educated there, she came to Alberta very early in life, first to complete her basic education and then to obtain her professional preparation at the R.A.H. Later she went on to the Woman's Hospital, New York, and the University of Western Ontario for advanced study. In spite of a busy round of nursing duties both within the hospital and in professional organizations, Miss Johnson's interests have extended to various community activities. She has always derived a great deal of enjoyment from meeting people and making new acquaintances. Retirement from active duty will, it is hoped, give her greater opportunity to pursue this pleasure through travel and to indulge her love for golfing, for music and for gardening.

In Memoriam

Ena Violet (Hassall) Anderson, who graduated from the Vancouver General Hospital in 1927 died recently in Victoria, B.C. During World War II she was in charge of the British Columbia canteen which was set up in London on the arrival of the first Canadian contingent. Mrs. Anderson was awarded the M.B.E. in recognition of her services. Upon returning to Canada she engaged in private nursing until shortly before her death.

Elizabeth (Clarke) Dorland, a graduate of the Royal Alexandra Hospital, Edmonton in 1914 died on May 29, 1959. In 1918 she was one of the first four nurses who joined the newly formed Municipal Public Health Service. She helped to organize the first travelling clinic in the province and assisted in its operation in outlying districts.

Muriel Grace Galt, a graduate of Massachusetts General Hospital, Boston died on May 31, 1959. She was chosen for duty on the hospital ship sent to the Caribbean during the Spanish-American war and in 1914 she volunteered for overseas nursing, serving in France, Egypt, India, Iraq and with the occupation forces in Germany. She was 85 years of age.

Bertha McLaurin, who graduated from St. Luke's General Hospital, Ottawa in 1911 died in May, 1959. She had engaged in hospital work until her retirement in 1956.

Gabriella (Sargent) Purcell, a graduate of the Hotel Dieu Hospital, Windsor in 1927, died recently.

Frances (Gunson) Rathwell, who graduated from Brandon General Hospital in 1953 died April 2, 1959. At the time of her death she was on the staff of the Brandon Hospital for Mental Diseases.

Emma Schumann, a graduate of Guelph General Hospital in 1932, died on October 25, 1958. Much of her professional career had been spent in occupational health nursing with the Dominion Rubber Company.

Barbara Mary (Hare) Scobbie, a graduate of St. Paul's Hospital, Vancouver in 1945 died recently after a lengthy illness.

Mary Dorothy Shoemaker, who graduated from the Royal Victoria Hospital, Montreal in 1930 died suddenly on June 3, 1959.

Sister Rose Angela, a Sister of Charity of St. Vincent de Paul, Halifax and a graduate of Hamilton Memorial Hospital, North Sydney (now the Saint Elizabeth Hospital) died May 8, 1959. In 1947 she

(Please turn to page 736)

The Artificial Kidney

JUDITH C. RACKHAM

THERE ARE a few relatively uncommon conditions which cause such severe and extensive damage to the kidneys that, for the time being, their function is wholly or partially suspended. Fortunately, this damage is not always irreversible and recovery is possible, given time. Some of the products of cellular activity which the kidney normally excretes will, if retained, alter the body chemistry in such a way that it cannot work. Thus, the patient's survival will depend on whether or not kidney function will return.

The artificial kidney is a temporary device designed to take over for a short time the more essential functions of the ordinary kidney. By its use, a patient can be kept alive for two or three weeks longer. Thus the chance of his own kidneys recovering their function is proportionately increased.

This sort of renal crisis arises when the cells of the tubules are damaged by such events as a fall in systolic blood pressure to below 60 or 70 mm. Hg. for a considerable time, as the result of an accident or an operation. The blood supply of the kidney is so critically important that, during rest. 30 per cent of the circulation passes through it. Its cells are so delicate that they are very sensitive to anoxia. If this is prolonged a condition called "tubular necrosis" results. It must be understood at the very beginning that only about half the cases of tubular necrosis need dialysis; the rest can be restored by less heroic measures.

The artificial kidney is able to save about one-third of the very worst cases. In order to appreciate its advantages it is necessary to know something about normal renal function. The kidney is mainly concerned with the regulation of body water and salts and the excretion of waste products of cellular metabolism.

This paper is based on my experience as a member of a team working on the artificial kidney at the Hammersmith Hospital Postgraduate Medical School, London, Eng.

Body Water, Electrolytes

Seventy per cent of the body is made up of water. It exists in three compartments each separated from the others by membranes through which water can flow freely, while dissolved substances are held back to varying extents. These three compartments are known as:

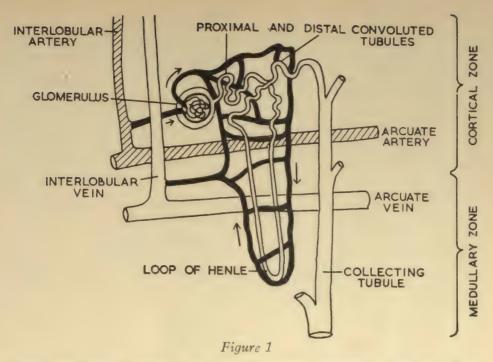
1. The intracellular space which contains half of all water (about 35 litres). In this are dissolved large protein molecules. Potassium is the major cation, and sulphate and phosphate anions are also present.

2. The interstitial space between the cells and the capillary walls, contains 15 per cent of the body water (or about 11 litres). In this water sodium is the most important cation, and chlorides and bicarbonates the most important anions. Small quantities of proteins are also present.

3. The intravascular space — that is to say the blood vessels and capillaries — hold only five per cent of the total body water. It contains much more proteins than the interstitial space.

The membrane which divides the intravascular from the interstitial space is the capillary wall. It is almost impermeable to protein, but freely permeable to small ions and to water. The cell membranes which divide the interstitial from the intracellular space are impermeable to protein, selectively permeable to other ions, but freely permeable to water.

Since water passes freely between all three spaces, they will all be in osmotic equilibrium with each other. Any change in osmotic pressure in one space is quickly shared by all the others. The kidney controls the total volume of the body water, through the varying total volume of its daily excretion. Thus, in whichever compartment chemical changes take place they are ultimately reflected in the contents of the intravascular compartment. As the blood passes through the kidney its contents are rejected or retained in such a way as to keep its consti-



tution remarkably constant. Since these materials are all dissolved in water there must always be an adequate volume of water for the kidney to excrete if it is to function properly.

The Normal Kidney

The kidney is made up of an outer zone about a quarter of an inch thick, the cortex; and a sharply differentiated inner zone, the medulla. Under a microscope the innumerable renal units, the nephrons, appear as minute tubules extending into both zones. (See Figure 1.) Each tube is closed at the upper end and empties at the lower end into the renal pelvis. The blind upper end has a thin epithelium that is expanded to surround a tuft of capillaries — a glomerulus. The capillary wall and glomerular membrane together form a filter, through which water, ions and small molecules will pass, but which keeps back all but the very smallest of the protein molecules. Thus the glomerulus fills with a filtrate of the blood plasma from the capillaries. The filtrate trickles down the tube to the renal pelvis. The tube is lined by larger cubical cells, metabolically very active, whose function is to absorb from the filtrate substances useful to the body; to excrete other substances which are not, and finally to reabsorb 99 per cent of the water of the filtrate.

In general, there are three ways in which the tubule cells can react to substances in the filtrate:

- 1. The substance may pass straight through without either reabsorption or further excretion. A good example of this is creatinin. The reaction to urea is similar, but more complicated. The tubules do not absorb or secrete it actively but since it is a very small and un-ionized molecule, it diffuses back through the tubule cells at a rate which depends on its concentration in the filtrate.
- 2. Substances may be actively excreted by the cells from the capillary blood which surrounds them. Many drugs behave like this, and some, such as benzoic acid are so actively excreted that all the blood flowing through the kidney is cleared of the substance completely.
- 3. The substance may be reabsorbed by the tubule cells. There is usually a limit to the rate at which they can reabsorb, which forms a threshold. If there is more than this in the filtrate, the surplus will appear in the urine.

Sugar is an example of this. Normally, it is completely reabsorbed, but if the blood sugar is high, then it appears in the urine. For some substances, the

level of the threshold is controlled by the secretion of a hormone, providing a regulating mechanism. Perhaps the most important examples of this are the regulation of sodium reabsorption by aldosterene, and of water reabsorption by pituitary anti-diuretic hormone.

The kidney also plays a major role in the long-term regulation of the body's acid-base balance, the short-term regulation being achieved by the respiratory centre's control of the level of CO² in the alveolar air. The long-term regulation is partly achieved by the specific control of the concentration of each of the ions which make up the balance, and partly by the special secretion of hydrogen and ammonia ions at rates dependent on the pH of the blood and filtrate.

To sum up: The kidney is able to control water and electrolyte balance with great accuracy, and evens out differences between intake and output by excreting or retaining more or less of the various ions or of water. It plays a part in regulating acid-base balance, and it excretes waste or harmful products. To accomplish this task it needs an abundant supply of energy in the form of oxygen and glucose, and this depends on an adequate blood supply.

Tubular Necrosis

The cells that line the tubules are the ones that are most liable to damage from oxygen lack, reduced blood supply or poisons. In tubular necrosis, whatever its cause, normal renal function is altered and often suspended. Patients with tubular necrosis may be very ill indeed, and they break down their own cells to provide water and energy. Earlier we noted that potassium was the most important cation in the intracellular space. When cells break down potassium diffuses into and accumulates in the intravascular and interstitial spaces. A level of blood potassium, as high as 7-8 milli-equivalents per litre, for more than a short time is incompatible with life because it poisons the cardiac muscle. Its retention is one of the most immediate problems which the artificial kidney is designed to correct.

In the early stages, the tubules are completely blocked by necrotic debris from degenerating tubule cells, and secretion of urine may cease altogether. If recovery takes place, the young cells of the regenerating tubule epithelium are at first incapable of any specific function.

In the later stages of tubular necrosis there is also a complete inability to make any adjustments in urinary output to even out changes in water and salt intake. Serious dehydration may occur which requires very accurate and prompt treatment. The filtrate passes straight through the tubules without water reabsorption, so that urine volumes are very large. This is called the *diuretic phase*.

The Artificial Kidney

The artificial kidney is, in essence, a dialyzing machine. Dialysis occurs when two solutions are separated by a semi-permeable membrane — one that is permeable to some but not all of the dissolved substances. Substances which can pass through will tend to equalize themselves between the two solutions, while the passage of water across the membrane is controlled by the osmotic pressure existing on each side of the membrane. Tissues such as peritoneum, capillary and glomerular cell walls, are all semi-permeable. We have seen that an electrolyte such as potassium will go from a space of higher concentration to one of lower.

In the artificial kidney, a tube of Cellophane that has been specially constructed is used, through which the blood is made to pass. The outside of the tube is immersed in a suitable water bath so that toxic and undesirable products will diffuse out from the circulation into the water bath. The permeability of this Cellophane is very similar to that of the glomerular membrane: proteins are held back, while most small particules are let through. Thus, the artificial kidney can take the place of the glomeruli, but cannot replace the specific controlling functions of the tubules; yet these can to some extent be controlled by the contents of the water bath.

Some Causes of Tubular Necrosis

1. Anoxic — from reduced oxygen or diminished blood supply. The latter may be due to blood loss, hypotension, or local vasoconstriction.

Shock produces a disparity between the



before the bassinet is occupied... and after

NATABEC

provide vitamin-mineral support during pregnancy and throughout lactation Just one NATABEC Kapseal daily, as prescribed by her physician, provides the gravida or the nursing mother with a well-balanced formula of vitamins and minerals, promoting better health both for mother and child.

dosage: As a vitamin-mineral supplement during pregnancy and throughout lactation, one Kapseal daily, or more, as required. Available in bottles of 100 and 500.



PARKE, DAVIS & CO., LTD.
MONTREAL 9, P.Q.

CP 72259

ELIASON'S Surgical Nursing

By L. KRAEER FERGUSON, A.B., M.D., F.A.C.S.

Professor of Surgery, Graduate School of Medicine of the University of Pennsylvania and Woman's Medical College of Pennsylvania.

and LILLIAN A. SHOLTIS, R.N., B.S., M.S.

Consultant and Lecturer in Medical and Surgical Nursing, Bryn Mawr Hospital School of Nursing.

Publication of this new 11th Edition places this authoritative standard textbook in a class by itself in terms of currency and coverage. It continues to be a truly comprehensive treatise on all aspects of modern surgical nursing with the nursing care of the individual surgical patient as its central focus.

Reorganized for Closer Correlation with ESSENTIALS OF MEDICINE

Arranged in 3 major parts and 16 subsidiary units matching their opposite numbers in Emerson & Bragdon's ESSENTIALS OF MEDICINE, the book is now more than ever before applicable to any number of possible teaching plans. The chart at the right will show unit by unit correlation of the two texts.

Revision: General Considerations

The chief concern in this revision has been to present the principles of nursing care of surgical patients so that the student nurse will (1) understand not only "what to do and what not to do" but "how it is done and why," (2) recognize the extent of her responsibilities and how they are related to the activities of other persons on the health team, and (3) accept her role as a teacher in assisting the patient and his family to make necessary adjustments.

Revision: Specific Considerations

Some of the specific changes in and additions to this edition are:

- A completely rewritten treatment of "Operating Room Nursing"
- · A new chapter on the principles of rehabilitation
- Addition of newer methods of treatment and an up-to-date section on radiation therapy to "Tumors and Cancer Nursing"
- Newer methods of treating chest tuberculosis in "Surgery of the Chest"
- Inclusion of recent advances in "Surgery of the Heart and the Blood Vessels"
- A compact section dealing with "Nursing in an Emergency or Disaster"

Preview and Review

Introductory paragraphs and brief reviews of pertinent anatomy and physiology lead into the main body of the various units. "Clinical Situations" which crystallize key points covered and "Patient Teaching Aids" follow each chapter in Part II.

New Format

Redesigned in an entirely new 6 x 9 format and reset in a highly readable type-face, this edition offers greatly increased ease of teaching and learning.

CONTENT CORRELATION

Surgical Nursing

PART 1: FUNDAMENTALS OF SURGICAL NURSING

UNITS 1 - 6

PART II: NURSING CARE OF PATIENTS WITH SPECIFIC SURGICAL CONDITIONS

UNIT 7 RESPIRATORY

UNIT 8 CIRCULATORY

UNIT 9 DIGESTIVE

UNIT 10 URINARY AND REPRODUCTIVE

UNIT 11 INTEGUMENTARY

UNIT 12 EYE AND EAR

UNIT 13 ENDOCRINE

UNIT 15 MUSCULOSKELETAL

PART III: NURSING IN AN EMERGENCY OR DISASTER

UNIT 16

766 Pages • 331 Illustrations, including 10 Subjects in Color

11th Edition, 1959 • \$6.00



Essentials of Medicine

The Art and Science of Medical Nursing

By CHARLES PHILLIPS EMERSON, JR., A.B., M.D. Associate Professor of Medicine, Boston University School of Medicine

and JANE SHERBURN BRAGDON, R.N., B.S.
Associate Director, School of Nursing, Massachusetts Memorial Hospitals and Clinical Assistant in Medical and Surgical Nursing, Boston University School of Nursing.

CONTENT CORRELATION

Essentials of Medicine

PART I: FUNDAMENTALS OF MEDICAL NURSING

UNITS 1 - 6

PART II: NURSING CARE OF PATIENTS WITH SPECIFIC MEDICAL CONDITIONS

UNIT 7 RESPIRATORY

UNIT II CIRCULATORY

UNIT 9 DIGESTIVE

UNIT 10 HEINARY AND REPRODUCTIVE

UNIT 11 INTEGUMENTARY

UNIT 12 ALLERGY

UNIT 13 ENDOCRINE

UNIT 14 NERVOUS

UNIT 15 MUSCULOSKELETAL

PART III: NURSING IN AN EMERGENCY OR DISASTER

HNIT 16

The end product of thorough revision and improvement, the new 18th Edition of ESSENTIALS OF MEDICINE presents a truly complete, a thoroughly up-to-date, a logically organized and smoothly communicated survey of its field. Its long history as a recognized authority in combination with the constant endeavor of its authors to keep it modern in every respect, make it close to the ideal in textbooks of medical nursing.

Reorganized for Closer Correlation with Eliason's SURGICAL NURSING

Now divided into 3 major parts and subdivided into 16 units, the book lends itself more than ever before to the widest range of teaching methods and patterns. The chart at the left will show graphically just how these divisions have been handled.

Revision: General Considerations

Sequence, selection and emphasis of content have been managed so that "core" knowledge and principles are presented first. Thus, Part I is fundamental to the entire book, just as the orientation sections are basic to the units which they precede. In a field of increasing complexity, the simplification of teaching and learning inherent in such an arrangement should prove especially welcome.

Revision: Specific Considerations

A partial listing of "What's New" in the 18th Edition follows:

- A new unit on laboratory tests giving purpose, principles and range of values for each test discussed
- · A new section on the intensive care unit of the hospital
- · A new section on medical emergencies
- A new chapter on "Psychological Considerations in Medical Nursing" which presents principles of effective nursepatient interaction
- The presentation of material on communicable disease nursing in Part I so that asepsis technics can receive early emphasis

Preview and Review

To facilitate complete assimilation of unit-content, orientations as well as brief anatomy and physiology reviews are provided. To tie up threads and to assist the student in correlation and integration, "Nurse and Patient" sections follow many units and each unit in Part II closes with a "Correlated Summary of Common Nursing Problems."

New Format

This edition has been completely redesigned typographically for increased study ease in a new 6 x 9 format identical with that of Eliason's SURGICAL NURSING.

In active preparation

J. B. LIPPINC	OTT COMPANY 4865 Western Avenue, Montreal 6, P.Q.
	my order Eliason's SURGICAL NURSING (11th Edition) \$6.00 send me: ESSENTIALS OF MEDICINE (18th Edition) In Prep
NAME	Payment Enclosed
	ZONE PROV. Charge and Bill M
CN-8-59	ZONE FROY.

circulating volume and the vascular bed and consequent upon it, anoxemia — renal ischemia — tubular necrosis. Hemorrhage from whatever cause leads

to a diminished circulating blood volume and hypotension — renal ischemia — tubular necrosis.

Hypotension: In addition to the reasons given above, this may occur during or after prolonged anesthesia.

2. Toxic — poisons, sepsis, necro-

sis or other tissues.

Poisoning: Carbon monoxide, or gases and fluids which are specifically nephrotoxic — mercuric cyanide, arsine chlorates and some antibiotics.

Infection: Septic emboli either postabortion or with gross septicemia, staphylococcal pneumonia and leptospirosis leading to the same sequence as above.

Muscle necrosis: Often caused by prolonged pressure.

3. Obstructive — Mechanical, necrotic, or due to accumulation of hemoglobin, myoglobin or crystals,

Mismatched transfusions: The glomerular capillaries are constricted by spasm due to the broken-down red cells. There is also evidence that blockage with broken-down cells produces direct tubular damage.

Mechanical obstruction of any sort, such as carcinoma of bladder causing back pressure may cause acute renal failure. If the pressure in the lumen of the nephron is greater than the blood pressure in the capillaries, glomerular necrosis may occur.

Crush syndrome which is a combination of hypotension, muscle necrosis and hemoglobinemia. Multiple fractures after road traffic accidents; the patient trapped under heavy objects for some length of time; mining accidents; the patient being buried under falls; traumatic amputations. In all these cases there is extensive muscle damage and immediate shock. If there is obvious hemorrhage, this further diminishes the circulating blood volume which leads to a hypotensive phase. Hemorrhage — shock — hypotension — renal ischemia — tubular necrosis.

Initial Treatment

A polythene cannula is inserted into the superior vena cava through a vein in the forearm under local anesthesia. (It is preferable to do this in the operating theatre as infection can easily be introduced.) An intravenous infusion of dextrose 40% is started, 500 cc. being the total fluid intake allowed in 24 hours. This solution is not isotonic and so must be given into a large vessel in order that it may be rapidly diluted. It contains 800 calories and helps to minimize the patient's own protein breakdown, so checking the rise in urea and potassium, Soluble insulin 40 units is put into the solution to promote utilization of the sugar, 1,000 units (10 mgm.) of Heparin, to cut down the risk of clot formation at the end of the cannula (which may have to stay in for three weeks) and Vitamins B and C.

Vitamin B assists in glucose metabolism. Vitamin C assists healing and is part of the normal raw material of some of the adrenal cortical hormones. If the serum potassium is 5-6 meq. per litre, ion exchange resins are given by mouth.

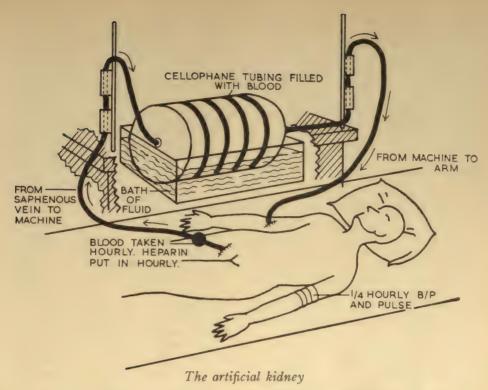
A non-virilizing androgenic hormone which promotes protein "buildup" and helps to prevent "breakdown" is given twice daily by injection or by mouth. It checks the rise of urea

and potassium in the blood.

If, on this régime, excretion of urine starts, an extra volume of fluid equivalent to the amount voided is also given to the patient as water by mouth. Lucozade or other potassium-free drinks may be used. Vomitus and stool are also measured and an equivalent amount of fluid given. If this treatment is going to be successful, the patient from being relatively anuric, gradually enters the "diuretic phase." The nephrons start to function and produce a dilute urine. Four or more litres may be voided in 24 hours and great care must be taken to see that the patient does not become dehydrated. Electrolyte and water balance must be as carefully regulated as before. A protein diet is introduced.

Throughout treatment, electrolyte levels of blood, urine and gastric aspirate or vomitus are measured daily. Replacement is assessed on the basis of the values obtained. If, in spite of the above treatment, the blood urea and potassium continue to rise (this may be marked in 48 hours) and the patient remains anuric, dialysis has to

be considered.



Criteria for dialysis are: Changes in CO2 combining power to less than 14 meq. per L, raised blood urea, and a raised serum potassium in an anuric patient. (Urea over 400 mg. %: K. over 7 meq. L.) Equally important is the clinical state of each patient which must be assessed beforehand. It is known that urea itself is not a toxic substance. The cause of drowsiness, lethargy and vomiting so often seen with a raised blood urea is not really known, but at present, work is in progress which may throw some light on it.

Dialysis

The machine (See Figure 2) consists of a stainless steel bath in which is supported a rotating drum, together with the pumps and motors required for circulation and movement of the drum. The drum is half immersed in fluid during dialysis, Wound on to the drum is a length (37 metres x 3 cm.) of sterile Cellophane tubing. This acts as a semi-permeable membrane. The bath contains 100 litres of distilled water into which is put:—

Glucose 1200 gm.
Sodium Bicarbonate 265 gm.
Potassium Chloride 30 gm.
Sodium Chloride 630 gm.

Magnesium Chloride 10 gm. Calcium Chloride 30 gm.

Before the dialysis starts, one pint of heparinized blood (100 units) is fed into the machine to fill the Cellophane tubing. If the patient, lying in his own bed beside the machine, is apprehensive, Phenergan 50 mg, and sometimes Pethidine 50 mg. are given, intramuscularly. With aseptic technique and under local anesthesia the saphenous vein is exposed below its junction with the femoral, and a polythene cannula inserted. Blood from this vessel is pumped through the machine before it returns into the patient via a cannula in an arm vein (inserted in a similar way).

Blood runs at the rate of 200-300 ml. a minute into the Cellophane tubing. Blood pressure and pulse are recorded every two minutes for about one-half an hour after the patient has been attached to the machine. There must be no discrepancy between outflow and inflow as the patient can rapidly develop circulatory failure. When the blood pressure is stable, i.e., systolic 120-140, readings are taken every fifteen minutes throughout dialysis.

A blood sample is taken from the patient at the beginning of dialysis

for urea, potassium, sodium and CO² estimations, and then hourly samples are collected. The patient is given 100 units of Heparin every hour. Dialysis generally lasts for about six hours.

Since the Cellophane is semi-permeable, urea and other electrolytes will be exchanged between the blood and the bath fluid. The bath is made up with a high concentration of dextrose to maintain equal osmotic pressure on either side of the Cellophane membrane and thus prevent the transfer of water across the membrane. If the fluid were iso-osmotic, water would diffuse into the blood and cause, eventually, pulmonary edema. With equal osmotic pressure small molecules can diffuse either from blood to bath or from bath to blood. Since there is a higher concentration of urea and potassium in the blood, the direction of flow of these is out and not back. Disturbance of the level of the other major electrolytes is also partly corrected by the artificial kidney, since the bath contains them in concentration normal for human blood. During dialysis ions which are highly concentrated in the blood stream will diffuse from the blood to the bath and those which are high in the bath will diffuse into the blood.

The fluid in the bath is changed hourly. If it were not, the rate of diffusion of urea from the blood would gradually slow down, as urea accumulated in the bath. Similarly, if the patient's serum potassium is very high, less is put into the bath. Thus with hourly changes, the rate at which the plasma potassium is corrected is great-

ly increased.

After dialysis the saphenous cannula is removed and the vein ligated under local anesthesia. The arm cannula is changed, and dextrose 40% solution restarted. By the end of dialysis, the fall in the urea may be 300-350 mg.% and the fall in potassium 2-3 meq. L.

Patients may have to be dialyzed two or three times, but after and between each dialysis, treatment is continued with the regime already des-

cribed.

Gastric Dialysis

In view of the extraordinary susceptibility of these patients to infection, an alternative method of management has been tried — "gastric dialysis." It is useful to reduce "acidosis" and serum potassium. In addition, it cuts down on the long-continued use of intravenous therapy with its attendant risks of infection from long duration of indwelling cannulae.

It is used primarily in "acidotic" patients with the result that hydrogen ions are washed out. An ion exchange resin can be put into the washout solution to effect a rapid lowering of serum potassium. The patient's urea level is also lowered since the wall of the stomach acts like the membrane of the artificial kidney. Marked changes in other serum constituents can also be brought about by this method.

A gastrostomy tube (Levine tube) is introduced under local anesthesia. Dextrose 5% in water, 100 ml., is put into the stomach through the tube, which is then clamped off for one-half hour. At the end of that time, it is aspirated. This washout is repeated but all the fluid used should be withdrawn from the stomach and the electrolyte content estimated. There is often a considerable fall in serum potassium levels after six hours, i.e., 2-3 meq. L. The principle is derived from the fact that huge electrolyte losses occur from the stomach in cases with pyloric stenosis and vomiting of stomach contents.

The Nursing and General Care of Anuric Patients

Anuria is not a disease per se. The patient's original disease or accident, which has caused the anuria must still be treated. Its nature will largely control the patient's régime. Accepted techniques of nursing, however, have to be modified or expanded to meet the unique needs of the anuric patient.

1. It has been found that anuric patients are prone to infections. It is wiser to use aseptic technique with all of them. One nurse is in sole charge of the patient during the day and one at night. She is always gowned and masked. All dressings are burned, and all linen carbolized. When there is an indwelling Foley catheter, it is attached to a sealed drainage bottle. (Tidal drainage is sometimes used.)

2. Patients with uremia have a known hemorrhagic tendency. Petechial hemor-

rhages and extensive bruising after injections are frequently noted. Epistaxes and gastrointestinal hemorrhages, when these patients are extremely ill, are unfortunately common. The hemoglobin can fall, without obvious bleeding, 20-30% in one day. Transfusion may be required at 48-hour intervals. It has been found preferable to use fresh donor blood in silicone treated bottles, so that there is minimal clotting factor loss. Vitamin K., 10 mg., is given twice daily, intramuscularly.

During the whole length of the patient's stay in hospital, the blood pressure and pulse are recorded one-half hourly day and night. The blood pressure is labile, the systolic varying frequently from 200-90. Ventricular fibrillation due to a raised serum potassium is also common.

3. Deviations from normal are seen in E.C.G. tracings when there is hypo or hyperkaliemia. The E.C.G. provides early evidence of this. Tracings are done

initially twice daily, then daily.

4. Patients are nursed flat in bed, often having to stay flat for some weeks. They are turned from side to side every two hours, and are taught how to expectorate. Semi-conscious patients have secretions sucked out hourly and may require tracheotomy. Chest x-rays are taken every two days. Sputum is cultured for organisms and antibiotic sensitivities weekly.

- 5. All pressure points are treated hourly from the time of admission. We have found a zinc cream to be most satisfactory. Alcohol and powder are not used. Mouth and teeth are cleaned hourly, and glycerine painted on to the lips. A daily blanket bath is given.
- 6. Incontinence of urine and stool often occur. If it does not cause dis-

comfort, a rubber bedpan may be left under the patient. Amounts of urine, stool, vomitus and sputum are measured and charted. An equivalent volume of fluid (water) is given by mouth, or intravenously.

- 7. All urine and vomitus are saved. The electrolyte content is estimated every 24 hours. Blood samples are taken daily for electrolytes, and on the basis of these figures replacement is undertaken.
- 8. Antibiotics are NOT given routinely.
- 9. When pyrexia is a feature of the illness tepid sponging is done twice daily. Often, one sheet is the only covering required. (Where the temperature has risen to 105°F., we have used hypothermia to lower the metabolic rate.)

A high temperature, however, may be due to septicemia. With a Staphylococcus pyogenes septicemia we have noted a state of collapse, markedly elevated temperature, pulse and respiration, and a constantly low blood pressure. If this is suspected, blood cultures are done.

The nursing of these patients is often controlled by the operation or type of injury that they have sustained previously. For colostomies we have found disposable plastic bags better than dres-

sings and many-tail bandages.

Until active physiotherapy can be started for leg fractures a Thomas' splint or Tobruk splint with skeletal traction, and a padded foot piece to prevent foot drop, can be managed well. When there is leakage from any sort of fistula, a special catheter or sump drain inserted and attached to a low tension suction pump prevents excoriation of surrounding skin. It also enables the assessment of fluid and electrolyte loss and replacement to be dealt with more accurately.

Occupational Health Institute

The Waterloo-Wellington Occupational Health Nurses, province of Ontario, are sponsoring a Day Institute to be held on Saturday, October 25, 1959, at the Ontario Agricultural College, Guelph.

The hostesses are planning an interesting and challenging program. Details will be sent to occupational health nurses in Ontario late this summer. Anyone outside of Ontario may obtain information by writing to Mrs. Irene Lescum, c/o Burns and Company (Eastern) Limited, 901 Guelph Street, Kitchener, Ont.

Example is the school of mankind and they will learn at no other. — EDMUND BURKE

A Modern Version of Patient Care

EILEEN C. FLANAGAN, B.A.

Functional design — how it affects patient care and nursing.

THE MOST valuable and interesting part of the program of the International Hospital Federation Meeting held last year in Lisbon was the exhibition of models, plans and designs of hospital architecture. A great deal of original and progressive thinking is being done in this field all over the world. The Japanese had completely round buildings; many others had modifications of circles, squares, cart wheels, and pies!

With the rapidly changing conception of medical and nursing care, especially early ambulation, with the constantly increasing hospital costs and with the ever-present need to conserve nursing and other personnel, it is essential to consider carefully the accommodation devised for patient care. Actually there is one simple criterion to use in assessing the problem: how can the patient be given the best me-

dical and nursing care? The growth of the private room concept was due in great measure to the fact that the disagreeable features of bed care were carried out in the wards themselves, to the embarrassment of the patient and to others around him. The system of having private rooms isolated and segregated from the main teaching units of the hospital has increased costs and wasted the time of patients, doctors and nurses, and has not improved either medical or nursing care. In fact, the private patient in this system generally speaking, loses much in care, time and

Accommodation should be flexible, without fixed limits of classification either as to sex or financial categories. There should be units of varying sizes, from single rooms to eight-bed wards.

The center of the unit should be the nursing station, and the patient should be placed in the size of unit most suitable to his type of illness,

Miss Flanagan is Director of Nursing at the Montreal Neurological Institute.

stage of illness or his temperament.* Visual surveillance of the majority of patients should be mandatory. It is good for the patients both medically and psychologically and helps to conserve staff.

Some patients may, therefore, during their stay be moved from one type of accommodation to another as circumstances require, but they do not have to leave the nursing staff to whom they have become accustomed and who know them.

The secret of making the multiple wards attractive places to be in, is to remove all disagreeable features, such as bed panning, enemata giving, treatments, dressings and examinations to appropriate rooms in the unit provided for these purposes. This requires good 4 or 5-inch double ballbearing castors on the beds, not the usual, inadequate kind usually found. As far as possible, recovery rooms, air-conditioned and properly equipped, should be attached to each unit so that the patient is with the staff he knows. There is a place for a general recovery room attached to the operating theatre for certain types of patients.

Advantages in nursing

There are many advantages in nursing all categories of patients of one service on the same floor and in the same unit. The total specially trained medical, nursing and technical staff, and all the special equipment for the particular service is available, and does not entail unnecessary duplication in other areas.

Another important feature is that it improves the teaching facilities and is a solution to the problem of keeping the interest of general staff nurses, who lose interest when assigned only to "private wards" where no teaching is carried out.

^{*}Nurses have always practised "intensive treatment care." In the old wards the patients who were very ill were always grouped about the nurses' desk!

To sum up, the most workable arrangements should be:

1. Make units flexible with various

sizes of rooms.

2. Have nursing stations in the center of a "square," or circle.

3. Use glass partitions to give good visual control of most patients.

- 4. Keep patients of one type of illness but of all categories private, semi-private and ward, men and women in units suitable to their varying degrees of illness, to conserve staff and equipment, to improve nursing care, to increase interest; and save the time and energy of the medical staff in travelling through several buildings to visit their patients. The saving of time and cost to the patient should also be considerable.
- 5. Have all beds "hi-low" with sides attached, and with 4 or 5-inch double ball-bearing castors.
- 6. Make all doors wide enough to allow easy passage of beds.
- 7. Design the space with enema rooms, examining rooms, and dressing rooms attached to each unit.
- 8. Large bath rooms, fitted with showers (large enough to take a wheelchair), tubs for continuous baths, a slab bath, and a regular tub. Much of the bathing of patients can be done by a bath room team thus removing this procedure from the beds.

What can we do with what we have to improve conditions? A great deal! It is not impossible to break down solid partitions, put in glass instead of plaster, divide endless corridors into two or three sections, sacrifice a few beds and make the necessary work rooms. It costs money — but it would

be well worth it in the long run, to conserve the energy of the staff and to improve patient care.

If each hospital would set up at least one such unit as a demonstration, and make it successful, it would not be long until the doctors and patients would realize its value.

There are several experiments going on now in Great Britain financed by the Nuffield Foundation and we should do the same.

A hospital consultant in New York said recently that "the sooner architects, administrators, finance committees, and budget makers seriously consider the common denominator in hospital planning, the sooner we will have hospitals flexible enough for multiple use and less susceptible to premature obsolescence." This statement applies equally to the individual units within hospitals.

A patient who recently had been ill in one of the new buildings, designed with long corridors, and as he expressed it, with "cells" opening off at regular intervals, and is at present in one of the new type of "square" units with the nursing station in the centre, wrote this little prayer with which I shall close:

Oh, architects, we pray thee, Think round, think square! Nurses and patients with this will agree,

That each has a reason the other to see;

Desist from planning linear slabs and make the patients and nurses glad.

Oh, architects, we pray thee, Think round, think square!

Ever since 1595, when the first book in English on the subject of swimming was published, warnings have been printed concerning the dangers of the water. Yet every year our country suffers heavy loss of life from this cause.

In that original publication, "A Short Introduction for to Learne to Swimme," the author, Christopher Middleton, suggests "to avoyde" drowning "I leave it to every several mans consideration how necessarie a thing this Art of Swimming is."

The spelling may be archaic, but the rea-

soning behind it certainly is not. Knowing how to swim, like preventive medicine, can be the means of avoiding much suffering and grief.

— The Canadian Red Cross, News Service.

Another way to relieve tension would be to regrow our prehensile tail. It has been shown that monkeys do not suffer from mental ailments or strokes because wiggling their tails seems to relieve them of pent-up emotional disturbances.

- Blue Cross Health Digest

A Letter to My Niece

Thérèse Zalloni, B.Ed.N.

Dear Susan:

So you want to be a nurse! Well that's wonderful but do you really know what it is all about? Most likely not — you only find out what nursing is during your training and perhaps not until afterwards. At your age it is quite normal to undertake a career without knowing too much about it. That's why I feel that I should give you a glimpse of a nurse's life in the hope that it will help you to make your final decision intelligently.

First of all, you must realize that your present idea of a nurse is very different from what it will be in five years and this latter picture, in its turn, will no longer be the same in 10 years. In 15 years you will be wondering if you are suited for your career and whether you are really worthy of it. Then the picture of the perfect nurse — what you would like to be for the rest of your professional life — begins to take shape in your mind. At the same time you begin to see how far you have gone in reaching your ideal.

At present you have only vague ideas about the nurse and her duties. You picture her forever ready to share the troubles of others — physical and emotional. You see her as a sort of ministering angel, soothing or preventing injury and illness, responsible, kindly, learned. But as the years go by the extent of the nurse's role be-comes clearer. The value of all that she does or should do becomes more and more clearly defined. Her life takes on meaning and the desire for the ideal is partially satisfied. The nurse feels the need to attain perfection in her profession and to avoid becoming mechanical.

This is why I say that your present idea of nursing will be different in five years. Don't pay too much attention to the attractive outward appearance — the white uniform, for exam-

Miss Zalloni is the educational coordinator at the school of nursing, Hôtel-Dieu de Saint-Jérôme, St. Jérôme, P.Q. ple. Instead, think of what it represents. The traditional dress and cap hide responsibilities which the true nurse should be proud to assume.

What do you really expect from nursing? Do you plan on making it a temporary or permanent vocation? It could be that you won't marry — don't laugh! All 18-year-old girls are sure that they will marry some day but it doesn't always happen that way!! Nursing, if you decide to choose it, should bring out the best in you — that is one essential. That is what it should give you, that is what you have a right to expect from it, since this is what makes it possible for you to return service a hundredfold. The whole profession benefit from what is put into it.

A profession is its members — students like yourself, head nurses, directors of nursing, instructors, supervisors, staff nurses and later, perhaps, your pupils. Already there are many people who must appreciate their profession more because your attitude spurs them on to give of their best each

day.

But independently of its members, the aim, the ideal, of the profession, the objective of all its effort, its study, its research is the care of the sick and the prevention of illness. The public will benefit from nursing only if every member gives of her best to it. That is a necessity. You must be as certain as possible that nursing is the profession that can develop your talents most fully. Do you feel that way about it?

Apart from this, you should know where nursing can take you in a material sense — salary and prestige must be considered. Fortunately, in our modern society the nurse is receiving increasingly better remuneration and

recognition.

There is another point to consider now. In a school of nursing, most students live in residence. (This system has been much discussed and studied and is generally considered most satisfactory.) Without there being any real disparity in educational

NEW! Swift's Balanced Meat Dinners-IN GLASS



So pure and fresh in sparkling glass, Swift's new Meat Dinners for Babies are a carefully balanced combination of Swift's lean, 100% meat, vegetables and a little cereal. Like Swift's well-known 100% Meats for Babies, they're prepared from only the very finest ingredients. The leanest, freshest meats . . . the youngest, freshest vegetables—all trimmed, cooked, and pureed with the greatest care—make Swift's Meat Dinners nutritious, easy to digest.

Swift's new Meat Dinners provide another fine way to include the important values of meat in the infant diet. You can recommend Swift's Meat Dinners for Babies with confidence. 5 varieties: Beef, Chicken, Ham, Veal and Lamb. (Most are also available in chopped form for Juniors.)

OTHER MEATS FOR BABIES FROM SWIFT . . .

Beef • Lamb • Pork • Veal • Chicken • Chicken & Veal • Ham • Liver • Liver & Bacon • Beef Heart • Pork with Applesauce • Ham with Raisin Sauce • Lamb with Mint flavour • Egg Yolks • Egg Yolks & Bacon.



background, we still find differences between one person and another. This is a possible source of conflict. Jealousy and envy crop up and personalities clash. I know, my dear, that you won't be too happy with this living arrangement and unless you are careful you will make others miserable too. Think about it. The atmosphere in the school must be kept congenial.

Apart from this, do you know what you must study in a school of nursing? You do not learn everything at the patient's bedside! The course of study is heavy and the preclinical student quickly finds out that she can't put off until tomorrow what she should study today without getting into difficulty. She becomes jittery, works under pressure at the last minute before an exam — sometimes far into the night preceding it. Keep in mind that in your preclinical period, you will probably study harder than you did in your last year at school. You might as well accept the fact that the arithmetic text that you put away with such relief plus your physics and chemistry manuals must be used again. Put them into your trunk right away! Yes, dear, you will have to wrinkle your brow over ratios, percentages and decimal fractions again. Giving medications requires extreme accuracy and a patient's life can depend on your knowledge (or lack of it).

Are you still with me? Now we come to the patients. "Well, it's about time! This is what really interests me," you say. So you already love them without being acquainted with them. I know that your probationery studies will increase your natural concern for the ill. In your imagination caring for the sick can make a very pretty picture but - Mr. Brown is dirty; Mrs. Green has a difficult personality; Miss White is demanding and Mr. Smith's wife is tiresome. The period of adjustment to patients is sometimes a long one for the student nurse. Don't get discouraged too soon. If some of your illusions vanish, don't feel that you have fallen to a level of sights and tasks unworthy of you. This is the first step towards the firm ground of reality upon which you will be able to test your powers of endurance, demonstrate your adaptability, your strength of character, your

broadness of mind, your sincerity of purpose. It is under circumstances where we seemingly demean ourselves that we attain to greater heights spiri-

tually.

There are disillusionments of another kind also. You tend to look for perfection in your head nurses, teachers and graduate companions. But don't you realize that perfection is not of this world? The demands that you young people make on others! Some day when I have time I'll talk to you about each of these nurses who, in your eyes, should be models of the profession and whom you are so ready to criticize for the least shortcoming. If there is bad temper, habitual injustice or negligence shown then I would agree with your criticism but I want you to realize how much nurses in these positions contribute to your development — repeating advice over and over again, coming to your aid when you are bogged down in unforeseen difficulties, getting things straightened out with a patient after you have blundered. I particularly don't want you to forget the extent to which their patience, indulgence and tolerance is stretched on some occasions when (let's face it) they have to "put up with" you.

Let's talk about the school again. You may be tired, agreed, but there are lectures to attend and you have to be there in body as well as spirit. It is hard to be alert mentally when your body is tired and your feet hurt. Sometimes you will be tempted to drop everything. Boring lectures, compulsory study, meals that do not appeal to you, etc. Instinctively you will start to look questioningly at your suitcase. Your state of mind then can become grounds for trouble if your bitterness

affects your friends.

Nevertheless even in the midst of your "blues," you should be grateful to the older nurses who had the same painful experiences before you and who, out of consideration for future students, made suggestions to competent authorities regarding the ways in which life in a school of nursing could be made pleasanter through adequate relaxation and interesting recreation. On days when things go wrong you will especially enjoy television, using the record player, tennis, skating and so forth. You will find a well-stocked

The book that has proved invaluable to nursing authorities like these is sure to be helpful to you

"We have all felt that this book was a tremendous addition to nursing literature."

E. Nancy Scramlin, Executive Secretary Indiana State Nurses' Association

 "This is an ambitious and major undertaking in publication, and the idea is an excellent one."

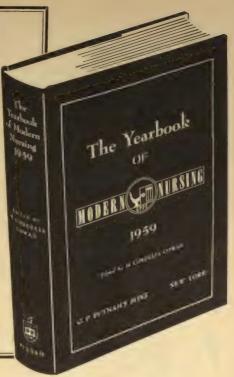
Bernice E. Anderson

Associate Professor of Nursing Education Teachers College, Columbia University

"I believe it is an extremely helpful book."
 Lucille Petry Leone
 Chief Nurse Officer
 Public Health Service

"It is a must for each of us."

Katherine J. Densford, Director University of Minnesota School of Nursing from American Journal of Nursing



THE YEARBOOK OF MODERN NURSING 1959

Edited by Cordelia Cowan 446 pages \$15.00

A COMPLETE, DOCUMENTED RECORD OF THE IMPORTANT DEVELOPMENTS AND ACHIEVEMENTS OF NURSING FOR THE YEAR

Now Ready

The Sourcebook for Nurses Compiled by Nurses

> Over 100 Contributors

An Outstanding Reference Value

> G. P. PUTNAM'S SONS

More than 100 nurses, educators and specialists have contributed to this volume. Staff members and committee chairmen of nursing's national and international organizations have cooperated with the publisher to make possible this valuable book for nurses throughout the world. The original purpose of the YEARBOOK is maintained: To provide a medium for pooling current progressive thought in the field of nursing, and to provide annually in book form a resume of current advancement of nursing in all its important aspects, with specific emphasis on improved practice.

Copies of the 1956 YEARBOOK are still available at \$5.95 Copies of the 1957-1958 YEARBOOK are still available at \$9.50

-Order Your	Copy Today-
-------------	-------------

oraci rour copy rout	49	
G. P. PUTNAM'S SONS 210 Madison Avenue, No.	ew York 16, N.Y.	
Please send me a copy of the New 1959 YEARBOOK	OF MODERN NURSING.	
NAME		
ADDRESS		
CITY PROV.		
Payment is enclosed at \$14.50	Bill me at \$15.00 🗌	
We pay postage on orders accompanied	by remittance.	

CNJ-8

library for your pleasure to develop your understanding of subjects other than nursing. The modern nurse must be generally accomplished, must not devote herself exclusively to her own field. In addition to facilities for physical and mental relaxation, including a good health service that you should learn to use wisely, you will enjoy the atmosphere of the school which is so suited for student use, such as the quiet required. That is partly why modern schools of nursing try to have single rooms for their students. I shall close now, my dear, hoping that I have given you a rather general but comparatively accurate idea of what awaits you in nursing as a career. I hope it may help you avoid possible delusions. After all this, do you still feel like joining our ranks? If so, come along. We are waiting to welcome you. You will find, as I have, that even if you must *give* much to your profession, you *receive* the deep, enduring and stimulating pleasure of a rich life.

Your affectionate aunt.

A Certified Orderly Training Program

DOROTHY DICK, M.A. and PETER R. CARRUTHERS, B.A.

N NOVEMBER 7, 1958, the first class of 12 men to graduate from the orderly training program of the nursing department at the Winnipeg General Hospital received their diplomas as certified orderlies. This was a significant step forward in the education of these men to help them to fulfill more effectively their role as part of the nursing team.

Background of the Program

The need for this type of training had been felt by the nursing department for several years, but it had never been implemented. However, in the process of hospital reorganization, the program was given new emphasis both in the nursing and administrative departments. In the past, orderlies had been a separate department unto themselves, but for over a year now they have been a unit integrated into the department of nursing. As part of this transfer the men were assured that a training program for them would be forthcoming.

There were, in addition, several other factors that led to the adoption of the program. In the past, it was felt that the orderlies had not been

to begin with it was necessary to determine exactly what functions were to be required of the orderlies. These were obtained partially from a review of duties set down by the former chief orderly. In addition to this an intensive job analysis was done by the personnel director. Finally, the experienced opinions of several senior members of our nursing staff helped to determine the responsibilities to be assumed by

These functions were as follows: Assisting with nursing care related to the comfort, cleanliness, and general well-being of patients; helping to meet the needs of patients for nourishment; assisting male patients in meeting their elimination needs; carrying out certain

functioning at the highest level of which they were capable. An improved standard of general work was greatly needed. It was also realized that the nursing staff required more assistance from these men in caring for the patients. In other words, if an orderly was to perform additional and responsible nursing duties, training was a necessity. This was in keeping with the philosophy that one must teach all levels of staff the practices and procedures of nursing care necessary to carry out and maintain good patient care in a modern hospital.

Objectives

the orderly.

Miss Dick is the clinical coordinator in charge of this program and Mr. Carruthers is administrative resident at the General Hospital, Winnipeg.

IN THE MILDER MENTAL AND EMOTIONAL DISORDERS AND IN NAUSEA AND VOMITING, OPTIMUM RESPONSES USUALLY OBTAINED WITH 2 TO 4 MG. DAILY

- rapid onset of action
- · effectiveness in extremely small doses
- prolonged therapeutic activity
- freedom from drowsiness and depressing effect
- low incidence of side reactions

as a tranquilizer and antiemetic

STELAZINE

as an antipsychotic agent

- effective in withdrawn, apathetic schizophrenics
- effective in chronic patients relegated to "back wards"
- marked beneficial effect on delusions and hallucinations
- fast therapeutic responses at low doses
- inherent long action allows b.i.d. administration

IN HOSPITALIZED PSYCHIATRIC PATIENTS, ESPECIALLY THOSE UNRESPONSIVE TO PREVIOUS THERAPY, OPTIMUM RESPONSES USUALLY OBTAINED WITH 10 TO 20 MG. DAILY



SMITH KLINE & FRENCH · MONTREAL

nursing procedures; caring for deceased male patients; assisting with the application of special equipment required for patients, e.g. orthopedic appliances and frames, fracture boards, etc., assisting in the maintenance of rooms and medical equipment in a clean and tidy condition; working with the nursing staff on the ward to maintain and develop the best care possible for the patients.

It can be seen that all these objectives were broad, and were relative to the duties of the registered nurse. The orderlies are directed and supervised by registered nurses who decide which patients are to receive orderly care.

Selection of Students

The initial premise was that the course would be offered to all the men presently on staff but that no one would be required to take it. Those who expressed interest filled out an application form. They were accepted in the order of application, with the exception that the men scheduled to be away on vacation were deferred to a later class.

In addition, the prospective trainee needed the recommendation of his head nurse. A working knowledge of the English language was also required since some men coud speak English but could not write it, but otherwise no educational prerequisites were set. For staffing reasons no two men from the same ward could be trained at the same time.

The initial group totalled 15 men, of whom 12 graduated. The group was limited to 15 members to allow for class participation, practice in nursing arts laboratory, and supervision on the wards. Experience has shown that a slightly smaller class would be even more effective.

The Program Itself

The course extended over a period of three months and consisted of 30 hours of classroom work in the first seven weeks, followed by five weeks of practical work on the wards. Three classes per week, each one and onehalf hours, were held. The course content was arranged in three blocks:

a. An introduction to nursing the patient in the hospital — 3 hours.

b. Basic nursing care of patients, particularly those needs which the orderly assists in meeting — 15 hours.

c. Nursing procedures carried out by the orderly with emphasis on those related to male patients — 12 hours.

Clinic rooms on the wards were used as classrooms with one bedside unit set up for practical demonstration purposes. The instructional staff consisted of two people, our clinical coordinator and an assistant nursing supervisor who is a young male registered nurse. The nursing arts staff from the school of nursing were not involved for it was felt that these two people were ample to handle the class. An instructor from our Power House staff gave the lecture on fire hazards and regulations.

Two examinations were held, one halfway through the course, and one at the end of the course. These tests were objective with no time limit set for completion. During the first class, tests were given orally to four people who were unable to write English. As a final criterion for certification, an evaluation of each man was made. A committee of four people reviewed each man's training. Their report was

based on:

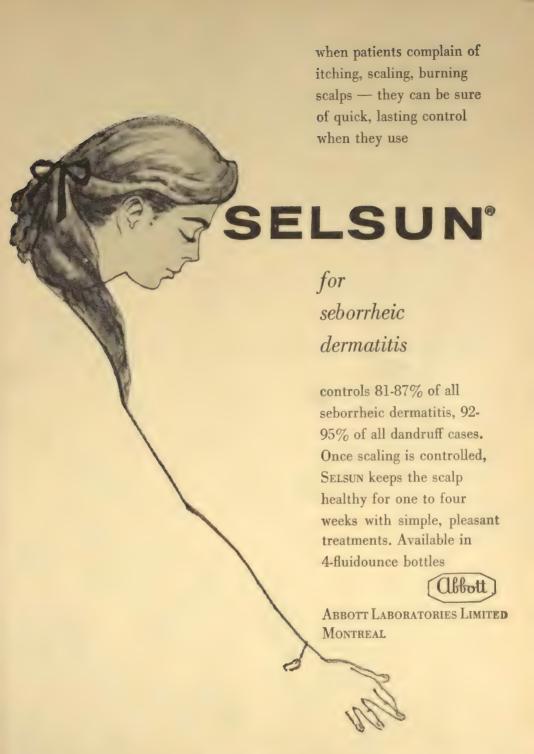
- a. Class attendance two missed classes meant that the course had to be repeated.
 - b. Examination results.
 - Supervision of procedures.
- d. Reports from the head nurse and supervisor.

The Teaching Staff

assistant supervisor taught one-half of the curriculum and in particular the practical application to floor work. He supervised the trainees on the wards and acted as assistant to the clinical coordinator. The clinical coordinator taught the theoretical material which made up the other 50 per cent of the program. In addition she planned and organized the course, and assisted in the evaluation of the participants at the conclusion of their training.

Graduation

At the conclusion of the course a graduation ceremony was held in the auditorium of the school of nursing. The hospital administrator presented



® SELSUN Sulfide Suspension / Selenium Sulfide, Abbott

each graduate with a handsome leather folder containing his certificate as a permanent document. The ceremonies were attended by representatives of every hospital department.

Evaluation

The general reaction has been most favorable. The success of this initial venture has encouraged the continuation of the program. It is definitely serving the need for which it was designed. The nurses like it since it has resulted in better orderlies for their wards. In fact, the nurses themselves now want to send their orderlies to take the course. Both instructors commented that there was excellent student participation. The orderlies were eager to learn.

The effect upon the orderly group has been astonishing. It would be an understatement, indeed, to say that they liked the course. It gave them recognition, prestige, and a certificate as tangible evidence of accomplishment. Each one received a plastic name badge with the classification "Certified Orderly" on it. Morale has improved remarkably. The men take much greater care with their grooming. Working relations on the wards are much better with the certified orderlies now voluntarily offering to help the nurses. Non-productive time has decreased. It has stimulated the untrained orderly to apply for and take the course. And the effect of the pay increase of \$20 per month, payable on completion of the course has been significant.

The Future

As a result of our experience with this training program we believe that every ward orderly who joins our staff will need and benefit from the program. There are many more orderlies in the hospital who are eligible to take the course. Our first concern was to train the men working on the wards. This meant that orderlies doing porters' work, e.g. transporting patients to x-ray, operating rooms, etc., were not eligible. Now however, if these men wish to take the course, they can transfer to ward work.

Perhaps the most encouraging note came from a recent meeting of the Greater Winnipeg Regional Hospital Council. At this meeting several other hospitals in the city expressed a definite interest in sending their orderlies to us for training. At the moment we are working towards this integration of other students with our own.

The program has proven valuable and has improved our situation immeasurably. Other hospitals that establish such programs may expect to receive similar benefits. For not only the hospital benefits, but more important, the patient receives added and improved care which the trained and competent orderly can give to him.

Living arrangements for the elderly should include:

Privacy, but not isolation.

Furnishings that provide a homelike atmosphere.

A measure of quietness, warmth and good lighting.

Proximity to a bathroom.

Unpolished floors, without scatter rugs.

Night lights in rooms and halls; a wall switch rather than a pull cord for the bathroom light.

A lock on the medicine cabinet.

A rubber mat for the bath tub and a non-skid mat on the bathroom floor.

A handrail above the bath tub.

A handrail on the staircase plus good lighting and firmly fixed stair treads.

- Bulletin, Ont. Dept. of Health

In Memoriam

(Continued from page 715)

became operating room supervisor of her home hospital and held this position until her death.

Mrs. Hazel Walsh, who graduated from Cook Hospital, Gisborne, New Zealand died in New Zealand on June 3, 1959. Mrs. Walsh had nursed in British Columbia for a number of years prior to returning home last February.

Ora Watts, who graduated in 1949 from the Brandon General Hospital died on March 11, 1959 after a long illness.

* *

Marion Yonge, who graduated from Kootenay Lake General Hospital, Nelson, B.C., in 1925 died recently. She had been engaged in private nursing.



Infiltrative Duct Carcinoma of Right Breast

DOROTHY C. JOHNSTON

Social Aspects

MRS. DAY was a quiet, pleasant, intelligent, middle-aged woman, who seemed to take great pride in her homemaking duties. She particularly enjoyed reading, crocheting and other types of handiwork. Her husband was employed by an automobile company and they had one married son. The family was enrolled in a hospitalization plan, and hence, the financial problems associated with Mrs. Day's hospitalization were minimized. Mrs. Day and her husband enjoyed social activity and took an active part in community affairs.

Medical History

Mrs. Day had had the usual childhood diseases such as measles, chicken pox, and mumps, but no serious illnesses. There was no family history of tuberculosis or diabetes. Several months ago she noticed a small swelling in her right breast which she discovered while bathing. Mrs. Day did not seek medical advice at this time. The lump slowly increased in size and became rather tender. There was no discharge of any kind from the nipple. Eventually, about three months after noticing the lump Mrs. Day visited her doctor because she was becoming alarmed. He advised her to come into the hospital for surgery without delay.

On examination she was found to have a small lump in the outer aspect of her right breast. There was an area of slight redness, measuring approximately 2 x 1 cm. and there was a degree of asymmetry of the two breasts. On deep palpation, a firm mass, about two and one-half inches in diameter could be felt. This mass seemed to be fixed, in relation to the skin, but moveable in relation to deep structures. No axillary lymph glands were palpable. Mrs. Day appeared ra-

Miss Johnston, who was a senior student at Hamilton General Hospital when this study was written, was awarded Honorable Mention in the recent Macmillan Award competition.

ther pale; her blood pressure was 190/ 100. A slight rumbling systolic murmur could be heard when listening to the heart sounds.

Laboratory Findings

The day before operation, several blood tests were performed to ensure that the patient was in suitable condition for surgery. Results were within normal limits.

A urine specimen was also examined and proved to be normal in all respects. This ruled out the possibility of renal or urinary tract disease which might make surgery hazardous. A specimen of blood was taken for typing and cross-matching.

Mrs. Day had a miniature chest x-ray at the time of admission. Her doctor also ordered a large x-ray of her chest to determine if there was any evidence of changes in the chest structures. The x-ray department reported that there was no evidence of any active disease including that of metastatic origin. Because of her abnormal heart sounds, an electrocardiogram was taken. It proved to be within normal limits.

Clinical Features of the Condition

The breast is the most frequent site for the development of carcinoma in the female. It is so common that one author states that most tumors of the breast in women over 40 years of age are carcinomatous. Because this condition is quite painless in the early stages, many patients, unfortunately, do not present themselves for treatment until the cancer is already quite advanced.

Typical Signs and Symptoms

The symptoms are insidious. The patient finds a non-tender lump in the breast - usually in the upper, outer quadrant. As it grows it becomes attached to the chest wall or to the skin.

Pain seldom occurs until the very late stages. A dimpling or "orange peel" skin may be observed. Upon examination in the mirror, the patient may note asymmetry and an elevation of the

SAY "COKE" OR "COCA COLA". BOTH TRADE-MARKS MEAN THE PRODUCT OF COCA-COLA LTD. - THE WORLD'S BEST-LOVED SPARKLING DRINK.



When too many tasks seem to crowd the unyielding hours, a welcome "pause that refreshes" with ice-cold Coca-Cola often puts things into manageable order. affected breast. There may be bleeding from the nipple, as well as nipple retraction. If treatment is not obtained, the tumor invades surrounding tissues and extends to the lymph glands of the axilla. If untreated, death may occur in two or three years, due to metastases into the lungs, bone, brain or liver.

Preparation for Operation

Mental Preparation

Because the emotional factor is an important one, encouragement and reassurance are essential. Mrs. Day had not undergone surgery before. She was quite apprehensive about going to the operating room and having an anesthetic. She was naturally concerned also about the extent of her condition and whether or not it could be cured at all.

Her fears were partially alleviated by a visit from the surgeon who was to perform her operation the following day. He gave Mrs. Day some information about the operation that he would perform. He explained that it might be necessary to remove the entire breast in order to obtain a cure. No patient should go to the operating room expecting to have only a small incision with removal of the tumor and awaken to find that she has had a radical mastectomy.

The anesthetist also visited the patient the evening previous to her operation. He reassured her as much as possible through his explanation of the procedures he would follow. He also explained that she would probably receive a blood transfusion during or after her operation so that she would not be unduly alarmed when she awakened in the recovery room to find that she was being given blood.

The nursing staff attempted to reassure Mrs. Day at every opportunity. They explained what would be expected of her when she came back to the ward in relation to deep breathing, frequent change of position, and arm and leg exercises. She was made aware of the fact that she would have a large dressing on her wound and a drainage tube. If the patient is prepared for these things she is more willing and able to cooperate. A visit from her clergyman helped to reassure and prepare her for operation.

Physical Preparation

It should be our aim to send the patient to the operating room in the best physical condition possible, so that convalescence will not be delayed. Mrs. Day was encouraged to drink plenty of fluids the day before her operation to be sure that her body was well hydrated. A tap water enema was given on the evening before operation, to ensure that the lower bowel was

The operative area was cleansed with green soap, carefully shaved, and cleansed again. The site prepared was extensive because of the possibility of the very long incision which must be made if a radical mastectomy is performed. The skin was prepared from the nipple line of the unaffected breast to the midline of the back on the affected side and from the clavicle on the affected side to the umbilicus. The right arm to the elbow, including the axilla, was also prepared. After skin shaving the patient had a warm bath to ensure cleanliness of the entire body. Mrs. Day was given chloral hydrate gr. 7½, a hypnotic, and slept well.

One hour preoperatively Mrs. Day was given seconal gr. 1½, which made her very drowsy. Three-quarters of an hour preoperatively she was given a subcutaneous injection of morphine sulphate gr. ½, and atropine sulphate gr. 1/150.

Operation Record

The patient was anesthetized with sodium pentothal (given intravenously) followed by nitrous oxide and oxygen (given by inhalation). Anectine, a muscle relaxant, was given intravenously.

A right radical mastectomy was done, using a vertical incision, circling the breast, and extending to about 5 cm. on each side of the tumor. Skin flaps were raised, pectoralis major and minor muscles were removed along with the breast. Frozen section was not done. Flaps were closed with moderate tension and two catheters were placed through a stab wound in the axilla.

Mrs. Day was unconscious when taken to the recovery room, with a transfusion of whole blood running. Oxygen was given by nasal catheter

Effective, Convenient Evacuations Without castor oil or enemas

Numerous clinical trials have been published wherein DULCOLAX has proved completely capable of replacing castor oil and enemas for radiological preparation. As effective as it is in this instance so is DULCOLAX equally effective for routine hospital use on all wards.

Wherever enemas are used they may be replaced by the use of this innocuous, self-eliminating evacuant. Use of DULCOLAX will result in great time-saving for hospital personnel through its ease of administration and through patient cooperation and acceptance.

DULCOLAX may be used safely, effectively and routinely wherever castor oil, enemas or any form of laxative is indicated in hospital use. There have been no specific contra-indications to DULCOLAX reported in the literature.

REFERENCES

Fraser, R. G., Journal of Canadian Ass. of Rad., Dec. 1958; Clark, A. N. G., British Medical Journal, 2:866, Oct. 12, 1957; Raymond, O., Nogrady, B., Vézina, J. A., Scientific Exhibit presented at the Twenty-Second Annual Meeting of the Canadian Ass. of Rad., Saskatoon, Sask., Jan. 1959.

AVERAGE DOSAGE:

Two tablets taken at bedtime for action the following morning, or taken before breakfast for action in one to six hours. One suppository is usually effective in from 15 minutes to one hour.

SUPPLIED:

5 mg. enteric-coated tablets, bottles of 30 and 100.

10 mg. suppositories, boxes of 6 and 50.

Under license from C. H. Boehringer Sohn, Ingelheim.



and her dressing was checked for excessive bleeding. Her blood pressure was checked periodically. When 1000 cc. of whole blood had been absorbed, glucose solution was administered.

The patient regained consciousness within an hour and became rather restless. Demerol was given and she was

returned to her ward.

Postoperative Nursing Care

On her return to the ward, Mrs. Day's color was good, her pulse and respirations normal. The drains were connected with rubber tubing to drainage bottles and Stedman pumps at the bedside in order to provide continuous suction. There was moderate sanguinous drainage. It was important to check frequently for possible oozing from the wound, especially under the axilla and the area on which the patient was lying. She received Demerol 75 mg. q. 4 h. to relieve the pain and allow her to cooperate more readily when she was encouraged to turn and take deep breaths. Deep breathing is necessary to prevent pulmonary complication. Sedation should be such that it does not depress respiration and the dressing must not be so tight that it restricts lung expansion.

Mrs. Day was placed in semi-Fowler's position and pillows arranged so that her arm was elevated. This elevation helped to prevent lymphedema. The position of her arm was changed frequently however to prevent stiffness

and to preserve muscle tone.

Careful measurement of intake and output was important. Mrs. Day continued on intravenous therapy for the remainder of her operation day. Next day she received clear fluids and gradually, as she could tolerate it, she was given a full fluid diet followed by

a soft and then a regular diet.

Mrs. Day had a small amount of sanguinous drainage from the catheters inserted into the wound. The amount of drainage was noted at the end of each eight-hour period, a small piece of tape being put on the drainage bottle to mark the level. On her third postoperative day, suction was applied to the drainage tubes every other hour and on the fourth day they were removed and her dressing was done by the doctor.

On her third postoperative day the

patient suffered some discomfort from flatulent abdominal distention. A rectal tube gave considerable relief. The following day a small tap water enema was given which relieved the abdominal distention very effectively.

The day after surgery, the arm on the affected side received passive exercise by the nurse. The arm was put through a full range of movement flexion, extension, adduction, abduction. On the second day the patient was allowed out of bed for about 10 minutes. The amount of passive exercise was increased and the patient was encouraged to do more for herself. Failure to encourage exercises may prolong the disuse of the arm and promote the development of a contracture. One of the best exercises for this patient was to comb her hair. Mrs. Day was encouraged to practise this on the third

day. She required a good deal of en-

couragement but since she understood

the need for exercise, she was most

Teaching

willing to cooperate.

When the wound had healed sufficiently the surgeon gave instructions regarding the use of a prosthesis. No prosthetic device should be worn until the doctor authorizes it. Mrs. Day was happy to hear that such an appliance was available and her fear of disfigurement was greatly relieved. Since follow-up care is most important, Mrs. Day was urged to see her doctor regularly. Any recurrence of cancer could then be detected early.

As nurses, we are interested in the prevention and early treatment of disease. We should point out the importance of frequent self-examination of the breasts and of reporting any abnormalities immediately to a doctor.

Mrs. Day's recovery was uncomplicated. Her sutures were removed on the seventh postoperative day, and her incision appeared clean and dry. When she was discharged on her 14th postoperative day, she was able to put her arm through a full range of movement, understood the importance of her follow-up care, and was happy to know that she had made a speedy and complete recovery.

A jest breaks no bones.

- SAMUEL JOHNSON

Isn't it time to take the curse off menstruation?

"Ignorance, fear, shame and guilt intermingled with a generous sprinkling of folklore serve to make the menses even today thought and spoken of as 'the curse'." 1

"The chief virtue of the tampon is that it gives the woman complete freedom . . ." It has "the advantage of being wholly internal and much more comfortable than wearing a pad or napkin." 3

"Complete efficiency is provided by the purse-size package of regular Tampax 10's, designed to absorb considerably more than the average monthly flow." 4

Because of its efficiency and its 18-year clinical record for safety,⁵ Tampax is recommended widely by the profession to free women from the physical discomforts and the psychical hazards of the difficult days... from menarche to menopause.



TAMPAX The world's leading internal menstrual guard.
3 absorbencies to meet varying needs: Regular, Super, Junior.

Canadian Tampax Corporation, Limited, Brampton, Ont. 1. Novell, H.A.: Obst. & Gynec. 10:213, 1957. 2. Bernstine, J.B. and Rakoff, A.E.: Vaginal Infections, Infestations and Cischarges, New York, The Blakiston Co., Inc., 1953. 3. Janney, J.C.: Medical Gynecology, Philadelphia. W.B. Saunders Co., 1950. 4. Dickinson, R.L.: J.A.M.A. 128:490, 1945. 5. Karnaky, K.J.: Clin. Med. 3:545, 1956.



An Improved Armboard

Don't Bend an Elbow

MARY CROKEN

A S ALL HOSPITAL PERSONNEL KNOW, we have various small problems arising daily that need a bit of ingenuity to solve. One such problem is trying to immobilize a patient's elbow when the median cubital vein is used as the site of an intravenous infusion.

One of the former supervisors of our recovery room, Miss Mary Agar, had such ingenuity. While looking at an empty adhesive carton she had began to think that it could be used as an armboard. At the present time this is the type of restraint that we use.

We make it by cutting off both ends of a container and splitting it lengthwise. Then we remove an oval section measuring 23/4 inches at its greatest width from the center of the container. All cut surfaces

Miss Croken, a graduate of Charlottetown Hospital, P.E.I., is the head nurse in the Recovery Room, Toronto East General Hospital. are covered with 1 inch adhesive tape. The oval opening allows observation of the site of the needle and the surrounding area. The patient cannot rotate his elbow with this type of restraint in place, as he can with the usual one.

Another idea we have adopted is for an economical, small type of support to be used when veins in the hand and about the wrist are being used as sites of intravenous infusion. These "boards" are made as follows: Take three double sheets of magazine-size newspaper. Fold lengthwise in three sections, flatten, fold in half and cover with paper toweling. This makes an armboard measuring $2\frac{1}{2}$ inches by 8 inches and 1 inch thick. It is extremely light in weight and comfortable for the patient.

Both of these armboards are made from waste material to be found in all hospitals, and the time required for preparation is minimal.

recent pediatric report:

all constipated babies* all teething babies*(but)

with gastrointestinal upset and malaise

were relieved by

Baby's Own Tablets

with complete easing of straining at stool, gas distress, disturbed sleep, restlessness, crankiness and anorexia.

REMARKABLY SAFE — "Throughout the study . . . in no instance was there any untoward reaction" whatsoever.

BABY'S OWN TABLETS provide Phenolphthalein ¾6 grain, mildly buffered with Precipitated Calcium Carbonate ½ grain, and Powdered Sugar q.s. Pleasant, convenient.

*2 months to 24 months of age.

For a sample supply and literature citing references 1-15 write...

Typical Case History

CASE #23. Baby M.P., age 7 months, weight 17¼ lb., had poor bowel movements with excessive straining. Stools were very hard, small, stony masses, and occasionally bloody. Baby was irritable, cranky, restless and cried incessantly. Inspissated fecal masses were palpated in the lower abdomen ('sausage').

BABY'S OWN TABLETS were given, one tablet each night at bedtime.

On examination, one week later, baby was feeling well and happy. Bowel movements were good, no straining or bleeding. Stools were soft and well formed. Abdomen was soft, no masses palpable.

G. T. FULFORD CO., LIMITED, Brockville, Ontario

A Paraphrase of Paul's Thirteenth Chapter of First Corinthians for Nurses

Moir A. J. Waters, B.A., B.D.

HOUGH I TREAD THE WARDS of the hospital, and serve in the operating room, and have not true love, I am just acting out a part.

And though I have a gift for nursing, and understand all the theories of my profession, and have passed all my examinations with high honors, and though I subscribe to the Florence Nightingale pledge, and have not love, I am not worthy of the name.

And though I give all my energies to the ministry of healing, so that I am physically exhausted at the end of the day, and have not love, I am not a real nurse.

A true nurse is always patient, always kindly; is never envious of another nurse's success; does not put on airs; is always humble and never proud.

A true nurse always behaves as a nurse should. She does not insist on her "rights." She is not irritable when things go wrong, nor resentful when corrected in a fault.

A nurse is never glad when another's mistake comes to light, but rather rejoices in the success of her fellow nurses.

A true nurse bears the suffering of her patient on her own heart; believes in the healing power of the Great Physician; brings a spirit of cheerfulness and hope into the sickroom, and patiently carries on her ministry of healing.

True love never fails. As for operating room techniques — they shall be outmoded with greater knowledge; as for books on materia medica — they shall be superseded by new editions; as for the disciplines of the undergraduate days — they shall be a thing of the past.

For medical and nursing knowledge is ever advancing. Now we know only in part. But with added knowledge from dedicated research and growing experience, even better days will open up for mankind, and partial knowledge will become fuller knowledge.

When I was a child, I spoke as a child, I thought as a child, I acted as a child; but now that I am a nurse I must be mature in my outlook and my reactions, and put away any childish attitudes and actions.

For up till now medical knowledge is incomplete, but every year new knowledge is added.

And now abide these three graces that every nurse should possess; faith, hope and love, and the greatest of these is love.

The diamond cannot be polished without friction, nor man perfected without trials.

— Chinese Proverb

Book Reviews

Nutrition in Health and Disease by Lenna F. Cooper, B.S., M.A., M.H.E., Sc.D.; Edith M. Barber, B.S., M.S.; Helen S. Mitchell, A.B., Ph.D. and Henderika J. Rynbergen, B.S., M.S. 734 pages. J. B. Lippincott Company, 4865 Western Ave., Montreal. 13th ed. 1958. Price \$6.00.

Reviewed by Miss G. Quine, Consultant Dietitian, Dept. of Social Welfare, Government of Saskatchewan.

With the advances in nutrition and diet therapy in the last few years, the former edition of this book was becoming quite obsolete. It is most encouraging to see the new edition maintained at its high standard and brought up to date.

Part One gives a very complete picture of the principles of nutrition. Caloric requirements are now more realistic in consideration of our modern decreased activity. Food requirements for all age groups are well covered. One disadvantage for Canadians using books produced in the United States is the use of an American dietary allowance which is quite different from the Canadian but an explanation of the difference

is given and the Canadian standards can be easily obtained from the provincial Departments of Health. The chapter on "Food and Public Health" explains new methods of food preservation.

Part Two deals with diet and disease. The first chapter contains very valuable material on the psychology of feeding ill people. This should prove a worth while study for any nurse or dietitian. In the chapter on diabetes mellitus the new oral therapeutic agents are mentioned and explained. The gluten-free diet for sprue and celiac disease is well covered. Another of the newer diets discussed is the low fat-low cholesterol diet for atherosclerosis. It is interesting to see a few paragraphs on feeding the mentally ill.

Of greatest value in the section on Food Selection and Preparation, are the recipes for therapeutic diets. The tabular material is adequate and well set up. The bibliography is up-to-date and complete, with general references divided into professional and lay categories.

This book continues to be an excellent text for the use of student nurses as well as being an invaluable source of reference material for college students in dietetic or medical fields.

Psychology for Nurses by Sr. M. Maurice Sheehy, R.S.M., R.N., Ph.D. and Francis L. Harmon, Ph.D. 246 pages. The Bruce Publishing Company, 400 North Broadway, Milwaukee 1, Wisconsin. 1958. Price \$3.50.

Reviewed by Sr. M. Loretto, Administrator, St. Vincent's Hospital, Vancouver.

For the psychology teacher who has been looking for a text for use by student nurses in the diploma course, this book will be most welcome. Few student nurses have any background in basic psychology. The text-books which are of practical value to nurses are not numerous.

The fundamental principles for a course in psychology on an elementary level are well covered. Since the book is intended for a specific group of readers the authors have successfully incorporated practical applications drawn from the day-to-day experiences of nurses. This enhances the meaningfulness of the book and increases its appeal for youthful readers.

At the end of each chapter there is a list of references which are very useful as supplementary reading. These references are designed to give the student a more comprehensive understanding of material than is possible in the text alone. The added glos-

SETS A NEW
HIGH STANDARD
IN SMOKING
SATISFACTION

... new, improved filter
... extra-fine tobaccos



... delightful mildness

CASH'S NAMES

Permanent, easy identification. Easily sewn on or attached with No-So Cement. From dealers or CASH'S Belleville 5, Ont.

CASH'S: 3 Doz. \$1.80; 9 Doz. \$3.00; NO-SO NAMES: 6 Doz. \$2.40; 12 Doz. \$3.50; 35¢ per tube

sary is a useful tool in building up the vocabulary of the student in this field.

This text would be valuable not only in developing a better understanding of the patient but in assisting the student to acquire an understanding of her own personal qualities as an aid to self-evaluation.

Students will welcome this book for its academic content as well as its usefulness in daily living. It is highly recommended not only as a text for students but also as an outline guide for teachers of psychology.

Family Guide to Teenage Health by Edward T. Wilkes, M.D. 244 pages. The

IT'S GOOD ADVICE TO BE
GUIDED BY A BRAND, THAT
HAS MADE A NAME FOR ITSELF
THROUGH GENERATIONS
OF NURSES.

DEPEND UPON BLAND
TO GIVE YOU THE VERY BEST
IN STUDENT AND GRADUATE
UNIFORMS.



STUDENT UNIFORMS

BLAND AND COMPANY 2048 Union Ave., Montreal, Canada Ronald Press Company, 15 East 26th Street, New York 10, N.Y. 1958. Price \$4.00.

Reviewed by Muriel E. Small, Nursing Supervisor, Health Unit No. 2, Vancouver.

A great deal of attention has been focused on the adolescent during the past few years. One of the less happy results of this has been to almost set the teenager apart, so that the ordinary adult is developing a tendency to regard him as a new and different being, instead of a normal person passing through a period of marked growth and development. One notes almost a dread of the adolescent period on the part of some parents. They express helplessness in understanding and coping with this "different" child.

This book seeks to be a medically sound guide to parents, teachers, social workers and others dealing with the adolescent, as well as to teenagers themselves. It is comparable to the well-known guides to infant and childhood years. It deals in a very readable and yet authoritatively medical way with the physical and emotional health of the child from 12 to 20. It gives sound information on the growth patterns of this age group, and should, as the author hoped, "allay many worries about normal and abnormal growth, and other problems that mean so much to the adolescent boy or girl."

In the section on general health there is practical advice on such things as hygiene, nutrition, underweight, overweight and menstruation. A section of the book deals with the minor ailments and major diseases of these years. It should help parents and others to understand what they can deal with, and when they should seek medical help.

In the discussion of the adolescent's unstable emotional life — his drives and urges, his struggle for emancipation — the normal and the abnormal are well differentiated. There is emphasis on the parental role of understanding guidance rather than sentimental overprotection or removal of all restraints.

This book would undoubtedly be helpful to the people for whom the author was writing — parents, teachers, counsellors — and also, I think, to public health nurses who deal with adolescents in the school situation, or try to help parents promote and foster their children's physical and emotional health during this crucial period.

The Nursing Care of Children by Inez



PRESERVE YOUR COPIES

for future reference

Available for the first time!

Specially designed to hold twelve issues of The Canadian Nurse the new stiff-board "Self-Binder" is finished in durable blue leatherette with the title in gold lettering.

Price \$3.00 each, postage paid.

To avoid delay, please remit the correct amount when ordering. For convenience, use this form.

THE CANADIAN NURSE JOURNAL

1522 Sherbrooke Street West, Montreal 25, Quebec.

NAME

STREET

TOWN OR CITY

NO. OF BINDERS

AMOUNT ENCLOSED

PROVINCE

L. Armstrong, R.N., M.S. and Jane J. Browder, R.N., M.N. 606 pages. The Ryerson Press, 299 Queen Street West, Toronto. 1958. Price \$6.50.

Reviewed by Mrs. Evelyn L. Furlong, Affiliate Instructor, The Children's Hospital, Halifax.

The objective of this book is to assist the pediatric instructor either in a children's hospital or in the pediatric unit of a general hospital, in the education of the professional student nurse during her pediatric affiliation.

It is my opinion that anyone engaged in the care of children, whether instructor, graduate nurse or student nurse, will benefit from this book. It aids the instructor by helping her to understand the problems which the student brings with her when she enters a pediatric affiliation. It gives suggestions which may be helpful in overcoming these problems. Reading this text will assist the ward graduate in understanding the problems facing the affiliating student. It will help the affiliating student to observe the contrasts between adult and child nursing. The difficulties that the authors have mentioned as being encountered by students affiliating in pediatrics are the

same that I have observed with my affiliating students.

The book is written in uncomplicated and interesting language. The principles governing different aspects of pediatric nursing are clearly and simply stated. Illustrations, although not too numerous, are easily understood. The questions for student review and those for student-teacher discussion at the end of each chapter are extremely helpful in increasing the interest of a pediatric course of study.

This is one of the few pediatric books that includes the developmental phases, tasks and achievements of the well child as well as dealing with specific diseases of child-hood. The chapter on the signs and symptoms exhibited by the ill child is of especial interest. This is one area in which affiliating students appear to be lacking in judgment and experience. The chapter on fluid balance, although brief, is extremely well written and easily understood. The form suggested for use in obtaining information from parents, is very practical.

I feel that this book gives an excellent outline of material for the pediatric instructor and that it has great value as a review text in pediatrics for students.

Employment Opportunities

Advertising Rates — \$5.00 for 3 lines or less; \$1.00 for each additional line. U.S.A. & Foreign — \$7.50 for 3 lines or less; \$1.50 for each additional line.

Closing date for copy and cancellations: 1st of the month preceding the month of publication. All letters should be addressed to: The Canadian Nurse Journal, 1522 Sherbrooke St. W., Montreal 25, Quebec.

ALBERTA

Supervisors \$3,840 - \$4,440 per annum. General Duty Nurses \$3,480 - \$4,080 per annum. 40-hr. work wk., Civil Service holiday, sick leave & pension program. Apply to: Baker Memorial Sanatorium, Calgary, Alberta.

Matron-Superintendent for 30-bed fully accredited hospital located on Highway 13 between Edmonton & Saskatoon. Separate nurses' home, nursing staff on 40-hr. wk., total staff of 27 employees, including a stenographer-medical records clerk, X-Ray & Lab. technician. Salary commensurate with experience & qualifications. Apply stating qualifications, experience, age & salary expected to: Mr. B. L. Baldridge, Secretary, Municipal Hospital Board, Provost, Alberta.

Registered Nurses for 31-bed hospital, 40-hr. wk. Increments for service & experience. Starting salary \$250 per mo., maintenance \$30 per mo. in separate nurses' residence, 1-mo. vacation after 1-yr. service. Apply: Matron, Municipal Hospital. Eckville, Alberta.

Registered Nurses (3) for 15-bed hospital. Starting salary \$265 with increments & benefits as per A.A.R.N. Nurses' residence connected with hospital. Apply to: Matron, Municipal Hospital, Smoky Lake, Alberta.

Registered Nurse for 35-bed busy General Hospital offering a variety of experience. 40-hr. wk., rotating periods of duty. Gross salary \$270 per mo. \$35 deducted for maintenance & laundry. 4 semi-annual increments of \$5.00, 3-wk. vacation, 10 statutory holidays, 12 days sick leave yearly, cumulative to 30 days. Accommodation in hospital wing—single & double rooms. Viking is 90-mi. southeast of Edmonton, on main highway & railway with daily bus & train service. Apply to Matron-Supt., Municipal Hospital, Viking, Alberta.

Registered Nurses for General Duty Staff. Salary \$275 per mo. 4 semi-annual increments. Board & room \$30 per mo. Paid overtime, 42-hr. wk. 1-mo. paid vacation, sick leave 1½-day per mo. accumulative to 90-days. Apply stating age & qualifications, to: Matron, Municipal Hospital, Mayerthorpe, Alberta.

Registered Nurses for General Duty 52-bed hospital in Central Alberta, on main highway close to Calgary, Edmonton & Banff. Salary \$250 less \$30 for full maintenance, with six (6) \$5.00 increments every 6-mo., 1-mo. vacation after 1-yr. service. Apply to: Mrs. E. Harvie, Matron, Municipal Hospital, Lacombe, Alberta.

General Duty Nurses (Immediately for summer relief & steady employment) new 54-bed hospital. Gross salary \$255 per mo. with annual increase, less \$26 maintenance, 1-mo. vacation after 1-yr. service. Voluntary pension plan & compulsory medical & hospitalization plan in operation. Apply stating references & experience, if any, to: Matron, Municipal Hospital, Vermilion, Alberta.

General Duty Graduate Nurses for active 76-bed hospital, near Calgary & Edmonton. \$260 gross salary for Alberta registered, \$250 gross salary non-registered in Alberta. Excellent personnel policies & working conditions. Apply: Matron, Municipal Hospital, Brooks, Alberta.

General Staff Nurses (immediately) for new modern hospital of 243-beds, 37-bassinettes. School of nursing has a present enrollment of 58 students. Temporary residence available in new nurses' home. 40-hr. wk. with liberal personnel policies. Apply to: Director of Nursing, Municipal Hospital, Medicine Hat, Alberta.

Graduate Nurses (2) for small country hospital in northern Alberta (40-mi. paved road to next city). Starting salary for R.N., \$265; for Gr.N., \$250 less \$30 room & board. Good working conditions. Foreign nurses are given opportunity to register in Alberta after 1-yr. service. Newly decorated residence, single rooms. Apply: Matron, Hythe Hospital, Hythe, Alberta.

Graduate Nurses for 53-bed active hospital. Salary \$265 per mo. 40-hr. wk. statutory holidays, sick leave benefits. \$35 per mo. room & board. Apply: Sister Superior, Sacred Heart Hospital, McLennan, Alberta.

Graduate Nurses for 56-bed hospital. Pleasant working conditions. Apply to: Mrs. A. Kerby, R.N., Superintendent, Municipal Hospital, Stettler. Alberta.

Graduate Nurses for General Duty in new 30-bed hospital 90-mi. from Calgary on Trans Canada Highway. 44-hr. wk., generous personnel policies. For particulars apply to: The Matron, Municipal Hospital, Bassano, Alberta.

Operating Room Graduate Nurse (Duties to commence September 1, 1959) 76-bed General Hospital near Calgary & Banff. Gross starting salary \$270 per mo. if registered in Alberta. Excellent personnel policies. Apply: Matron Municipal Hospital, Brooks. Alberta.

Public Health Nurses \$3,600 - \$4,500 depending on experience. 5-day wk., car provided, medical & other benefits. Suit Catholic French-speaking nurse. Apply: Dr. J. B. Sherman, Health Unit, Peace River, Alberta.

Nurses (2) immediately for 20-bed hospital, 40-hr. wk. Wages \$285 plus annual raises; 4-wk. vacation after each year's service. Living in quarters available. Apply to Matron, Coronation Municipal Hospital District No. 39, Coronation, Alberta.

BRITISH COLUMBIA

Nursing Supervisor (B.C. Registered) for Community owned 18-bed hospital, with new 26-bed hospital under construction. Starting salary \$325 per mo. Full maintenance \$48 per mo., in new modern nurses' residence, Scenic location in Rocky Mountains west of Calgary, Alberta on Trans Canada Highway. For full particulars write: C. F. Collins, Secretary, General Hospital, Golden, British Columbia.

Registered General Duty Nurse for 30-bed hospital. Starting salary \$270 per mo. with \$10 yearly increment. Board & room \$40, 11/2 day sick leave per mo. 40-hr. wk. 11 statutory holidays & 28 days vacation after 1-yr. service. Comfortable nurses' residence next door to hospital. Rotating shifts. Please apply to: The Matron, Community Hospital, Grand Forks, British Columbia

Laboratory Technician (1) X-Ray Technician (1) fully qualified; Registered Nurses (3) for 30-bed hospital in Central B.C. on the Jasper Prince Rupert Highway, 70-mi. from Prince George. Salary for each of the above positions \$290 per mo., 10 legal days with pay per year; 1½-days sick leave per mo., 28-days vacation after 1-yr. Laundering of uniforms by hospital; modern nurses' residence \$50 per mo. Also Certified Practical Nurses (3) salary \$190 per mo., $1\frac{1}{2}$ -days sick leave per mo. 10 legal days with pay per year; 2-wk. vacation after 1-year. Kindly apply giving qualifications & references to: Sister Superior St. John Hospital. Vanderhoof, British Columbia

Head Nurses for Operating Room: 42-bed pediatric unit in 434-bed hospital with nurses training school. Postgraduate or equivalent experience required, B.C. registration required, 40-hr. wk., statutory holidays, 28-days annual vacation. Credit given for past experience & postgraduate preparation. Salary \$295-\$354. Apply: Director of Nursing, Royal Columbian Hospital, New Westminster, British Columbia.

General Duty Nurses for small active hospital. Salary \$250 for unregistered. \$260 registered with yearly increments. Nurses' home available. For further particulars write, The Administrator, Lady Minto Hospital, Ashcroft. British Columbia.

General Duty Nurses for 110-bed General Hospital located in British Columbia's beautiful Northwest. Salary \$283 per mo. with \$10 increments for 3 years. Modern residence facilities available. For complete information apply to: Director of Nursing, General Hospital, Prince Rupert, British Columbia.

General Duty Nurse for well-equipped 80-bed General Hospital. Initial salary \$270, maintenance \$47.50; 40-hr. 5-day wk. 4-wk. vacation with pay. Apply: Sacred Heart Hospital, Smithers, British Columbia.

General Duty Nurses for modern 154-bed General Hospital. Generous personnel policies, nurses' residence. Apply: Director of Nursing, Trail-Tadanac Hospital, Trail, British Columbia.

General Duty Nurses (3) for 18-bed hospital in the beautiful Arrow Lakes District. Accommodation is available at the hospital at nominal rate. Reply giving details of experience to: Administrator, Arrow Lakes Hospital, Nakusp, British Columbia.

General Duty Nurses — Operating Room Nurses with postgraduate course or equivalent required for new 147-bed General Hospital. Personnel policies in accordance with B.C.R.N.A. Apply: Director of Nursing, General Hospital. Chilliwack, British Columbia.

General Duty & Operating Room Nurses for 434-bed hospital with training school; 40-hr. wk., statutory holidays. Salary \$280-\$336. Credit for past experience & postgraduate preparation; annual increments; cumulative sick leave; 28-days annual vacation. B.C. registration required. Apply: Director of Nursing, Royal Columbian Hospital, New Westminster, British Columbia.

Graduate Nurses for 37-bed hospital, salary \$250 per mo. with annual increments - 28-dy. annual vacation, cumulative sick leave. \$50 monthly board, lodging, laundry. New 50-bed hospital to be erected 1959. Apply: Administrator, Terrace & District Hospital Box 1297, Terrace, British Columbia.

Graduate Nurses for 70-bed General Hospital. Salary \$260-\$280; 5-day wk., 28 days vacation plus 10 statutory holidays, after 1 yr. Apply: Matron, St. George's Hospital, Alert Bay, British Columbia.

Graduate Nurses: for new 63-bed hospital. 30 miles from Vancouver in the Fraser Valley. For salary rates & personnel policies, apply: Director of Nursing, Maple Ridge Hospital, Haney, British Columbia.

Registered Nurses for 31-bed hospital, 40-hr. wk. salary \$262, increments \$5.00 semi-annually. Single room accommodation in nurses' home \$11 per mo. full board \$33 or single meals 55¢ each. Steamship fare from Vancouver refunded after 6-mo. For further information & copy of personnel policies, write to the: Administrator General Hospital, Box 640, Ocean Falls, British Columbia.

MANITOBA

Matron for 18-bed hospital, 70-mi. from Winnipeg, Daily bus service. Salary \$350 per mo. For personnel policies write or phone Vita No. 1, The Governing Board Vita Hospital, District No. 28, Vita, Manitoba.

General Duty Nurses for R.W. Large Memorial Hospital of the United Church of Canada, at Bella Bella, B.C. 300-mi. north of Vancouver on the B.C. coast. Salary \$260 per mo., less \$40 for board, room & laundry of uniforms. 2 annual increments of \$5.00 per mo., sick time — $1\frac{1}{2}$ day per mo., cumulative, 1-mo. annual holiday, plus 10 day in lieu of statutory holidays. Transportation to Bella Bella refunded after 1-yr. Apply to: Matron, Bella Bella, British Columbia.

Registered Nurse for 10-bed hospital. Highest salaries paid. Good working conditions. For detailed information as to salaries & other benefits apply to: The Secretary-Treasurer, Box

235, Fisher Branch, Manitoba.

Registered Nurses (2) as soon as possible for 16-bed hospital. Salary \$280 per mo. gross, \$40 per mo. deducted for board & room. 40-hr. wk. 3-wk. vacation with pay after 1 full year employment, 4-wk. after 2 full years. Sick leave one day for each full month of employment plus 1 day for each full 6-mo. employment cumulative to 30 days. Living quarters in hospital. Apply to A. C. Laughlin, Secretary, Wilson Memorial Hospital, Melita, Manitoba.

Registered Nurses (2) for 20-bed hospital. Salary \$270 full maintenance provided for \$35 per mo. T.V. For further information phone or write: Miss A. Knievel, Medical Nursing Unit.

Rossburn, Manitoba

Registered Nurses (2) Licensed Practical Nurse (1) for General Duty. Salary \$300 & \$190 respectively, less \$30 maintenance. 40-hr. wk., 3-wk. vacation after 1-yr. ½ M.H.S.P. paid. Laundry free. For further information refer to: Miss Margaret Wilson, Matron, Siglunes Medical Nursing Unit, Ashern, Manitoba.

Registered Nurse (for general floor duty) Salary \$290 per mo. less \$25 for full maintenance, yearly increments, 44-hr. wk. For further information apply to: John Hiscock, Secretary-Treasurer, Baldur Medical Nursing Unit, Baldur, Manitoba.

Nurse (Immediately) for 60-bed hospital 40-hr. wk., starting salary \$275. Apply: Sister Superior, Ste. Rose Hospital, Ste. Rose du Lac, Manitoba.

NEW BRUNSWICK

Head Nurses & General Staff Nurses for new 26-bed psychiatric division opening July 1, 1959. Apply to: Director of Nursing, Saint John General Hospital, Saint John, New Brunswick.

NEWFOUNDLAND

Registered Nurses (4) Operating Room Nurse (1) for 120-bed General Hospital. Salary on Newfoundland Government scale plus \$150 bonus end each 6-mo. service, one (1) way transportation paid, customary vacation with pay after 12-mo. service, plus all statutory holidays. Interested persons apply to: Dr. J. M. Olds, Superintendent, Notre Dame Memorial Hospital, Twillingate, Newfoundland.

NOVA SCOTIA

Registered Nurses (2) for floor duty, Nurses Aide (2) Immediately. Apply to: Western Kings Memorial Hospital, Berwick, Nova Scotia.

General Duty Nurses for modern 35-bed hospital situated on beautiful South Shore. Good personnel policies. Excellent living quarters. Apply Superintendent, Fishermen's Memorial Hospital, Lunenburg, Nova Scotia.

General Staff Nurses for 400-bed Medical & Surgical Sanatorium, fully approved student affiliation & postgraduate program. Full maintenance. Recreational facilities. Vacation with pay. Sick benefits after 1 yr. Blue Cross coverage. Attractive salary; 40-hr. wk. For further particulars apply Supt. of Nurses, Nova Scotia Sanatorium, Kentville, N.S.

ONTARIO

Assistant Director of Public Health Nursing (Immediately) duties include staff education, supervision & teaching responsibilities. Existing salary range \$4,410-\$5,130, with annual increments \$180. A degree or certificate in Administration in Public Health Nursing & experience in an official agency are essential. Good personnel policies, 5-day wk., 2-wk. vacation, with 3-wk. after 5-yr., superannuation, Ontario Hospital Insurance, Blue Cross & P.S.I. benefits. For further information please apply to: Director of Public Health Nursing, City of Ottawa Health Department, City Hall, 111 Sussex Drive, Ottawa, Ontario.

Lady Superintendent & Administrator for small well equipped General Hospital in a community of 3,000 people & serves a fairly large rural area; situated close to Ottawa, there is a good rail & road communication with the Capital & other communities in the Ottawa valley. Applicants are requested to provide reference with a resume of past experience & salary expected. Apply: Secretary-Treasurer, The Rosamond Memorial Hospital, Almonte, Ontario.

Medical-Surgical Clinical Instructors, apply: Director of Nursing, Belleville General Hospital, Belleville, Ontario.

Registered Nurses for 50-bed Hospital, Obstetrical & General Duty, Rotating shifts, 40-hr. wk. Apply: Director of Nursing, Ajax & Pickering General Hospital, Ajax, Ontario.

Registered Nurses (2) for small well equipped hospital, 30 miles from Ottawa. Liberal salary. Apply: Superintendent, The Rosamond Memorial Hospital, Almonte, Ontario.

Registered Nurses (in Canada's vacation land) for 65-bed Public General Hospital with liberal personnel policies, 40-hr. wk, above average salaries, in friendly small town, offers stimulating well rounded experience. Apply to: Director of Nursing, Lady Minto Hospital, Chapleau, Ontario.

NURSING WITH INDIAN AND NORTHERN HEALTH SERVICES



OPPORTUNITIES REGISTERED HOSPITAL NURSES, PUBLIC HEALTH NURSES, AND CERTIFIED AUXILIARY NURSES

for Hospital Positions and Public Health Positions in Outpost Nursing Stations, Health Centres and Field Positions in the Provinces, Eastern Arctic Northwest Territories and the Yukon Territory.

SALARIES

- (1) Public Health Nursing Supervisors: up to \$5,220 depending upon qualifications and location.
- (2) Directors of Nursing in Hospitals: up to \$4,950 depending upon auglifications and location.
- (3) Public Health Staff Nurses: up to \$3,780 per year depending upon qualifications and location.
- (4) Hospital Staff Nurses: up to \$3,540 per year depending upon qualifications and location.
- (5) Certified Nursing Assistants or Licensed Practical Nurses: up to \$200 per month depending upon qualifications and location.
- Room, Board and Laundry in residence at reasonable rates.
 Statutory holidays. Three weeks' annual leave with pay. Generous sick leave credits. Hospital-Medical and superannuation plans available.
- Special pay and leave allowances for those posted to isolated areas.

For interesting, challenging, satisfying work apply to — Indian and Northern Health Services at one of the following addresses:

- (1) Regional Superintendent, 4824 Fraser Street, Vancouver, B.C.
- (2) Regional Superintendent, 11412-128th Street, Edmonton, Alberta.
- (3) Regional Superintendent, 735 Motherwell Building, Regina, Saskatchewan.
- (4) Regional Superintendent, 803-9 Confederation Life Building, 457 Main Street, Winnipeg, Manitoba.
- (5) Regional Superintendent, 4th Floor, Booth Building, 165 Sparks Street, Ottawa, Ontario.
- (6) Zone Supervisor of Nursing, Box 493, North Bay, Ontario.
- (7) Zone Superintendent of Indian Health Services, P.O. Box 430, Upper Town, 3 Buade Street, Quebec 4, P.Q.
- (or) Chief, Personnel Division,

Department of National Health and Welfare, Ottawa, Ontario.

Registered Nurse (required September 1959) living in accommodation, pension plan, medical, hospitalization benefits. For application forms & further information, contact: Superintendent, Essex County Home for Senior Citizens, Leamington, Ontario.

Registered Nurses (Several) for immediate & future vacancies in modern 42-bed hospital. Starting salary: \$265 per mo. plus shift allowance. 40-hr. wk. 4 wk. vacation after 1 yr. Apply: Superintendent of Nurses, New Liskeard & District Hospital, New Liskeard, Ontario.

Registered Nurses (Toronto Area) for 30-bed hospital for chronic illnesses. Salary \$12 per day; 5-day wk.; 3-wk. vacation per year. Apply: L. Mackie, Director of Nursing, The Villa Private Hospital, Box 490, Thornhill, Ontario.

Registered Nurses & Certified Nursing Assistants for General Duty in all services. Salary commensurate with experience & qualifications, good personnel policies. Apply to: The Director of Nursing, St. Vincent de Paul Hospital, Brockville, Ontario.

Registered Nurses & Certified Assistants for General Duty in modern 105-bed hospital on the shores of beautiful Georgian Bay, 40-hr. 5 day wk., residence available. Apply: Director of Nursing, St. Andrews Hospital, Midland, Ontario.

Registered Nurses & Certified Nursing Assistants for 26-bed hospital. R.N. salary \$290-\$335. 28-day vacation after 1-yr. C.N.A. salary \$210-\$240, 2-wk. vacation after 1-yr., 3-wk. after 2-yr. Credit for past experience. \$5.00 increment every 6-mo. 44-hr. wk., 8 statutory holidays. Room & board residence \$28.50 per mo. 1-day sick leave per mo. Apply to: Mrs. G. Gordon, Superintendent, District Memorial Hospital, Box 37, Nipigon, Ontario.

Registered Nurses for General Duty in all departments including operating room. Apply to: Director of Nursing, General Hospital, Belleville, Ontario.

Registered Nurses for General Duty in modern 18-bed Private Hospital in iron mining town, 180-mi. north of Sault Ste Marie, Ontario. Excellent accommodation & personnel policies. Starting salary \$268 minimum to \$303 maximum for experience, less \$20 per mo. maintenance. Transportation allowance after 6-mo. service. Operating Room Nurse, starting salary \$288 minimum with postgraduate course, \$323 maximum with 3-yr. experience or more. Apply: Superintendent, Miss O. Keswick, Lady Dunn Hospital, Jamestown, Ontario.

Registered Nurses (2) for General Duty in modern 90-bed hospital, salary \$255 per mo., 3 annual increments, accumulative sick leave. Excellent recreational facilities in town near cities & resorts. Rooms & meals at reasonable rates. Apply: Director of Nursing, Dufferin Area Hospital, Orangeville, Ontario.

Registered Nurses for General Staff & Operating Room in modern hospital (opened in 1956). Situated in the Nickel Capital of the world, pop. 50,000. Salary: \$260 per mo. with semi-annual merit increments, plus annual bonus plan. Recognition for experience. Excellent personnel policies. Assistance with transportation can be arranged. Apply Director of Nursing, Memorial Hospital, Sudbury, Ontario.

Registered General Duty Nurses. Salary: \$230 per mo. 40-hr. wk. Apply Director of Nursing. General Hospital, Cobourg, Ontario.

Registered General Duty Nurses for modern hospital, building expansion under way increasing to 100-beds this year. Starting salary \$250 per mo., \$215 for Graduates. 40-hr. wk., group life accident & sickness insurance free to employees. Opportunities for advancement, pleasant community. Apply: Director of Nursing, Leamington District Memorial Hospital, Leamington, Ontario.

Registered General Duty Nurses for 28-bed General Hospital. Salary & personnel policies in accordance with R.N.A.O. Adjacent attractive residence, recreation facilities. For further information please apply: Miss A. Burnett, Superintendent, Niagara Hospital, Niagara-on-the-Lake, Ontario.

Registered General Duty Nurses & Operating Room Nurses (Immediately) for 100-bed active hospital located 25-mi. from Toronto. 40-hr. wk., good salary, modern residence available. Apply: Director of Nursing, Peel Memorial Hospital, Brampton, Ontario.

General Duty Nurses for an accredited 64-bed hospital. Starting salary: \$250-\$260. Good personnel policies with sick leave benefits, holidays & paid vacations. Apply Director of Nursing, Douglas Memorial Hospital, Fort Erie, Ontario.

General Duty Nurses for 100-bed hospital. Salary \$260 month with recognition for P.G. Courses, 44-hr. wk. at present. Up-to-date facilities in a beautiful location on the shore of Lake Erie. Residence available. Apply: Director of Nursing, General Hospital, Port Colborne, Ontario.

General Duty Nurses & Certified Nursing Assistants (Immediately) for 86-bed hospital, 40-hr. wk., 8 statutory holidays & other employee benefits. Collingwood is situated on Georgian Bay & is noted as a vacationland with 7-mi. sand beach along with great skiing on the Blue Mountains in winter. For further information apply: Director of Nursing Services, General & Marine Hospital, Collingwood, Ontario.

General Duty Nurses & Operating Room Nurse for new 105-bed hospital on shores of Georgian Bay. 40-hr. wk. For salary, rates & personnel policies apply: Director of Nursing, St. Andrews Hospital, Midland, Ontario.

The Roosevelt Hospital

428 WEST 59th STREET . NEW YORK 19, N.Y.

APPLICATION FOR APPOINTMENT NURSING SERVICE DEPARTMENT

NAME (PRINT)		
ADDRESS		
BIRTHDAY MARITAL STATUS		
WHERE REGISTER	D	
POSITION SOUGH	Т	
DATE AVAILABLE		
	PROFESSIONAL BACKGROUND	
BASIC NURSING & POSTGRADUATE COURSE	ADDRESS	OR DEGREE
EXPERIENCE (LIST MOST RECENT POSITION FIRST)		
POSITION	HOSPITAL AND LOCATION	DATE
TRANSPORTATION FROM CANADA PAID UPON APPOINTMENT TO STAFF		
COMMENTS:		
PLEASE INDICATE IN NUMERICAL ORDER, NURSING SERVICE PREFERRED:		
☐ MEDICINE ☐ MEDICINE & SURGERY ☐ PEDIATRICS		
SURGERY	OPERATING ROOM	GYNECOLOGY
SEND TO: DIRECTOR, NURSING SERVICE		
THE ROOSEVELT HOSPITAL 428 WEST, 59th STREET		
NEW YORK 19, NEW YORK		
TO STATE OF THE PARTY OF THE PA		

McKellar General Hospital, Fort William, Ontario has openings in all departments for General Staff Nurses. Basic salary \$250 per mo., 40-hr. wk. Good personnel policies for other benefits. Resident accommodation available. Apply to: The Director of Nursing.

Graduate Nurses (Close to Metropolitan Toronto) for 120-active bed County Hospital with up-to-date facilities located in a triendly community, 1-hr. bus ride to downtown Toronto. Salary \$245-\$285, residence accommodation available. Adequate staffing & personnel policies. Apply: Director of Nursing, York County Hospital, Newmarket, Ontario.

Graduate Nurses & Certified Nursing Assistants for General Duty (Immediately) & positions to be filled on staff for new 58-bed hospital to be opened in early fall. Located in the centre of a summer vacation land. For information apply to: The Superintendent, Prince Edward County Hospital, Picton, Ontario.

Public Health Nurse for generalized program in an urban area. Minimum salary \$3,200, allowance for experience, 5-day wk. annual increments, 4-wk. vacation, transportation provided, employer shared hospitalization, personnel policies furnished on request. Apply to: Dr. McColl Metcalfe, M.O.H., City Hall, Belleville, Ontario.

Public Health Nurse (Qualified) for generalized program in Etobicoke Township (suburb of Toronto). Minimum salary \$3,570, starting salary based on experience. Car allowance \$670 per annum. 4-wk. vacation after 1-yr. Pension Plan, P.S.I. & Blue Cross benefits. Apply: Director of Public Health Nursing, Township of Etobicoke, 550 Burnhamthorpe Rd., Etobicoke, Ontario.

Public Health Nurses (qualified) for generalized program, urban & rural. Salary \$3,500 - \$4,250, annual increment \$150, pension plan, P.S.I., 4-wk. vacation. Apply: Archie F. Bull, M.D., D.P.H., Director, Halton County Health Unit, Milton, Ontario.

Public Health Nurses required in a generalized program in rural & semi-urban area adjacent to metropolitan Toronto. Excellent working conditions including pension plan, group insurance & transportation arrangements. Write: Dr. R. M. King, York County Health Unit, Newmarket, Ontario.

Public Health Nurses (Qualified) for a generalized program in the City of Oshawa. Salary range \$3,500 - \$4,370, annual increment \$175, starting salary based on experience. 5-day wk., 4-wk. vacation, pension plan, group insurance, hospitalization & P.S.I. employer shared. Transportation provided. Apply: Dr. C. C. Stewart, Medical Officer of Health, 50 Centre Street, City Hall. City of Oshawa, Ontario.

Public Health Nurse (Qualified) for generalized program 20-mi. from Toronto. Salary \$3,500 - \$4,250 effective July 1st; allowance for experience, annual increment \$150, 4-wk. vacation, cumulative sick leave, hospitalization & shared medical & surgical group in effect, pension plan. Apply: The Director, Ontario County Health Unit, (Southern Area), Pickering, Ontario. Public Health Nurse for generalized program in urban-rural area. Minimum salary \$3,300 with allowance for experience, annual increments \$150, pension plan, hospitalization, P.S.I., 5-day wk. 4-wk. vacation, car allowance. Apply: D. V. Currey, St. Catharines-Lincoln Health Unit, St. Catharines, Ontario.

Public Health Nurse for generalized program. Basic salary \$3,300 with annual increment of \$175, other personnel policies on request. Apply to: Supervisor of Public Health Nursing, Oxford Health Unit, Woodstock, Ontario.

Registered Nurses & Certified Nursing Assistants for 160-bed hospital. Starting salary \$255 & \$180 respectively with regular annual increments for both. Excellent personnel policies & residence accommodation available. Assistance with transportation can be arranged. Apply: Superintendent, Kirkland & District Hospital, Kirkland Lake, Ontario.

Public Health Nurse for generalized program. Salary \$3,500-\$4,300, pension plan, hospi-

Public Health Nurse for generalized program. Salary \$3,500-\$4,300, pension plan, hospitalization & sick leave. Apply to: Mrs. Gertrude Purcell, Director of Public Health Nursing, East York — Leaside Health Unit, Coxwell & Mortimer Avenues, Toronto 6, Ontario.

MONTREAL

Assistant Director of Nursing (with postgraduate experience in Tuberculosis Nursing) immediately; for 150-bed sanatorium. 40-hr. wk. Apply to: Director of Nursing, Grace Dart Hospital, 6085 Sherbrooke St. E., Montreal, Quebec.

Assistant Head Nurses excellent personnel policies. Apply Director, Shriners' Hospital for Crippled Children, 1529 Cedar Avenue, Montreal, Quebec.

Registered Nurses (2) by Institution for aged; good salary, personnel practices, references. Apply: Mrs. Angell, 4373 Esplanade Ave., Montreal, Quebec. VI. 5-2105.

QUEBEC

Registered Nurses (2) Immediately: to institute 40-hr. wk., for small General Hospital 40-mi. from North Bay, Ontario. Good salary in effect, 1-mo. annual vacation. Living accommodation \$15 per mo. in nurses' residence. Pleasant community life with variety of winter & summer recreational activities. Please apply to: Hospital Matron, I. Irwin R.N., Canadian International Paper Company Temiskaming, Quebec.

Registered General Duty Nurses for 28-bed General Hospital in Huntingdon, Quebec, 45-mi. from centre of Montreal with excellent bus service. Gross salary \$235 with full maintenance in nurses' home at \$35; 3 increases at 6-mo. intervals to \$250; 44-hr. wk., 8-hr. rotating shifts; 1-mo. annual vacation; 7 statutory holidays; 2-wk. sick leave, Blue Cross paid. Apply: Mrs. D. Hawley, R.N., Huntingdon County Hospital, Huntingdon, Que.

TORONTO GENERAL HOSPITAL

requires

NURSING STAFF

Variety of Opportunities, Valuable Experience in this large teaching centre. Attractive Personnel Policies. Five Day Week. The Toronto General Hospital has opened its new building which contains centralized Operating Rooms; Recovery Rooms; Surgical Supply Service; Obstetrics and Gynecology; Neurology and Neurosurgery; Admitting and Emergency; Rehabilitation and Physical Medicine; Urology and Ophthalmology.

For information write to:

Director of Nursing, Toronto General Hospital, Toronto 2, Ontario.

APPLICATIONS ARE INVITED FOR THE POSITION OF

DIRECTOR OF NURSING

at the 625-bed Barton Street

unit of the

HAMILTON GENERAL HOSPITALS

The School of Nursing has a program of 2-years nursing education plus 1-yr. of internship, for approximately 300-students.

For further information apply to:

THE DIRECTOR OF HOSPITALS
HAMILTON GENERAL HOSPITALS
HAMILTON, ONTARIO

VICTORIAN ORDER OF NURSES FOR CANADA...

requires

PUBLIC HEALTH NURSES

for Staff and Supervisory positions in various parts of Canada.

Applications will be considered from Registered Nurses without Public Health training but with University entrance qualifications

SALARY, STATUS AND PROMO-TIONS ARE DETERMINED IN RELATION TO THE QUALIFICA-TIONS OF THE APPLICANT.

Apply to:

Director in Chief,

Victorian Order of Nurses for Canada 5 BLACKBURN AVENUE Ottawa 2, Ont. Registered Nurses. Excellent opportunities in **Private Nursing** are available in Bermuda. Rates similar to those in effect in Province of Quebec. For information regarding openings write to Matron, King Edward VII Memorial Hospital, Bermuda.

Registered Nurses for General Duty Staff. Salary commences at £46-0-0 per mo. with full maintenance. Transportation allowance. For full particulars apply Matron, King Edward VII Memorial Hospital, Bermuda.

Registered Nurses for Operating Room with operating room postgraduate courses and/or experience, for 140-bed hospital. Travel allowance paid. For particulars, write Matron, King Edward VII Memorial Hospital, Bermuda.

U.S.A.

Registered Nurses: Positions available in all areas & on all shifts. Ultra modern, new 254-bed General Hospital located in the heart of beautiful sunny Castro Valley, just 30 minutes drive from San Francisco. This is a busy residential community which offers casual California living at its very best. Many excellent schools & colleges within easy commuting distance. Progressive personnel policies include free hospital & surgical insurance, paid sick leave, paid vacations, 7 recognized holidays & other benefits. No split shifts, evening & night duty salary differential, also differential paid for operating room, delivery room & nursery service. Uniforms laundered free. Basic salary for general staff duty; \$345 per mo. Salaries for other positons commensurate with assignments. Please write: Personnel Manager, Eden Hospital, 20103 Lake Chabot Road, Castro Valley, California.

Registered Nurses for modern 191-bed JCAH fully accredited General Hospital, expanding to 374-beds by 1960. Located on beautiful San Francisco Peninsula, 20-min. drive from the heart of the city. Openings in all services. Excellent personnel policies. Many extra benefits & opportunities for advancement. Top salaries. Apply: Personnel Director, Peninsula Hospital, 1783 El Camino Real, Burlingame, California.

Registered Nurses General Duty for 230-bed approved teaching hospital, resort city. Salary \$315 plus \$22.50 shift differential, provision for housing allowance. Apply: Director of Nursing. Cottage Hospital, Santa Barbara, California.

Attention! General Duty Nurses 400-bed County Hospital located 2 hr. drive from San Francisco, ocean beaches & mountain resorts in modern & progressive city of 35,000. 40-hr. 5-day wk., 3-wk. pd. vacation, 11-pd. holidays, pd. sick leave, retirement plan & social security. Accommodations in nurses' home, meals at reasonable rates, uniforms laundered without charge. Starting salary \$341 per mo. plus shift & service differentials. Must be eligible for California Registration. Write Director of Nursing, Stanislaus County Hospital, 830 Scenic Drive, Modesto, California.

General Staff Nurses (Grow & develop with us) new 400-bed hospital under construction. Fully approved. Intern-resident program. Developing teaching center. Starting salary \$330 per mo., \$15 per mo. merit increases at 6, 12, 24 & 36-mo. 40-hr. wk., 2-wk. paid vacation, paid sick leave to 30 days; 7 paid holidays. One of Southern California's most outstanding locations. Apply: Director of Personnel, Seaside Memorial Hospital, 1401 Chestnut Avenue, Long Beach 13, California.

Staff Nurses 600-bed general & tuberculosis teaching institution in central valley City. Accredited State & Junior Colleges in immediate vicinity, liberal personnel policies. Full maintenance available. Write — Director of Nursing Service, Fresno County General Hospital, Fresno 2, California.

Staff Nurses for 300-bed General Hospital. Attractive personnel policies plus differential for specialties, afternoon & night duty. Opportunities for advanced education. Apply to Director of Nursing Service, Kaiser Foundation Hospital, Oakland 11, California.

Registered General Duty Nurses for 154-bed General Hospital with expansion program under way. Along the shores of Lake Michigan, 25 mi. from Chicago. Salary: \$340 for days, \$370 for evenings, \$360 for nights, 5 day wk. Good personnel policies. Apply Personnel Director, Highland Park Hospital Foundation, 718 Glenview Ave., Highland Park, Ill.

General Duty Nurses for 320-bed General Hospital. Only a few blocks from Lake Michigan Beach & Lincoln Park, near Chicago Loop. Hospital accredited by J.C.A.H. & school of nursing accredited by N.L.N. Apartments available close to hospital. Liberal personnel policies. Must be eligible for Ill. registration; openings on all shifts. Write: Director of Nursing, Augustana Hospital, 411 W. Dickens Ave., Chicago 14, Illinois.

Operating Room Nurses (Days & P.M.) 154-bed General Hospital located in beautiful residential suburb along the north shore of Lake Michigan just north of Chicago. Modern ranch style nurses' homes with attractively furnished private bedrooms. 40-hr. wk., attractive salary & other employee benefits. Contact: Personnel Director, Highland Park Hospital Foundation Highland Park. Illinois.

Emergency Room Nurse (3-11) for 154-bed General Hospital located in beautiful residential surburb along the north shore of Chicago. Starting salary \$340 for days, \$370 for evenings, \$360 for nights, 40-hr. wk. Modern ranch style nurses' homes with attractively furnished private bedrooms. Contact: Personnel Director, Highland Park Hospital Foundation, Highland Park Illinois.

Registered Nurses: Applicants must speak & write proficient English. Starting salary from \$310 per month plus a differential for evening work. Apply to: The Personnel Director, The Gary Methodist Hospital, 1600 W. 6th Avenue, Gary, Indiana.

THE VANCOUVER GENERAL HOSPITAL

requires

PEDIATRIC & OPERATING ROOM NURSES

General staff positions also available for expansion program in July 1959

Salary: \$280 - \$336 general staff.

Commencing salary \$294 for approved experience of 2-yrs.

Salary: Operating Room Nurses, \$286.25 - \$343.25.

A clinical differential of \$10 a month in addition for approved postgraduate courses.

4-week vacation per year.

Please apply to:

Personnel Department,
Vancouver General
Hospital,
Vancouver 9,
British Columbia



For

CRIPPLED CHILDREN

Requires Immediately

QUALIFIED PUBLIC HEALTH
NURSES

For

OTTAWA-HAMILTON-TORONTO

AND OTHER CENTRES

YOU WILL RECEIVE -

- GOOD SALARY RANGE (Schedule revised June 1959)
- A NEW AUTOMOBILE
- PENSION PLAN
- FREE INSURANCE
- 5-MONTH TRAINING COURSE IN NEW YORK CITY AND OTHER CENTRES.

You will deal directly with children, their parents and service club members.

Join our expanding staff for a rewarding experience

Apply to:

MISS SARA E. OLIPHANT R.N.
SUPERVISOR OF NURSING
ONTARIO SOCIETY FOR CRIPPLED CHILDREN
92 COLLEGE ST., TORONTO 2

Registered Nurses for new 750-bed municipal hospital. Salary \$3,700 per year with \$100 yearly increments reaching maximum of \$4,200; 40-hr. wk., vacation, sick time & 12 holidays, 1 meal & laundry of uniforms provided. Apply to: Director of Nursing, Martland Medical Center, Newark, New Jersey.

Registered Nurses (Oregon observing Centennial Year, packed with exciting activities, including International Trade Fair.) for 310-bed General Hospital affiliated with University of Oregon Medical School. Staff Nurses basic salary \$309 with annual increases to \$361. Asst. Head Nurse \$316-\$386, Head Nurse \$385-\$438, opportunities for advancement. Full-time evening & night nurses given asst. head nurse classification, plus \$10. Paid vacations, sick leave, holidays, soc. security. Multnomah Hospital, Portland, Oregon.

Registered Nurses (free transportation) Spend your winter in the Sunny Southwest, in New Mexico — "The Land of Enchantment". Vacancies for staff duty in Medicine, Surgery, Obstetrics, Pediatrics & Operating Room. Starting salaries \$300 per mo., \$15 differential evenings & nights. Free transportation via 1st Class Air to Albuquerque & return in exchange for 1-yr. employment contract. Apartments available at \$43 per mo., excellent job benefits, no shift rotation. Write or call: Director of Nursing, Presbyterian Hospital Center, 1012 Gold Avenue, S.E., Albuquerque, New Mexico, Phone CHapel 3-5611.

Graduate Nurses (Staff & Operating Room) for 88-bed modern accredited General Hospital. Liberal personnel policies, college town 30,000, 85% sunshine belt, altitude 3,860. Dry, mild, all year climate. Apply: Director of Nurses, Memorial General Hospital, Las Cruces, New Mexico.

Staff Nurses for 800-bed General Hospital, fully accredited, located on the university campus. Starting Salary \$290 per mo. plus \$50 differential for evening & night tour of duty. Apply: Director of Nursing, Hospital of the University of Pennsylvania, 3400 Spruce Street, Philadelphia 4, Pennsylvania.

Registered General Duty Nurses (100-bed) Good bedside nursing required, 40-hr. wk., rotating duties. Excellent personnel policies. You arrange for R.I. State Registration. Apply: Nurse Director, Jane Brown Memorial Hospital, Providence 3, Rhode Island.

Registered Professional Nurses for 284-bed General Hospital located on the beautiful Corpus Christi Bay in Texas which is a pleasant tropical climate. Positions available include maternity, pediatric, surgical & medical nursing. General Staff starting salary for experienced nurses \$275 per mo. with a charge of \$25 per mo. for meal on duty & laundry of uniforms; \$10 month differential for Assistant Head Nurse; evening & night shifts, opportunity for advancement; merit salary increases liberal personnel policies, 40-hr. wk. & \$50 transportation allowance to be paid upon arrival. Apply: Director of Nursing Service, Memorial Hospital, P.O. Box 5008, Corpus Christi, Texas.

Texas: Registered Nurses, (English speaking) for rotating shifts. Salary \$290-\$315, 40-hr. wk., living facilities available. Hospital operated by Daughters of Charity. Apply: Director of Nursing Service, St. Paul Hospital, Dallas 4, Texas.

Staff Nurses (All services) Texas teaching hospital. Air conditioned; good personnel policies. Base salary-rotation \$290 per mo. Evenings or night \$304 per mo. Apply: Director of Nursing Service, University of Texas Medical Branch, Galveston, Texas.

General Duty Nurses for fully approved 390-bed County Hospital, affiliated with university schools of medicine & nursing. Starting salary \$325, 40-hr. wk., liberal shift differential & other policies. For information write: Director Nursing Service, King County Hospital, Seattle 4, Washington.

General Duty Nurses (all 3 shifts) 7:30-3:30, 3:30-11:30, & 11:30-7:30; salaries \$320, \$340, \$335 respectively. Time & 1/2 for overtime, excellent fringe benefits. All possible assistance given for obtaining reciprocity, visas & living quarters. Inquire: Director of Nursing, Providence Hospital, Seattle, Washington.

Operating Room Nurses, General Duty Nurses get away from fog, smog & industrial areas. Come to exciting wonderful Wyoming. 340-days sunshine, fresh air in year-round recreation area. Position vacancies, all shifts & types. 165-bed JCAH Hospital with expansion program. Capital city, growing medical center. Wyoming, 50,000 pop. Home of Frontier Days & Warren Air Base. Metropolitan Denver 2-hr. drive from Cheyenne. Excellent personnel policies. 40-hr. wk., 2-3 wk. vacation, sick leave. New nurses' residence at reasonable rates. Excellent housing facilities within 10 min. of hospital. Excellent starting salaries. Apply. Director of Nursing, Memorial Hospital, Cheyenne, Wyoming.

Graduate Nurse for 26-bed hospital, gross salary \$220 per mo. with annual increase less \$32 maintenance, 28-day vacation after 1-yr. service, 10 statutory holidays per yr., 40-hr. wk. Obstetrical experience necessary. Apply stating references & experience if any, to: Matron, Victorian Hospital, Kaslo, British Columbia.

THE B. C. CIVIL SERVICE

Requires

PUBLIC HEALTH NURSES GRADE 1

Positions available for qualified Public Health Nurses in various centres in B.C. Salary: \$324 rising to \$389 per month; car provided.

An opportunity for interesting and challenging professional service in this beautiful and fast-developing province.

For information and application forms, write:

THE DIRECTOR, PUBLIC HEALTH NURSING, DEPARTMENT OF HEALTH, VICTORIA, B.C. or THE CHAIRMAN, B.C. CIVIL SERVICE COMMISSSION, 544 MICHIGAN STREET, VICTORIA, B.C. Competition No. 59:67

HAMILTON HEALTH ASSOCIATION

Mountain Sanatorium (Tuberculosis Division)
Brow Infirmary (Convalescent and Chronic Division)

Due to the expansion program of the Hamilton Health Association, applications are invited from General Staff Nurses and Certified Nursing Assistants. This expansion program provides an excellent opportunity for advancement since it is expected that further units will be opened in the not too distant future.

For information, write to:

THE DIRECTOR OF NURSING,
HAMILTON HEALTH ASSOCIATION,
BOX 590, HAMILTON, ONTARIO.

DIRECTOR NURSING SERVICES

Applications are invited for the position of Nursing Director, from Registered Nurses holding degree in nursing administration or equivalent in experience. A separate attractively furnished suite in the nurses' residence is available if required.

Salary scale \$5,100 - \$5,700 per annum.

Applications stating qualifications should be directed to:

THE ADMINISTRATOR,
THE PORTAGE GENERAL HOSPITAL
PORTAGE LA PRAIRIE,
MANITOBA.

REGISTERED NURSES — \$3,000 - \$3,540

(According to Qualifications)

CERTIFIED NURSING ASSISTANTS - \$2,040 - \$2,400

SUNNYBROOK HOSPITAL, TORONTO

WESTMINSTER HOSPITAL, LONDON

Pension Plan; three weeks' paid vacation; three weeks' accumulative sick leave; 5-day week; low-cost living in staff residence — for Nurses; application forms available at your nearest Civil Service Commission Office, or main Post Office, should be forwarded to the Civil Service Commission, 25 St. Clair Avenue East, Toronto 7, as soon as possible.

NURSES NEEDED IN NORTH

Registered Nurses for new modern 16-bed hospital, to start October 15, 1959. Starting salary \$260 per mo. less \$35 for full maintenance. Will pay train or bus fare 1-way. 1-mo. vacation with pay after 1-yr. service.

Apply to:

MUNICIPAL HOSPITAL, MANNING, ALBERTA.

Registered Nurses for General Duty in modern accredited 76-bed hospital, South Central California near Sequoia National Park. Beginning \$315 per mo., annual salary increases. Excellent working conditions. Ideal community, winter & summer recreation. Transportation to hospital paid on suitable confirmation of employment. Must qualify for registration in California. For details, write: Administrator, Memorial Hospital at Exeter, Exeter, California.

Registered Nurses Salary \$325-\$360 in 18-mo., differential on p.m. shift \$1.50, nights \$1.00 Openings in Obstetrical & Medical-Surgical areas. Apply to: Personnel Department, Woman's Hospital, 432 E. Hancock Avenue, Detroit 1, Michigan.

School Nurse (Registered) for small infirmary in girls' private school 20-min. from N.Y.C., pleasant opportunity. Apply: P.O. Box 308, Summit, New Jersey.

Staff & Head Nurses for large modern tuberculosis hospital in suburban Cleveland. Nurses eligible for Ohio registration start at \$355 monthly with 1/2-yearly increments. Evening nurses receive \$1.50 extra daily & night nurses \$1.00 extra daily. Attractive completely furnished 2-bedroom homes available for 2 single nurses or a married nurse & family. 40-hr. 5-day wk., paid vacation & 6 holidays, liberal sick leave cumulative to 90-day. Excellent retirement plan. Approved by joint committee on accreditation of hospitals. Write: Director of Nursing Service, Sunny Acres Hospital, Cleveland 22, Ohio.

ONTARIO

Clinical Teacher & general duty in operating room. Apply: Director of Nursing Service, Hotel Dieu Hospital, Kingston, Ontario.

Public Health Nurses (Qualified) for Victorian Order of Nurses (Ottawa Branch). Minimum salary \$3,480, consideration given to past experience. Annual increments, 5-day wk., 4-wk vacation, \$75 uniform allowance, PSI & supplementary Blue Cross available. Pension plan benefits. Apply: Director, 226 Sparks Street, Ottawa 4, Ontario. CE 2-2661.

General Duty Nurses (all departments) for 350-bed General Hospital, gross starting salary \$255 per mo., 40-hr. wk. Apply to: Director of Nursing, The Doctors Hospital, 45 Brunswick Ave., Toronto, Ontario.

Operating Room Staff Nurses for modern well equipped department, gross starting salary \$255 per mo., rotating hours of duty. Apply to: The Director of Nursing, The Doctors Hospital, 45 Brunswick Ave., Toronto, Ontario.

Instructor (Qualified) for the School of Nursing. Duties to commence September 1, 1959. Kindly apply to Director of Nursing, St. Joseph's Hospital, Peterborough, Ontario.

Public Health Nurse qualified for generalized program. Salary open, allowance for experience. Annual increments \$150, 5-day wk., shared benefits, pension plan, car provided or allowance. Apply: G. Q. Sutherland, M.D., D.P.H., City Hall, Guelph, Ontario.

Head Nurse for small Pediatric Unit. Apply giving (2) names for reference purposes & state salary expected to: The Director of Nursing, Plummer Memorial Public Hospital, Sault Ste. Marie, Ontario.

Registered Nurse (September 1,) for Margaret Cochenour Memorial Hospital (modern 15-bed) located on lake in Red Lake mining & tourist area. New nurses' residence beautifully furnished. Salary \$300 basic with increment plan. Maintenance including uniform laundry, \$30 per mo., 44-hr. wk., holidays, 4-wk. vacation with pay yearly, transportation expense will be paid after 6-mo. employment. Apply stating age & references: I. MacNaughton, Matron, Cochenour, Ontario.

VICTORIA PUBLIC HOSPITAL

FREDERICTON, N.B.

requires

GENERAL DUTY STAFF
OPERATING ROOM STAFF
INSTRUCTRESS

For July 1 & September 1.

Work in a University City.

Good personnel policies.

44-hr. week & increment for afternoon & evening duty.

Apply:

DIRECTOR OF NURSING

THE WINNIPEG GENERAL HOSPITAL

is recruiting

GENERAL DUTY NURSES FOR ALL SERVICES

Please send applications direct to:

THE DIRECTOR OF NURSING,
THE WINNIPEG GENERAL
HOSPITAL,
WINNIPEG 3, MANITOBA

\$371-\$439

Immediate openings in

County General Hospital, Tuberculosis Sanitorium or Rehabilitation Center located in San Mateo County, California. Ideal climate, Pension Plan, Social Security, and extensive fringe benefits.

Contact

CIVIL SERVICE COMMISSION, COURT HOUSE, REDWOOD CITY, CALIFORNIA.

PUBLIC HEALTH NURSES

for generalized program in Seaway Development Area usual benefits, pension plan, allowance for experience.

Apply to:-

DR. PAUL S. de GROSBOIS, M.O.H.
STORMONT, DUNDAS & GLENGARRY
HEALTH UNIT,
38 AUGUSTUS STREET,
CORNWALL, ONTARIO.

NURSE, R.N. ASSISTANT DIRECTOR OF NURSING

Responsibility for 215-bed obstetrical division in 527-bed university affiliated General Hospital in Brooklyn.

Must have supervisory experience in OBS.
BS preferred.

9 A.M. to 5 P.M. week-ends off.
GOOD SALARY

GOOD SALARY

BOX 914-B, 300 W. 43 ST., NEW YORK 36, U.S.A.

GENERAL DUTY NURSES FOR ALL DEPARTMENTS

Gross salary \$255 monthly (\$117.50 bi-weekly) if registered in Ontario, \$235 monthly (\$108.20 bi-weekly) until registered. Annual increment \$10 monthly (\$4.60 bi-weekly) for three (3) years. Rotating periods of duty, 40-hr. per wk., 8 statutory holidays. 14-days vacation & 12-days leave for illness with pay after 1-yr. Pension plan available. Ontario Hospital Insurance with Blue Cross supplemental & Physicians' Services Incorporated, partial payment by hospital.

APPLY

DIRECTOR OF NURSING, GENERAL HOSPITAL, OSHAWA, ONTARIO.

REGISTERED NURSES

FOR THE OPERATING ROOM, OBSTETRICAL AND MEDICAL SURGICAL UNITS OF A 350-BED GENERAL HOSPITAL

Gross salary \$260 - \$290 per month if registered in Ontario.

Differential of \$10 for evening and night duty.

40-hour week. Sick leave cumulative to 30 days.

3 weeks vacation and eight statutory holidays.

Apply:

DIRECTOR OF NURSING SERVICES,
METROPOLITAN GENERAL HOSPITAL, WINDSOR, ONTARIO

THE PETERBOROUGH CIVIC HOSPITAL

REQUIRES

AN OBSTETRICAL INSTRUCTRESS,
NURSES FOR GENERAL DUTY IN ALL SERVICES.

For further information write:

THE DIRECTOR OF NURSING
PETERBOROUGH CIVIC HOSPITAL, PETERBOROUGH, ONTARIO

DIRECTOR -- SCHOOL OF NURSING

For a School of 90 students, organized independently of Nursing Services. The school program follows the pattern of 2 years of nursing education plus 1 year of internship.

Salary: \$5,400-\$6,000 per annum.

Requirements: Degree & experience in the administration of a nursing education program.

Apply to: R. Buckner, Administrator,

Metropolitan General Hospital Windsor, Ontario

-WANTED-

NURSE

JORDAN MEMORIAL SANATORIUM THE GLADES, N.B.

QUALIFICATIONS: Graduation from a recognized school of Nursing.

Registration as a Nurse in one of the Provinces of Canada.

Supervisory nursing experience.

DUTIES: The duties of this position involve professional nursing

work in the Sanatorium and the sharing of supervisory responsibility in the administration of the Nursing Service

of the hospital.

SALARY: \$2,760 - \$3,480. per annum. Annual Increment \$180.

Salary commensurate with education and experience.

Full Civil Service Benefits including three weeks annual vacation with pay, sick leave benefits, superannuation and retiring leave. Potential opportunity for advancement to the position of Superintendent of Nursing.

Apply:

CIVIL SERVICE COMMISSION, P.O. BOX 1055, FREDERICTON, N.B.

Are you a General State Registered Nurse?

Do you enjoy

Nursing

which brings you into

Closer Contact

with your

Patients

and their families?

Are you interested in Research, Medical Advancement & Rehabilitation?

Have you some or no experience in Neurological & Neurosurgical Nursing?

Do you want a

Short Term Appointment

in a unique & useful sphere?

Have you also read the advertisement under Postgraduate Nursing Education?

Then write, giving particulars of your training, to:

Matron,
THE NATIONAL HOSPITAL
QUEEN SQUARE,
LONDON W.C.1., ENGLAND

GENERAL STAFF NURSES

Two (2) positions in the
Operating Room available
in September,
also positions in other
Departments
200-bed General Hospital
Pleasant City of 33,000
3 Colleges
Good salary & personnel policies

additional salary for postgraduate course in Operating Room or Obstetrics.

For further information apply to:

THE DIRECTOR OF NURSES, GUELPH GENERAL HOSPITAL, GUELPH, ONTARIO.

REGISTERED NURSES NURSING ASSISTANTS

Required for all departments in new 160-bed hospital, centrally located between Toronto and Hamilton, in a very progressive community.

Good salary and personnel policies, pension plan, 40-hour week.

Apply stating age, qualifications to:

DIRECTOR OF NURSING,
OAKVILLE-TRAFALGAR MEMORIAL HOSPITAL, OAKVILLE, ONTARIO

GRADUATE STAFF NURSES — YOU WILL LIKE IT HERE

Opportunities for men & women on the service of your choice. A 953-bed teaching hospital with a friendly atmosphere, well planned orientation program, active graduate nurse club, cultural advantages & excellent transportation facilities.

Starting salary: \$325 per mo., 6 holidays, sick leave, 3 wk. vacation.

For further details write:

Director — Nursing Service, University Hospitals of Cleveland, Ohio.

SUBURBAN TORONTO

GRADUATE NURSES & CERTIFIED NURSING ASSISTANTS

Are invited to enquire re: employment opportunities in a well staffed new 125 bed hospital in suburban west Toronto. General duty salary range: \$255-\$305 per mo. Certified Nursing Assistants \$190-\$210 per mo. Residence accommodation optional. Personnel manual forwarded on request. Enquire to:

DIRECTOR OF NURSING, HUMBER MEMORIAL HOSPITAL, 200 CHURCH STREET, WESTON, TORONTO 15, ONTARIO — CH 4-5551

THE SCHOOL OF NURSING, METROPOLITAN GENERAL HOSPITAL REQUIRES

HEALTH INSTRUCTOR

This is an opportunity to be a member of the faculty in a progressive school which emphasizes educational experiences for the student in a program pattern of 2-yr. of nursing education followed by 1-yr. internship. I class of 30 students is admitted yearly. Duties include being in charge of student health program and instructing in both classroom and clinical areas. Subjects: Health, Sociology, Microbiology and assist with Medical-Surgical Nursing. Requirements: university certificate in nursing education or public health. Salary differential for degree.

For further information apply to:
DIRECTOR, SCHOOL OF NURSING, 2240 KILDARE ROAD, WINDSOR, ONTARIO.



HERE NEVER STOP
LEARNING ...
GROWING

... THEY WORK AT

COOK COUNTY

... in one of the Largest Most Stimulating Medical Centers in the World

Residence, Cook County School of Nursing

Here's an opportunity to gain unique and valuable experience in a public hospital — world's largest for acute medical conditions. Cook County Hospital offers you the stimulation of working with more than 2,500 other doctors and nurses in one of the world's largest and most exciting medical centers. Housing is available at nominal cost. Salaries begin at \$340-\$372.50 for a 371/2 hour week. And you're only minutes from Chicago's fabulous Loop and local universities.

Graduate Nursesl Write today to Director, Cook County School of Nursing, Dept. C., 1900 West Polk Street, Chicago 12, Illinois.

WOODSTOCK GENERAL HOSPITAL Woodstock, Ontario

requires

- (1) Head Nurse, Medical floor (26-bed unit)
- (2) Clinical Instructor, Medical (26-bed unit)

General Staff Nurses

All Departments

APPLY: DIRECTOR OF NURSING, WOODSTOCK GENERAL HOSPITAL, WOODSTOCK, ONTARIO.

NURSING SUPERVISORS

required for

MENTAL HEALTH SERVICES,
ESSONDALE, PROVINCE OF BRITISH COLUMBIA

Salary: \$324 - \$389 per month

Duties are those of nursing supervisors in modern psychiatric & geriatric units.

Applicants must be British Subjects, registered nurses, with training in a mental hospital setting & supervisory experience.

For further information & application forms, apply to:

THE PERSONNEL OFFICER, B.C. CIVIL SERVICE COMMISSION, ESSONDALE, BRITISH COLUMBIA. IMMEDIATELY. COMPETITION NO. 59:152

DIRECTOR OF HEALTH SERVICE

This position in a well organized health service for all staff & students is open in the early fall. Requirements necessary is experience in public health field with an appreciation & understanding of a referral system to community health agencies. Salary commensurate with experience & qualifications.

Apply to: The Director of Nursing McKELLAR GENERAL HOSPITAL FORT WILLIAM, ONTARIO

OPERATING ROOM SUPERVISOR

100-bed hospital in Eastern Ontario

Starting salary \$275

Apply:

Box I.

The Canadian Nurse Journal, 1522 Sherbrooke Street West, Montreal 25, Quebec.

He's happy!...he's on S-M-A!

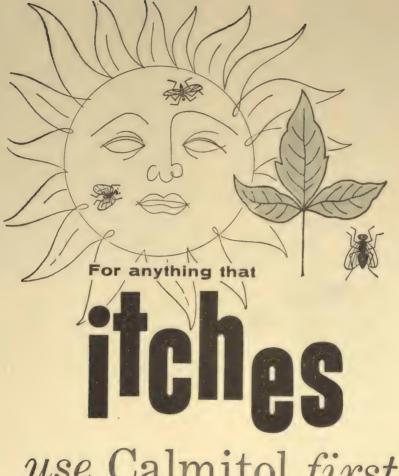


S-M-A provides sound infant nutrition

- S-M-A protein is in physiologic proportion. The infant fed S-M-A receives a daily protein intake comparable to that of the breast-fed infant.
- S-M-A fat is high in essential fatty acids. S-M-A supplies 20 calories per ounce, the same as human milk.
- S-M-A provides *physiological* carbohydrate in the form of lactose in an amount (7%) closely adjusted to the average quantity in human milk.
- S-M-A supplies vitamins and minerals in amounts adequate to meet the recognized needs of health and growth.

REG. TRADE MARK WALKERVILLE, ONTARIO Costs less than a penny an ounce





use Calmitol first

... for every type of pruritus, CALMITOL® is the fast acting conservative, low-cost, nonsensitizing antipruritic. Supplied: tubes, 11/2 oz., and 1-lb. jars of nonirritant, easy-spreading ointment. For severe itching, CALMITOL Liquid, 2-oz. bottles.

Write for Samples.

Thos. Leeming & Co. Inc. 286 St. Paul St. W., Montreal

Official Directory

Provincial Associations of Registered Nurses

ALBERTA

Alberta Association of Registered Nurses

Alberta Association of Registered Nurses
Pres., Mrs. D. J. Taylor, Ste. 7, 10012-112 St.,
Edmonton; Past Pres., Miss M. Street; Vice-Pres.,
Sr. M. Beatrice, Misses M. MacDonald, C. Tennant,
Committees: Finance, Sr. C. Leclerc; Legislation &
By-Laws, Miss J. Clark; Nursing Education, Miss
R. Thompson; Nursing Service, Miss E. Taylor;
Public Relations, Miss F. Moore, Exec. Director,
Mrs. C. Van Dusen, 10256-112 St., Edmonton. Registrar, Miss R. Schwindt, 10256-112 St., Edmonton.

BRITISH COLUMBIA

Registered Nurses' Association of British Columbia

Registered Nurses' Association of British Columbia Pres., Miss E. Rossiter; Vice-Pres., Misses A. George, E. Williamson; Hon. Sec., Miss F. Fleming; Hon. Treas., Miss A. Cumming. Committees: Legislation, Constitution & By-laws, Miss M. Campbell; Nursing Education, Miss M. Richmond; Nursing Service, Miss M. Small; Public Relations, Miss M. Macdonell; Registration, Miss A. George. Exec. Sec., Miss Alice L. Wright, 2524 Cypress St., Vancouver 9. Registrar, Miss F. McQuarrie.

MANITOBA

Manitoba Association of Registered Nurses

Pres., Mrs. H. C. Mazerall, 392 Campbell St., Winnipeg 9. Executive Secretary & Registrar, Miss L. E. Pettigrew, 247 Balmoral St., Winnipeg 1.

NEW BRUNSWICK

New Brunswick Association of Registered Nurses

New Brunswick Association of Registered Nurses
Pres., Miss L. O. Smith, Provincial Hospital, Lancaster; Past Pres., Miss G. B. Stevens; Vice-Pres.,
Miss K. MacLaggan, Miss S. Miles; Hon. Sec., Sr.
Theresa Carmel. Committees: Nursing Education,
Miss D. Grieve, P.O. Drawer 1297, Fredericton;
Nursing Service, Miss M. J. Anderson, Victoria
Public Hosp., Fredericton; Advisory to Schools of
Nursing, Miss M. Hunter, 670 Regent St., Fredericton; Finance, Miss K. MacLaggan, 385 Union Street,
Fredericton; Legislation & By-Laws, Miss S. Miles,
Lancaster Hosp., Lancaster; Public Relations, Mrs.
B. Norris, Box 55, Newcastle. Sec.-Registrar, Miss
M. Archibald, 231 Saunders St., Fredericton.

NEWFOUNDLAND

Association of Registered Nurses

Association of Registered Nurses

Pres., Miss J. Story, 337 Southside Rd., St. John's;

Past Pres., Miss E. Summers; Vice-Pres., Miss J.

Lewis, Lt.-Col. H. Janes, Sr. M. Xaverius. Council
lers: Major M. Lydall, Misses G. Rowsell, R. Bishop,

J. Collis, Rep. St. John's Chapter, N. Tilley, Rep.

Corner Brook Chapter, Sr. M. Calasanctius, Rep.

Nursing Sisterhood. Committees: Nursing Education,

Miss G. Rowsell; Nursing Service, Miss H. Penny;

Finance, Lt.-Col. H. Janes; Legislation & By-Laws,

Miss J. Lewis; Publicity & Public Relations, Miss I.

Sutton; Rep. to: The Canadian Nurse, Miss I.

Sutton, Exec. Sec., Miss Pauline Laracy, 3 Church

Hill, St. John's.

NOVA SCOTIA

Registered Nurses' Association of Nova Scotia

Registered Nurses' Association of Nova Scotia
Pres., Miss M. Matheson; Past Pres., Sr. C.
Gerard; Vice-Pres., Sr. M. Barbara, Misses R.
Myers, E.A.E. MacLennan; Rec. Sec., Miss M. F.
Lytle. Committees: Nursing Education, Miss J.
Church; Nursing Service, Mr. W. Landry; Finance,
Miss P. Lyttle; Legislation & By-Laws, Mrs. M.
Legge; Public Relations, Mrs. M. Frazee; Discipline,
Miss M. Graham; Credentials, Miss F. Gass;
Nominations, Miss K. Harvey; Board of Examiners,
Sr. C. Marie. Sec.-Registrar, Miss Nancy H. Watson, 73 College St., Halifax.

ONTARIO

Registered Nurses' Association of Ontario

Pres., Miss M. P. Morgan, Gen. Hosp., Hamilton; Vice-Pres., Miss E. M. Howard, Mrs. M. B. Dun-

canson. Committees: Nursing Service, Miss E. M. Howard; Nursing Education, Miss H. G. McArthur; Registration, Miss H. A. Bennett; Public Relations, Miss I. Black; Finance, Miss J. S. Taylor; Legislation & By-Laws, Miss J. E. Young. District Presidents: Dist. 1, Miss L. W. Barr, 2111 Lincoln Rd., Windsor; 2, Miss P. C. Bluett, Gen. Hosp., Woodstock; 3, Mrs. J. K. Phillips, Box 167, Shelburne; 4, Mrs. O. G. Lewis, P.O. Box 154, Fonthill; 5, Mrs. R. B. Couse, 582 O'Connor Drive, Toronto; 6, Mrs. D. Stewart, R. R. 11, Peterborough; 7, Mrs. A. B. Rintoul, Maitland; 8, Miss D. F. Cowan, 5 Ossington Ave., Ottawa; 9, Miss G. O'Leary, 204 Oak St., Sudbury; 10, Mrs. B. Stewart, 76 Queen St., Box 362, Dryden; 11, Miss E. E. Langman, Royal Victoria Hosp., Barrie; 12, Mrs. L. M. Wiggins, Box 865, Kapuskasing. Exec. Sec., Miss F. H. Walker, 33 Price St., Toronto 5.

PRINCE EDWARD ISLAND

The Association of Nurses of Prince Edward Island

The Association of Nurses of Prince Edward Island Pres., Mrs. V. MacDonald, King's County Memorial Hosp., Montague; Past Pres., Miss R. I. Ross; Vice-Pres., Misses B. Rowland, A. Trainor; Hon. Treas., Mrs. R. Palmer, P. H. Nurse, Health Centre, Summerside; Hon. Sec., Miss F. MacMillan, Instructor in Nursing, P.E.I. Hosp., Charlottetown. Committees: Nursing Education, Sr. M. Monica; Nursing Service, Miss I. MacKay; Public Relations, Nursing Service, Miss I. MacKay; Public Relations, Miss H. MacLaine; Finance, Mrs. L. MacDonald; Legislation & By-Laws, Miss K. MacLennan. Exec. Sec.-Registrar, Mrs. Helen L. Bolger, 188 Prince St., Charlottetown. St., Charlottetown.

OUEBEC

The Association of Nurses of the Province of Quebec

The Association of Nurses of the Province of Quebec Pres., Miss M. Wheeler, 4442 Oxford Ave., Montreal; Vice-Pres., (Fr.) Miles G. Lamarre, E. M. Merleau; (Eng.) Miss R. Chittick; Hon. Sec., Mile D. Pontbriand; Hon. Treas., Miss G. Purcell. Councillors: Miles L. Lapointe (Dist. 1), G. Gosselin (Dist. 2), Miss C. Aikenhead (Dist. 3), Sr. I. Morin (Dist. 5), Miles S. Pilon (Dist. 6), G. Ducharme (Dist. 7), F. Bertrand (Dist. 8), F. Verret, P. Levesque, M. Jalbert (Dist. 9), L. Couet (Dist. 10), M. Desiardins, R. Pilon, Sr. Felicitas, Misses R. Chittick, I. Jensen (Dist. 11). The above constitute the Executive Council and are members of the Committee of Managament together with: Mme A. Martineau-Bergeron, Misses E. C. Flanagan, J. Golden, C. V. Barrett, H. Lamont, Mnes R. Aubin Legendre, J. Morency, Srs. Valerie de la Sagesse, St. Ferdinand, Denise Lefebvre. Marie Paul. Committee Chairmen: Legislation & By-Laus, Miss E. C. Flanagan, Sr. Bachand; Discipline, Mme A. Martineau-Bergeron; Public Relations, Mile S. Giroux; Auxiliaries, Mme A: Martineau-Bergeron, Miss K. Dickson; Labor Relations, Miss E. C. Flanagan, Mile G. Charbonneau; Nursing Service, Mile G. Charbonneau; Nursing Service, Mile G. Charbonneau, Miss M. MacKillop; Board of Examiners, (Fr.) Mile J. Trudel, (Eng.) Miss F. Bryant. Sec.-Registrar & Visitor to English Schools of Nursing, Miles Suzanne Giroux, Jacqueline Ouimet. Association Headquarters, 640 Cathcart St., Montreal.

SASKATCHEWAN

Saskatchewan Registered Nurses' Association

Saskatchewan Registered Nurses' Association
Pres., Miss E. L. Miner, P. H. Nursing Consultant, Saskatchewan Dept. of P. H., Regina; VicePres., Miss P. McGrath, Saskatchewan Dept. of P. H., Regina, Sr. M. Hildegard, St. Elizabeth Hosp., Humboldt. Committees: Nursing Education, Mrs. M. J. Rosso; Providence Hosp., Moose Jaw; Nursing Service, Miss M. K. Ruane, University Hosp., Saskatone, Public Relations, Miss A. C. Mills, Saskatchewan Dept. of P. H., Prince Albert. Chapters: Miss J. M. Cummine, Saskatchewan Dept. of P. H., North Battleford. Exec. Sec., Miss V. Antonini, 401 Northern Crown Bldg., Regina. Registrar, Miss Grace Motta, 401 Northern Crown Bldg., Regina.

THE CANADIAN NURSE

VOLUME 55

NUMBER 9

SEPTEMBER 1959

770	Official Directory
	Between Ourselves
774	New Products
776	RANDOM COMMENTS
778	In Memoriam
783	OUR GOLDEN JUBILEESr. Catherine Gerard
787	ABOUT THE STAPHYLOCOCCUSE. D. G. Murray
791	STAPHYLOCOCCAL INFECTION
794	STAPHYLOCOCCAL DISEASES
	IN INFANTSB. Robinson
795	THE CONTROL OF
	STAPHYLOCOCCAL INFECTIONSSr. Annette Rose
797	PREVENTION AND CONTROL OF CROSS-
	INFECTION IN THE NURSERY OF THE
	Normal Newborn
799	PREVENTION OF STAPHYLOCOCCAL INFECTIONS
004	IN THE OPERATING ROOMH. L. MacNeill
801	THE PROBLEM OF STAPHYLOCOCCI IN THE OPERATING ROOM AND
	CENTRAL SUPPLY ROOM
805	Nursing Across the Nation
	Nursing Profiles
	An Analysis of Home Visits to Newborn
	INFANTS MADE BY THE PUBLIC HEALTH
	NURSES IN THE EAST YORK-LEASIDE
	HEALTH UNIT, ONTARIO
826	POSTURE AND THE SCHOOL AGE CHILDM. Henrichon
830	Schizophrenia
834	MALIGNANT STOMACH ULCER
840	BOOK REVIEWS
842	Annual Meeting in Saskatchewan
846	Annual Meeting in British Columbia
848	EMPLOYMENT OPPORTUNITIES

The views expressed in the various articles are the views of the authors and do not necessarily represent the policy or views of The Canadian Nurse nor of the Canadian Nurses' Association.

Subscription Rates: Canada & Bermuda: 6 months \$1.75; one year, \$3.00 two years, \$5.00.
Student nurses — one year, \$2.00; three years, \$5.00.
U.S.A. & foreign: one year, \$3.50; two years, \$6.00.
Single copies 35 cents.

Change of address: Four weeks' notice and the old address as well as the new are necessary.

Not responsible for Journals lost in mail due to errors in address.

Authorized as Second-Class Mail, Post Office Department, Ottawa.

Member of Canadian Circulation Audit Board.

Executive Director: Margaret E. Kerr, M.A., R.N.

Assistant Editors: Jean E. MacGregor, B.N., R.N.; Gabrielle D. Coté, M.A., R.N., Pamela E. Poole, B.N., R.N., Circulation Manager: Winnifred MacLean. Production Assistant: Elizabeth M. Hanlon.

Advertising Assistant: Ruth H. Baumel
Advertising Representatives: W. F. L. Edwards & Co., Ltd., 34 King St. E., Toronto 1, Ont.
Walter Slack, 801 Public Ledger Building, Philadelphia 6, Pa.

1522 Sherbrooke Street West, Montreal 25, Quebec

Between Ourselves

A golden anniversary is always a momentous, exciting and heart-warming event. When it represents 50 years of vigorous activity in the life of a provincial nurses' association, it means the consolidation into one brief period of celebration, of remembering, that involves hundreds, even thousands of nurses. It is most gratifying, therefore to be able to share with you the presidential address delivered by Sister Catherine Gerard to the convention body last June.

Sister Gerard was justifiably proud of the record of achievement the Registered Nurses' Association of Nova Scotia has built up in the course of the past 50 years. To her successors as president of this busy organization she presents a challenge to continue to strengthen the work of the Association. Number 27 on the roster of registered nurses in Nova Scotia, Sister Gerard is the administrator of Halifax Infirmary, Halifax, N.S.

The transmission of infection from one person to another should always be a matter of concern to nurses. When such a transmission occurs in a hospital with its large volume of acutely ill or postoperative patients, its nurseries crowded with newborn infants, as well as the complex variety of staff caring for these and other patients, it becomes a matter of serious import. This is particularly true where the spread of staphylococcal infection is involved.

To give you a sound background of factual information regarding the problems involved, we are presenting a short series of articles on the subject of the staphylococcus as an infective agent. The control of the spread of staphylococcal disease depends very largely upon the application of suitable aseptic measures. The use of antibiotics, either for treatment or prophylaxis, is by itself unreliable. It is very necessary, therefore, to be constantly on guard for any clinical evidence of infection — either in the form of lesions or from apparently healthy carriers.

Transfer of staphylococcal infection may

be directly from person to person or indirectly by contaminated articles or air-borne dust. These organisms are moderately resistant to drying and retain viability for a considerable length of time after being discharged from the host. Most of the inanimate objects in a patient's environment may act as depots for these organisms unless absolute cleanliness prevails at all times. The possible dispersal of the organisms from contaminated dressings, clothing, bedding and dust should be kept to a minimum. Ideally, all wounds should be dressed in a properly designed treatment room.

Isolation nursing techniques should be employed in the treatment of patients with septic lesions. The use of gloves, masks and gowns is advocated in a variety of circumstances. Above all else, scrupulous attention to the washing of the hands before and after every kind of service should eliminate the nurse as the communicating agent.

This month, the first of a series of short articles on psychiatric subjects appears. Such additional topics as: Manic-depressive psychosis, involutional melancholia, presentle dementia, mental diseases of old age will be included in this series. As far as possible the articles will follow in consecutive issues. All of them have been written by Dr. John Gibson who is psychiatrist at St. Lawrence's Hospital, Caterham, England.

Last month we carried a half page notice regarding the new self-binders that are available for your copies of *The Canadian Nurse*. We have ordered 1,000 of these binders but with nearly 48,000 subscribers for the English edition, nearly 8,000 for the French edition, that number may not be half enough. Before we order any more we would like to have some idea as to how many of you wish to purchase them. Watch for next month's issue and complete the order form at once if you wish to have one or more of the binders. Send your remittance with your order and we shall mail the binder to you as quickly as possible.

There is a certain relief in change, even though it be from bad to worse; I have found in traveling in a coach that it is a comfort to shift one's position and be bruised in a new place.

- IRVING

Developed to meet your standards—

Morning Milk

...the partly-skimmed milk guaranteed by Carnation

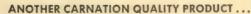


Your recommendation of partly-skimmed Morning Milk is protected by the time-proven quality controls that have made Carnation Milk the accepted milk for full-fat infant feeding:

NOURISHING AND DIGESTIBLE: Standardized to exact levels of fat content and Vitamin D.

UNIFORM: Rigid laboratory controls provide the same high quality in every can.

SAFE: Only finest inspected milk is accepted, production is continually supervised, and Morning Milk is protected by Carnation's special evaporated milk can.





New Products

Published Through Courtesy of Canadian Pharmaceutical Journal AND IN COOPERATION WITH THE PHARMACEUTICAL FIRMS.

ANTURAN

Indications—To reduce blood urate levels and promote absorption of tophi in chronic tophaceous and acute intermittent gout.

Description—Sulfinpyrazone, a potent uricosuric agent chemically derived from

phenylbutazone.

Manufacturer—Geigy Pharmaceuticals (Canada) Ltd., 2626 Bates Rd., Montreal 26.

BRAVISOL

Indications—Provides cleansing action and abrasive effect for long-term superficial abrasion in treatment of acne.

Use—Follow instructions carefully, using fine for initial treatment, medium for second

stage and rough for maintenance.

Description—Fused synthetic aluminum oxide — a non-silicon abrasive — plus hexachlorophene 1% in an "acne-aid" base of soap and synthetic detergent. Three grades - fine, medium and rough.

Manufacturer—Stiefel Laboratories Inc., N.Y.

COMBINACE TABLETS

Indications—Constipation due to: inadequate bowel motility, inadequate bulk.

Administration—Adults: 1 tablet 1 to 3 times daily, preferably with water or juice. Children: proportionately lower dosage based on age and weight.

Dosage should be reduced after desired initial effect is observed. Should not be used

when symptoms suggesting appendicitis or intestinal obstruction are present.

Description—Each tablet contains 750 mg. calcium and sodium alginates, 50 mg. Colace (dioctyl sodium sulfosuccinate) and 30 mg. Peristim (standardized preparation of anthraquinone derivatives from cascara sagrada)

Manufacturer-Mead Johnson & Co. of Canada Ltd., Toronto.

CORTIMENT JUNIOR SUPPOSITORIES

Indications—In the treatment of anal fissures in infants and children.

Administration—2 or 3 suppositories daily for 2 or 3 days is usually sufficient to permit complete healing of anal fissures.

Description—Hydrocortisone 5 mg. per suppository dissolved in a polyethylene glycol

Manufacturer-Nordic Biochemicals Ltd., Montreal.

DARITRAX

Indications—Treatment of such conditions (especially where tension and apprehension are factors) as: peptic ulcer, spastic colon, chronic nonspecific ulcerative colitis, biliary tract disease, pylorospasm, cardiospasm, gastritis, duodenitis, bladder spasm with or without cystitis, ureteral spasm as with stones or pyelonephritis.

Administration—Usual adult dose is 10 mg. twice daily, in the morning and at night before retiring. Dose should be adjusted in relation to therapeutic response and side effects.

Description—Daritrax (oxyphencyclimine hydrochloride) combined with atarax (hydrooxyzine hydrochloride), anticholinergic/tranquillizer compound, 10 mg. tablets. Manufacturer-Pfizer Canada, Montreal 9.

DECADRON

Indications—Conditions that respond to adrenocortical steroid therapy.

Description—Dexamethasone (16-alpha-methyl-9-alpha-fluoro-prednisolone), synthetic adrenocortical steroid 4 to 6 times more potent than 6-methyl prednisolone, 6 to 8 times more potent than prednisolone, 25 to 30 times more potent than hydrocortisone, but without proportionate increase in undesirable side effects.

Manufacturer—Merck Sharp & Dohme. Division of Merck & Co. Ltd., Montreal 30.

THIO-TEPA PARENTERAL

Indications—Has been tried with varying results in the palliation of a variety of neoplastic diseases. Recently the administration immediately prior to and at the time of surgery and during the postoperative period has been suggested to augment surgical palliation and possibly to diminish seeding due to surgery.

Administration—Has been administered by the following routes: oral, intravenous, intraarterial, intramuscular, intratumor (direct transrectal, transvaginal, intra-cerebral),

and intraserosal (pleural, pericardial, peritoneal) or by combinations of these.

Important—Thio-tepa is a drug of high toxicity for the hematopoietic system. A rapidly falling white blood or platelet count indicates the necessity for discontinuing thio-tepa or reducing the dosage of the drug.

Description—N, N', N" Triethylenethiophosphoramide, a polyfunctioning alkylating

agent related chemically and pharmacologically to nitrogen mustard

Manufacturer—Lederle (Canada), Cyanamid of Canada Limited Montreal

The Journal presents pharmaceuticals for information, Nurses understand that only a physician may prescribe.



SCHOOL for GRADUATE NURSES McGILL UNIVERSITY

PROGRAM FOR GRADUATE NURSES LEADING TO THE DEGREE OF BACHELOR OF NURSING

Two-year program for nurses with McGill Senior Matriculation or its equivalent. Three-year program for nurses with McGill Junior Matriculation or its equivalent. In the first year students elect Public Health Nursing or Teaching and Supervision in one of the following clinical fields: Medical-Surgical Nursing, Psychiatric Nursing, Maternal and Child Health Nursing.

In the second year students elect to study in one of the following fields: Nursing Education, Administration in Hospitals and Schools of Nursing, Administration in Public Health Nursing.

PROGRAM FOR GRADUATE NURSES LEADING TO A DIPLOMA

Students are granted a diploma on the completion of the first year of the degree program. All first-year students elect to study in a particular field as stated above.

PROGRAM IN BASIC NURSING LEADING TO THE DEGREE OF BACHELOR OF SCIENCE IN NURSING

Five-year program for high-school graduates who have passed in the required papers of the McGill Junior School Examination or their equivalents. This program combines academic and professional courses with supervised nursing experience in the McGill teaching hospitals and selected health agencies. This broad background of education, followed by graduate professional experience, prepares the nurses for advanced levels of service in hospitals and community.

For further information write to:

DIRECTOR, McGILL SCHOOL FOR GRADUATE NURSES, 1266 PINE AVE. W., MONTREAL 25, QUEBEC.



ONTARIO PLACEMENT CENTRE

For Professional, Supervisory and Administrative Nursing Staff

DIRECTOR: MISS H. E. JONES, REG.N. SUITE 304, 97 EGLINTON AVENUE E., TORONTO, ONTARIO.
HU. 1-6301 or HU. 1-6362

OF WASHINGTON, D.C.

OFFERS

Registered Nurses a 16-wk, supplementary program in pediatric nursing. Admission dates, September 1, 1959, January 5, May 3, August 30, 1960, January 3, 1961.

For complete information write to:
DIRECTOR OF NURSING,
2125-13th STREET, N.W., WASHINGTON 9, D.C.

DALHOUSIE UNIVERSITY

School of Nursing

COURSES OFFERED

1959 - 1960

1. Degree Course in Basic Professional Nursing

Candidates for the degree of Bachelor of Nursing are required to complete 2 years of university work before entering the clinical field, and one year of university work following the basic clinical period of 30 months. On completion of the course the student receives the Degree of Bachelor of Nursing and the Professional Diploma in either Teaching in Schools of Nursing or Public Health Nursing.

2. Degree Course for Graduate Nurses

Graduate nurses who wish to obtain the degree of Bachelor of Nursing are required to complete the three years of university work.

- 3. Diploma Courses for Graduate Nurses
 - (a) Public Health Nursing
 - (b) Teaching in Schools of Nursing

For further information apply to:

DIRECTOR, SCHOOL OF NURSING DALHOUSIE UNIVERSITY, HALIFAX, N.S.

Random Comments

Dear Editor:

It is with pleasure that we have greeted the first number of L'infirmière Canadienne. From all sides echoes of happiness have been resounding. Will you please accept our good wishes for the long life of the new publication.

D.P., Quebec

Dear Editor:

My work among the babies has made me very appreciative of the "newborn" of the month. The presentation, the workmanship and the format are all to the point! L'Infirmière Canadienne fills a great need and will be of inestimable value to us. * * * Quebec

Dear Editor:

Just a line to wish you well and give you my permanent address.

I enjoy The Canadian Nurse very much and think it is such a good idea to have the subscription price included with the annual fee so that every nurse receives her copies. I keep all my copies as other people enjoy reading them too. I find the case histories so interesting as well as all the other good features.

V.C.H., Alberta

Dear Editor:

My warmest congratulations on the new cover of our magazine. It gave me a distinctly pleasant shock when I removed it from its envelope. I especially like the format and color scheme which provide such a splendid background for the bold-face type proclaiming the name of this progressive periodical.

I consider the June issue an exceptionally fine one with regard to the variety of articles. There is much food for thought in

McMASTER UNIVERSITY School of Nursing

I DEGREE COURSE IN BASIC NURSING (B.Sc.N.)

A Four-Year Course designed to prepare students for all branches of community and hospital nursing practice and leading to the degree, Bachelor of Science in Nursing (B.Sc.N.). It includes studies in the humanities, basic sciences and nursing. Bursaries, loans and scholarships are available.

II DEGREE COURSE IN SCIENCE TEACHING FOR GRADUATE NURSES (B.Ed.N.)

A Two-Year Course designed to prepare graduate nurses to teach basic sciences in schools of nursing and leading to the degree, Bachelor of Education in Nursing (B.Ed.N.). It includes studies in the humanities, the physical, social and biological sciences, teaching and nursing education. Bursaries of Six Hundred Dollars each are offered in both years of this Course.

For additional information, write to:

School of Nursing,
McMaster University, Hamilton, Ontario.

Dr. Hickman's paper. The wealth of knowledge and experience offered in Mr. Boshouwer's article should serve as an excellent guide for all who are working in supervisory or administrative posts.

A.W.W., Ontario

Dear Editor:

As you know, all of our students receive the *Journal*. In class recently I asked one group for their reactions on the new cover. The comments ran something like this "neat," "smart," "modern looking." Our graduate staff has made so many favorable comments too.

P.P., Quebec

Dear Editor:

Permit me to congratulate you on L'Infirmière Canadienne, the first number of which I have received.

I believe that you ought to include the translation of "Employment Opportunities" which appear in the English edition. For different reasons, such as to improve our ability to speak English or for the pleasure of travelling in our own country or in the

United States, many nurses would profit from those opportunities. I sincerely hope that in the next number we will find those translations.

M.G. Ouebec

1: Alas for your hopes! All of the Employment Opportunities are paid advertisements. Perhaps your plea will interest the many hospitals that advertise, in using both Journals simultaneously.

Ed.

Dear Editor:

We congratulate you upon the appearance of l'Infirmière Canadienne which is particularly attractive and also upon the truly scientific articles that it contains. We believe that the French-speaking nurses will benefit greatly by receiving our national journal written in their own language; we dare to hope that all of them will make their own contribution of articles, also, to this their own journal.

G.C., Quebec

Dear Editor:

I do enjoy all the case histories and find

NOVA SCOTIA SANATORIUM KENTVILLE N.S.

Offers to Graduate Nurses a Six-Month Course in *Tuberculosis Nursing*, including Immunology, Prevention, Medical & Surgical Treatment.

- 1. Full series of lectures by Medical and Surgical staff.
- 2. Demonstrations and Clinics.
- 3. Experience in Thoracic Operating Room and Postoperative Unit.
- 4. Full maintenance, salary & all staff privileges.
- 5. Classes start May 1st and November 1st.

For information apply to:

SUPT. OF NURSES, NOVA SCOTIA SANATORIUM, KENTVILLE, N.S.

PSYCHIATRIC COURSE

for

REGISTERED NURSES

THE NOVA SCOTIA HOSPITAL offers to qualified Registered Nurses a sixmonth certificate course in *Psychiatric Nursing*.

- Classes in March and September.
- · Remuneration.
- Preference given to Nova Scotia applicants.

For further information apply to:

Superintendent of Nurses Nova Scotia Hospital Drawer 350 Dartmouth, Nova Scotia them very informative. Also, I like to keep up on the new pharmaceutical products.

M.V., Alberta

Dear Editor:

It gives me pleasure to congratulate you most sincerely on the fine presentation of L'Infirmière Canadienne. I have read it carefully and found all of the articles very interesting. I would like to mention particularly those by Miss J. Reynolds, Sister Mance Décary, Dr. Harry Hickman and Dr. K. J. MacKinnon.

This issue is a good augury for the future and I am certain that the French Canadian nurses are very proud of their *Journal*.

J.B., Quebec

In Memoriam

Clare Dugal who graduated from Hotel Dieu Hospital, Windsor in 1922 died recently.

Edith (Amas) Esson, a graduate of Saskatoon City Hospital in 1923, died in a hotel fire in Norway on June 23, 1959. Mrs. Esson had worked in a number of community hospitals in Saskatchewan as a staff nurse and had also engaged in private nursing and occupational nursing in the United States. Following her graduation from the McGill School for Graduate Nurses in 1930, she had served as an instructor at her home hospital for five years before becoming director of nursing in 1935.

H. Grace (Connor) Feyerer, a graduate of Hamilton General Hospital in 1946, died on May 6, 1959 after a brief illness.

Mrs. Jessie Kay who graduated from Ontario Hospital, Orillia, Ont. in 1938, died on April 29, 1959. She had engaged in institutional nursing during her professional career.

Muriel Isabell Kerr, a graduate of Memorial Hospital, St. Thomas, Ont. in 1946 died in a plane crash on June 30, 1959. She joined the R.C.A.F. as a nursing sister in 1953 and had attained the rank of Flying Officer. Since 1957 she had assisted in carrying out 56 mercy flights in British

Columbia and was engaged on a similar mission at the time of her death.

Mary (Molly) Kirby who graduated from Hotel Dieu Hospital, Windsor in 1924, died recently.

Blanche (Godbout) Nadeau, a graduate of Notre Dame Hospital, Montreal in 1927, died on June 1, 1959. She had been engaged in private nursing.

Lois (Miller) Patterson who graduated from Hamilton General Hospital in 1938, died on June 20, 1959 after a long illness.

Mabel (Miller) Stockwell who graduated from Royal Victoria Hospital, Montreal in 1902, died on June 13, 1959.

Remember that emotional stability is more often a matter of reacting evenly to stress and frustration than it is of rigidly suppressing feelings. There are good and bad ways to explode.

- THOMAS F. TYSON

THE WINNIPEG GENERAL HOSPITAL

Offers to qualified Registered Graduate Nurses the following opportunity for advanced preparation:

A six month Clinical Course in Operating Room Principles and Advanced Practice.

Course commences in January and September of each year. Maintenance is provided. A reasonable stipend is given after the first month. Enrolment is limited to a maximum of six students.

For further information please write to:

DIRECTOR OF NURSING GENERAL HOSPITAL WINNIPEG, MANITOBA

REGISTERED NURSE

NEW YORK UNIVERSITY

Offers to registered nurses who meet admission requirements of the Department of Nurse Education, School of Education, a one-year Internship in Oncological Nursing at James Ewing Hospital of the Department of Hospitals, Memorial Center.

Experiences include cancer research, Chemotherapy, medicine, surgery, and radiation therapy. A monthly stipend, laundry, and two meals a day are provided. Students are assisted in securing desirable living facilities.

Classes are admitted in the Fall and Spring semesters. Applications for February 1960 should be filed no later than November 30, 1959.

For further information write to:

NORMA F. OWENS, DIRECTOR INTERN-SHIP IN ONCOLOGICAL NURSING, DEPT. OF NURSE EDUCATION, SCHOOL OF EDUCATION, NEW YORK UNIVERSITY, WASHINGTON SQUARE, NEW YORK 3.

THE MOUNTAIN SANATORIUM

HAMILTON, ONTARIO

TWO-MONTH
POSTGRADUATE COURSE
IN THE IMMUNOLOGY,
PREVENTION & TREATMENT
OF TUBERCULOSIS

This course is especially valuable to those contemplating Public Health, Industrial, or Tuberculosis Nursing.

For further information apply to:

Director of Nursing, Mountain Sanatorium Hamilton, Ontario.

THE NATIONAL HOSPITAL QUEEN SQUARE

London, W.C.1

and

MAIDA VALE HOSPITAL

London W.9, England

(Institute of Neurology, University of London)

Postgraduate Nursing Education for Medical Neurology & Brain Surgery

One year courses are open to Nurses on the General Register with good educational background.

3 mo. full time instruction in the school under guidance of the Sister Tutor assisted by a teaching staff of senior neurologists & neuro-surgeons.

8-mo, clinical experience, 1 mo, vacation. Certificate & Badge of the hospital awarded to successful students. Staff nurses' salary paid throughout the year. This work has a special appeal to nurses interested in research & the humanitarian aspect of nursing.

Apply, in writing, to Matron,
THE NATIONAL HOSPITAL,
W.C.1.

COURSES

FOR

GRADUATE NURSES

in various clinical fields.

Terms begin November 16, 1959 and in 1960 on February 8, May 2, July 25, and October 17.

Room, meals, laundering of uniforms and honorarium provided.

Apply to

DIRECTOR

COOK COUNTY SCHOOL

OF NURSING

DEPT. C., 1900 W. POLK ST.,

CHICAGO 12, ILL.

THE JOHNS HOPKINS HOSPITAL SCHOOL of NURSING

Offers to qualified Registered Nurses a 16-week supplementary course in

OPERATIVE ASEPTIC TECHNIC

with instruction and practice in the general surgical, neurosurgical, plastic orthopedic, gynecologic, ophthalmologic, urologic and ear, nose and throat operating room services. Maintenance and stipend are provided.

For information write to:

DIRECTOR, SCHOOL OF NURSING
THE JOHNS HOPKINS HOSPITAL
BALTIMORE 5, MARYLAND, U.S.A.

WILLS EYE HOSPITAL Philadelphia, Penna.

The largest eye hospital in the United States offers a six-month course in Nursing Care of the Eye to Graduates of Accredited Nursing Schools. Operating Room Training is scheduled in the course.

- \$205 per month for the first four months. \$215 per month for the last two months.
- REGISTRATION FEE is \$20
- Course starts March 15 & September 15. Ophthalmic Nurses in great demand for hospital eye departments, operating rooms & ophthalmologists' offices.

For information write to:

Director of Nurses, Wills Eye Hospital, 1601 Spring Garden Street, Philadelphia 30, Penna.

ROYAL VICTORIA HOSPITAL

SCHOOL OF NURSING MONTREAL, QUEBEC

Postgraduate Courses

 (a) Six month clinical course in Obstetrical Nursina.

Classes — September and February.

- (b) Two month clinical course in Gynecological Nursing.
 - Classes following the six month course in Obstetrical Nursing.
- (c) Eight week course in Care of the Premature Infant.
- 2. Six month course in Operating Room Technique and Management.

Classes — September and March,

 Six month course in Theory and Practice in Psychiatric Nursing,

Classes - September and March.

Complete maintenance or living-out allowance is provided for the full course.

Salary — a generous allowance for the last half of the course.

Graduate nurses must be registered and in good standing in their own Provinces.

For information and details of the courses, apply to:—

Miss H. M. Lamont, B.N. Director of Nursing, Royal Victoria Hospital, Montreal, P.Q.

WE HAVE CREATED TEN NEW STUNNING UNIFORMS

EACH DRESS IS THE RESULT OF SUG-GESTIONS AND DRAWINGS RECEIVED FROM NURSES ALL OVER CANADA.

WE KNOW THEY WILL BE CORRECT AND PRACTICAL AND IN EXCELLENT GOOD TASTE.



THE NEW CATALOGUE
WILL BE READY IN SEPTEMBER

BLAND AND COMPANY 2048 Union Ave., Montreal, Canada



Prevents Dry Skin. Protects against the Weather

Sun, wintry winds, even routine hospital duties can rob skin of its natural oils. Make it dry, rough, and red. That's why so many nurses use Nivea Creme to keep their skin soft, smooth, and supple.

For they know Nivea contains a special ingredient, Eucerite, that closely resembles the natural oils of the skin. The remarkable agent penetrates the skin's top layers to feed and nourish it - keep it fresh and fragrant.

And here's a tip to keep you looking your best on those important dates - Nivea makes an excellent powder base.

NIVEA PHARMACEUTICALS LTD.

5640 PARÉ ST., MONTREAL 9

THE CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA PUBLISHED
IN ENGLISH AND FRENCH BY THE CANADIAN NURSES' ASSOCIATION

. 270 LAURIER AVE. WEST, OTTAWA

VOLUME 55 NUMBER 9

MONTREAL, SEPTEMBER 1959

Our Golden Jubilee

THE OCCASION of a jubilee always calls for remembrance of beginnings, and perhaps a little poetic fancy along with the historical facts. Surely at this time the symbolism of the "Tree" will not be amiss. It has been a favorite one in describing the growth of cultural and scientific movements. Since "great oaks from little acorns grow," we might well wonder whence came the little acorn for our particular Tree, the Registered Nurses' Association of Nova Scotia, that was planted 50 years ago, and now is seen to flourish vigorously.

Shortly before the turn of the century, there was a growing conviction that the nursing profession could do much more if it could be organized for mutual help and interest. As might be expected, English nurses had made considerable progress in this direction. This might be considered the "prehistory" of nurses' organizations in America. In *The Canadian Nurse* for June, 1958 there was a very interesting article by Dr. Ethel Johns on these beginnings. It seems that the sowing of some of the acorns was done in con-

nection with the Chicago World's Fair in the year 1893, where there was held an International Congress of Charities, Corrections and Philanthropy, which in turn had a section on hospital affairs and a subsection on nursing affairs. During the latter program conducted by very dynamic nurses, the idea, though not the reality, of an International Council of Nurses was de-



SISTER CATHERINE GERARD

veloped. The value of organization, of the banding together of nurses' alumnae groups, was stressed again and again. As a first practical measure, steps were taken to form the American Society of Superintendents of Training Schools for Nurses of the United States and Canada. This Superintendents' Society in turn set up the Nurses' Associated Alumnae of United States and Canada, which later received a charter as the American Nurses' Association. Although the friendliest relations were maintained between American and Canadian nurses, it seemed wise to have two separate national organizations, and so the same plan was followed in Canada. First came the organization of a Superintendents' Society in 1907, which in turn led to the coordination of the alumnae groups. To this end, great impetus was given by the desire to have Canada recognized as a member of the International Council of Nurses which was about to meet in 1909. In order to apply for membership in time for the 1909 Congress, the Superintendents' Society invited various hospitals and training schools to their annual meeting of 1908. And so, on October 8, 1908, "eighteen organizations of nurses met by delegation in Ottawa to form the provisional society of the Canadian National Association of Trained Nurses." Five Canadian nurses were appointed delegates to the ICN Congress in London, twenty more went along at their own expense, and the association was forthwith received into ICN membership, along with Denmark, Finland and Holland, amid the cheers of the four hundred nurses assembled in Congress.

So much for the general planting
— now to consider our own special
Tree.

Among the original eighteen groups forming the Canadian National Association of Trained Nurses in 1908, the only provincial organizations were those of Manitoba and Ontario. However, the nurses of Nova Scotia were not to be left behind! By the time of the ICN Congress in 1909 our provincial society had been formed, had held seven ordinary meetings, the first annual meeting, and was well on its way towards incorporation. The preliminary meeting for this purpose was held in

Halifax on Saturday, April 17, 1909. Just one year later, on April 22, 1910, the provincial government passed "An Act to Incorporate The Graduate Nurses' Association of Nova Scotia," thus providing the model and prototype of the legislation for all other provincial associations of nurses throughout Canada. Our first president was Mrs. Frances Forest; the holders of the first two certificates of registration were Misses Eveline Pemberton and Catherine Graham. Miss Graham was one of our most active workers until illness incapacitated her.

As we look through the reports of the numerous committees and branches in their varied and complex activities for this present year, it may be interesting to refer again to our simile of the Tree and to note that though the main trunk has put forth many branches during the years, every one of our present activities is contained in germ in that original strong statement of "objects of the association" so well laid down by our founders in

the 1910 Act:

The objects of the Association shall be:

- (a) To provide a special organization for graduate nurses, and to do all such other things as from time to time may be necessary to elevate the status and advance the Association of Graduate Nurses of the Province:
- (b) To unite the members of the profession into one general body; to provide for the better definition and protection of graduate nurses, and the supply of educated and trained members by a system of examination and otherwise as the Association may deem best, and the issue of certificates:
- (c) To promote and foster among the members of the profession a high sense of the importance of professional training, and to promote and protect the mutual interests of the members:
- (d) To provide opportunities for intercourse among the members, and to give facilities for the reading of papers, the delivery of lectures and for the acquisition and dissemination by other means of the most improved methods and scientific teaching of nursing:
- (e) To assist necessitous members, and to act as Trustees of any benevolent fund which may be contributed for any purpose:

(f) To acquire, purchase or lease, to sell or dispose of any building, lecture room or any property, real or personal:

(g) To do all such other lawful things as are incidental or conducive to the above objects.

I will not attempt to trace the many ramifications of our present-day work, following them back to their main trunks in the original "objects" of the Association. Those with an analytical turn of mind may enjoy doing so for themselves at leisure.

Sometimes our Tree has put forth a twig here and there that could not go into leaf at once, or was nipped by the frosts and had to wait for a more favorable year. So we note, for example, in the minutes of the 1910 annual meeting, a guest speaker who was a hospital chaplain from England urged the need of a Pension Plan for nurses' old age retirement. This suggestion was followed in a slightly altered form — a Sick Benefit Fund. which appeared very well organized, with its own Board of Administration. However, after several years of operation, it lapsed for lack of sufficient patronage. Then, in 1922 an insurance plan for groups of 50 nurses was discussed, but nothing came of it at the time. This late-blooming branch reappeared in the form of the Canadian Investment Fund Plan, sponsored by our Association in 1957, followed in 1958 by the Canadian Nurses' Association Retirement Plan, which is an actuality now awaiting more subscribers.

Again, in the 1921 minutes, a quarterly circular letter from the president was proposed "to keep our members in touch with the association." Behold! our News Letter, Volume 1, Number 1, May 1959 has been distributed. So, some of our new and wonderful ideas are really the results of much background work on so-called "lost causes" of other days.

Indeed, perusal of the old handwritten Minutes Books reveals much that is of interest. I would like to see someone with time and talent for writing go through them and write the fascinating story of the "First Fifty Years of R.N.A.N.S." One of its very important chapters would surely be that entitled "The Struggle for Legislation as Registered Nurses." It is true that the original Act of 1910 was a masterpiece in its own right, but the founders could not possibly specify all the requirements for future registration of nurses for conditions of the future are always unknown. By 1919 a revised Bill was presented to the Legislature to amend the Act of 1910, with clauses specifically referring to Registered Nurses rather than graduate nurses. There was so much discussion and disagreement on the specifications for training schools that the Bill was held over by the Association for further work. Contentious points being at last settled, a revised Act was passed in 1922, which provided for "Registration of Nurses," that members be entitled to use the letters "R.N.," and that certificates be so issued. These certificates and cards were printed and made available in 1923 and I have one of the early registration numbers-no. 27. At that time, those who were already members of the Association were issued the Certificates of Registration. The first "R.N. Examinations" were held in 1925, although an Examining Board had been functioning for several years before that, in order to qualify certain applicants for membership, namely those who had graduated from schools of less than the specified size and scope. In 1926, the Act was further amended to change the name of the Association, the word "Graduate" being changed to "Registered." The Act has been amended or revised in 1931, 1933, 1934, 1941 and 1950 as the changing conditions and the advancement of professional status indicated. A mere statement of those facts can give no indication of the amount of study and work required, as each one of these changes had to be passed by the Legislature, thus being given the force of law within the province.

Our Association with its various committees, has been busy all through the years working to make our nursing profession a symbol of service — an indispensable support to the medical profession, and a source of spiritual and bodily comfort to the patient. In 1951 the Qualifying Examinations were written for the first time. 1952 brought us our Nursing School Adviser, Miss Rhoda MacDonald. In 1953 the Personnel Policies, which were re-

vised in 1955, were formulated, and are currently being studied to cope with the changing times. The National League for Nursing Test Pool Examinations for registration were adopted for a trial period in May, 1955. Regulations for Approved Schools of Nursing have recently been compiled. Our Student Nurses' Association was formed in 1956, and held its first annual meeting in 1957. I have mentioned here only a few of the more outstanding activities being carried on by the members of our Association.

Taking another look at the old Minutes Books, we find that in 1913 when the N.S.G.N.A. was affiliated with the National body invitations were issued to the Canadian National Association of Trained Nurses, and to the Superintendents' Society to hold their annual meeting in 1914 in Halifax. Again in 1938 the invitation was accepted, and the meetings that were held were a great success. It may be of some comfort to the energetic conveners of the 1960 Biennal Meeting of the CNA to know that "It's been done before," even so long ago.

If there is a moral to this rambling through the pages of history, surely it is that we in Nova Scotia have a proud record to look back upon, particularly in pioneering "legislation" for nurses. The oak tree of our Association was so firmly planted by our founding members that we may dare spread forth our branches to yet more ambitious projects in future years, without fear of being uprooted by any storms of adversity.

And yet, the report of all this activity and success gives us pause for a moment, to consider that although competing with the changing times, the education of students for "grades," and the provision for sickness and retirement are all important, yet the primary motive must not be lost sight of in the rush and bustle of daily living. This motive is the reason for our existence as an association — the care and comforting of the patient, both in body and soul.

Confident that our Heavenly Father will recognize in our humble labors the good will and zeal of our Apostolate for the sick, and will vouchsafe to bless our efforts to prepare His field, we earnestly beseech Him to continue to throw therein the divine seed as He has done so generously in the past, and to bring it to maturity.

SISTER CATHERINE GERARD Immediate Past President Registered Nurses' Association of Nova Scotia

Probably you have known in a general way that your body is shaped by the environment in which you grew up...

If you were born and live in the tropics, you are likely to be smaller than your northern neighbor. Your lung capacity will be smaller and you will be unduly susceptible to a whole range of common northern diseases... There will be fewer babies in your family and their chances of living will be slighter than those of babies in the temperate zone. On the other hand, if you are not eaten by a shark or a jungle tiger, you will most likely live longer than your northern neighbor. And your emotions will suffer less from wear and tear. You needn't fear a nervous breakdown.

Turning from the tropics to the temperate zone, if you were born in this region you will not only be larger and more vigorous but you will have a much more volatile disposition. Being forced constantly to adapt your body to weather changes, you acquire a hair-trigger temperament with a comparatively wide range of ups and downs. You will be lively, energetic, productive but you will pay for this by wearing out sooner. You will be more susceptible than the Southerner to diseases such as diabetes, cancer, arthritis and particularly to mental breakdown, as well as the respiratory diseases, the whole range of colds, influenza and pneumonia.

- Blue Cross Health Digest

The biochemical mechanisms required to inactivate drugs—enzyme systems located in the liver — are absent in newborns and require about eight weeks to develop. The central nervous system of the newborn is extraordinarily sensitive to barbiturates. These findings have great significance in the administration of drugs to expectant mothers and to newborn infants.

U.S. Dept. of Health, Education, and Welfare.

About the Staphylococcus

E. G. D. MURRAY, M.A., M.D., F.R.C.S.

THOUGHTFUL LOOK at the pathological side of human life today reveals at once that the spectacular killers of the past do not now terrify communities with unmanageable mortalities. Great epidemics of bubonic plague, of smallpox, of cholera and typhoid, and other expansive scourges are abated. No longer need there be the threatening calamity of diphtheria, of puerperal sepsis and many another fatal or crippling bacterial disease. We see instead that agencies with authority, money and purpose, such as the World Health Organization, now turn their attention with concern to what were considered either lesser or limited diseases, such as malaria, schistosomiasis, leptospirosis and the like. Even those troubles of our own making, sometimes grandiloquently disguised by the term "iatrogenic disease," such as untoward reactions to antibiotics, become appropriately prominent.

This magnificent contribution to human welfare is a direct achievement of the science of bacteriology, through the introduction of new concepts. These concepts did not merely improve diagnosis and treatment of disease but initiated both experimental and preventive medicine, and provided the basis or the protection to allow medical developments of which the specialties have reason to be proud.

What some have called the conquest of disease is one of the principal components of the marvel of the past 100 years — probably the most wonderful century of human history. But we must not be deceived into thinking that the microorganisms that cause the controlled diseases have been killed off, nor can we even hope that it may ever be possible to exterminate them. Incidence of a particular disease can be greatly reduced, but when there is an

Dr. Murray is Research Professor with the Department of Medical Research, University of Western Ontario, London. This address was delivered at the 1959 annual meeting of the R.N.A.O.

inadequacy or a relaxation of the controlling measures the disease reappears. Even in states of natural or induced immunity in individuals the corresponding pathogenic bacteria and viruses often persist without loss of character. These individuals constitute symptomless carriers quite capable of transmitting the disease to others who are susceptible. The bacteria are as tenacious of survival as we are ourselves. They possess the capacity of responding to circumstances, whether favorable or unfavorable, in a manner characteristic of life itself. This is a necessary and wholesome doctrine that we must apply to our own purpose, using what we learn by observation and research. We should not oppose natural processes but try to make them serve our own ends.

The situation I am trying to convey was stated most aptly and succinctly almost 400 years ago by a renowned English poet:

Yet all these were, when no man did them know,

Yet have from wisest ages hidden beene.

And later times thinges more unknowne shall show.

Of recent years particular notice has been taken of staphylococcus infections with emphasis on their occurrence in hospitals. This interest almost appears to have arisen out of a sense of frustrated disappointment in the overoptimistic expectation of 'miracles' to be performed by the antibiotics. In fact, it has been seriously suggested in explanation that "a new race" of staphylococcus has been suddenly evoked, though without a shred of support for such a supposition. Nevertheless, there is an anxiety about the matter attested to by the profuse and pointed medical literature on the subject, together with the appointment of special committees to enquire and report on hospital infections with particular reference to staphylococcus.

This activity can only do good. It has stimulated a searching enquiry into

every aspect of the functioning of hospitals. The range of the investigations has included building design and construction, ventilation, the procedures and materials of housekeeping, furniture, bedding, laundry, the clothing of the hospital staff, the admission, management and treatment of patients, medical and nursing techniques and procedures, records and reporting of cases, laboratory investigation, staff and patient carrier states. Administrative problems arise in coping with the findings these enquiries produce. Every one of these problems has subdivisions and ramifications, but the wholehearted endeavor of everyone concerned is to discover any weaknesses and to introduce improvements.

All this is going on in several countries, including Canada. Whether or not the staphylococcus problem is more serious now that it ever has been, this review of the functioning of hospitals in the light of modern knowledge is well worth the effort. A great deal has been learned. Much information still has to be evaluated and arranged for application in practice. Canadian hospitals, both large and small, are cooperating fully in every way that the National Research Council Committee requests and many hospitals have their own committee to which their problems are referred.

When widespread informed attention is sharply focused on a definite problem it is natural and desirable that the general public should be made aware of it. It is therefore not surprising that staphylococcus infections are no secret. It is unfortunate that the information has at times been exaggerated and distorted in magazine articles and newspapers so that public confidence in hospitals is shaken. Even the most learned find it difficult to reduce technical complexities to effective everyday language; but deliberate intention to scare the public for the sake of unjustifiable sensationalism is irresponsibility. contemptible disservice must tend to preclude the giving of information to writers of feature articles. These trifling tirades will not outweigh average good sense and experience, for, in general and particular, never in known history have the sick had such advantages as are afforded them by medical care today.

It would contribute little at the moment to try to unravel the uncertainties of terms and descriptions surviving from the very distant past, but it is well to realize that staphylococcus infections are not new and peculiar to our time. In an Anglo-Saxon magical text dealing with leechings, there is a cure: (translated)

For carbuncle (blaece): After sunset scarify the neck; silently pour the blood into running water; spit thrice and say "Have thou this unheal and depart therewith." Return home by a clean route, going both ways in silence.

The staphylococcus was not definitely associated with disease until 1880, although suggestive findings had been made as early as 1871 in the dawning of proof of the bacterial cause of disease. Between 1885 and 1887 various investigators proved the pathogenicity of staphylococcus for human beings by inoculating themselves and producing lesions from which the bacteria were recovered. Lord Lister in 1870 describes how wards had to be shut up entirely because of pyemia, erysipelas and hospital gangrene and the great reduction of incidence and mortality with the use of his "antiseptic system." In succeeding years he pursued the subject, with supporting experiments, introducing more bacteriology as the subject developed. In 1891 he wrote that Staphylococcus pyogenes aureus "seems to be the most frequent cause of suppuration in man." Later, discussing sterilization by disinfectants in 1893, Lord Lister wrote "The Staphylococcus pyogenes aureus —a very common cause of suppuration -is very resisting." Lord Lister's statements were made in the era of "laudable pus" and "hospital gangrene," when surgery was chiefly restricted by the danger of infection. It seems clearly evident that staphylococcus infections at that time were not only more abundant but were far more serious in character than those that are causing so much enquiry at the present time. One sentence from Professor S. D. Elek's recent excellent monograph on Staphylococcus pyogenes brings the matter starkly home:

The present generation, meeting Staphylococcus pyogenes mainly in minor infections, can scarcely realize the fear and respect our fathers must have had for this organism.

We may expect to have reliable figures for the prevailing incidence of staphylococcus infections through the enquiries that have been instituted, but for comparison with them we cannot hope for more than the impression of experienced observers over many years. It is therefore not possible to make a reliable estimate of whether or not staphylococcus infections have increased. Probably because it has always been so common and so diversified staphylococcus infection was never put on the list of notifiable diseases, though it may creep in occasionally under the guise of septicemia. Because the official standard of "classified Nomenclature of Diseases" is based on clinical entities and not on etiology, such of the many varied manifestations of staphylococcus infection as are officially recognized appear in the lists as so many different diseases, and on widely separated pages in the book. This unscientific procedure increases the difficulty of comparing the present with the past.

Except in certain forms of staphylococcal disease, such as terminal pneumonia and pyemia, the mortality rate is now low. Other bacterial infections, for example Streptococcus pyogenes, made themselves more urgently feared in the past and this led to a measure of clinical contempt for the staphylococcus. These other scourges of the past have proved amenable to control by the new antibacterial drugs, whereas the staphylococcus displays adaptability to withstand them. An outstanding feature of this adaptability is the derivation of strains exhibiting hereditable resistance to a selected antibiotic far beyond that observed in the parent strain and without apparent loss of infectivity. This appearance of resistant strains of staphylococcus is in large measure the cause of the prevailing disquiet.

There is no doubt that categories of "hospital strains" of staphylococcus exist. Their recognition is founded on the measure of their resistance to various antibiotics, with refinements in further differentation by "phage typing" and serology. It is not merely understandable — it is to be expected that the staphylococcus is to be found more abundantly present in a hospital than elsewhere, for the simple reason that the very purpose of a hospital is the accumulation of the sick for proper treatment. The proper treatment of infections today demands a discerning use of antibiotics. This in turn must set up a selective environment for the derivation of strains of staphylococcus resistant to the antibiotic used. Although operating to a lesser degree, and perhaps partly by dissemination, a gradually increasing occurrence of antibiotic-resistant staphylococci outside hospitals has been observed. Recognition of this general situation has imposed measures designed to minimize fresh production of resistant strains by the use of mixtures of antibacterial agents of different action, as well as stringent techniques and procedures to eliminate the opportunities for cross infection.

The staphylococcus may properly be recognized as a commensal of humanity. Babies are found to become carriers within a matter of days after birth. Mere presence of the organism does not mean there is also disease, for there is a definite distinction between contamination and development of a pathological process. This condition is abundantly clear even in wounds which could but often do not progress to suppuration. The most certain mode of transmission of organisms, of proven pathogenicity, is from a declared case which either produces more cases or more carriers of pathogens. Thus, the chance of developing infection is greatest in hospital where such cases are congregated. In addition, though less frequently, sources of infection have been traced not only to carriers on the hospital staff but to the patients themselves as carriers. The significance of carriers is beset with many uncertainties and qualifications and becomes pointedly alarming when the carrier develops a lesion, however slight.

The carrier state is markedly dependent on the individual. A person may be by nature a permanent or an intermittent carrier or may remain persistently free. So there are found fluctuations in the rate and in the duration of the carrier state. There also seems to be an excluding antagonism between races or types of staphylococcus with the result that a carrier very rarely harbors more than one of these. The interpretation of the influence of carriers on the incidence of disease is not simple and it introduces serious worries for hospital administrators. There is no uniformity of opinion that effective control of carriers would control incidence of infection, but the contention is supported by a few instances and it cannot be

neglected. Environmental ubiquity of staphylococcus has instigated elaborate examination of every sort and kind of equipment, facility, procedure and amenity proper to hospitals. These have been considered in relation to requirements of special services and functions, to care of patients of every category, to utilities, laundering, cleaning, disposal of waste - in fact, to every activity within a hospital, Trials are being made with bacteriological control to devise means of perfecting the elimination of cross infection. This is no light undertaking for it involves the cooperation of the entire staff of a hospital and requires much re-education, explanation and regulation. Obviously it cannot all be carried out at once in any one institution so particular features are distributed where most suitable facilities for it are available. However anxious we may be to find solutions, qualified personnel, time, trouble, and expense are determinants.

The manifestations of staphylococcal disease shows every variation from the most indolent little superficial pustule to the most rapidly fatal fulminant septicemia. This determines the number of named clinical entities which are caused by the staphylococcus, which clearly indicates that a complexity of processes is involved. Although the staphylococcus displays an array of toxins, enzymes, antigens, physiological processes, and other recognized characters, none of these, singly or collectively, of themselves accounts for the initiation of infection. In fact, the dose of advantageously selected staphylococci required to produce a purulent lesion in the human skin by injection is far beyond what could be encountered in ordinary life. It is also pertinent that no satisfactory method has yet been devised to measure convincingly what might be considered intrinsic virulence of strains of staphylococcus. Dubes has pointed out it is "extremely difficult to define a strain in terms of its pathogenic potentialities." Nevertheless, much of the pathology of the stages and forms of the clinical disease is explicable in terms of the products and actions of the staphylococcus once it has invaded and grown in the patient's tissues.

Initiation of disease with contamination can be accomplished experimentally with the aid of trauma, an imbedded foreign body, focal ischemia and the like which, after all, do resemble the suppuration of wounds, burns and other human lesions that can be regarded as special circumstances. To account for spontaneous disease without apparent adventitious aids, observations on individual cases and analysis of series of cases have been made. Susceptibility and resistance are attributed to constitutional factors that are individual, but there are indications that nutritional disturbances and debilitating diseases contribute to lowering resistance. There is, too, a measure of relation to age groups: young children, the ages of puberty and adolescence in contrast to adults. These considerations have an importance in the prevention of hospital infections since patients of all ages are there because they are already sick and therefore may be more susceptible. This circumstance obviously requires that the most stringent precautions be enforced to eliminate any ways by which bacteria may be transferred and to minimize environmental contamination.

Experience with every kind of infectious disease teaches us that the host factors are of immense importance, not only in questions of susceptibility and resistance, but to the characteristics of type, degree and outcome. This is no doubt true of staphylococcic infections but the potentialities of this resilient organism must not be lightly dismissed because we do not know how to measure all of them. Strains have been found that will produce typical pyemia on intravenous injec-

tion into rabbits while most other strains fail to do so. Superimposed outbreaks have also been described in carefully observed institutions that could justifiably be attributed to the introduction of a staphylococcus "strain of more than ordinary virulence." Such observations warn against too hasty judgments.

Start where you will on the problem there is no lack of points at issue. There are few persons on the staff of a hospital who cannot make some contribution towards its solution. Suggestions of the highest value do not necessarily come from the most elaborate and expensive experiments, but constructive ideas do develop from acute appreciation of happenings and from piecing together of accurate observations.

Hospital infections do occur. There is evidence of an increase in some places. Certain incidents have given just cause for alarm and the staphylococcus has taken a leading part in showing us that revision of practice and procedures, in the light of advancing knowledge, must be constantly undertaken to maintain the proud service hospitals have given the sick.

I do not believe we should fear Staphylococcus pyogenes, but I am perfectly sure we must respect it.

Staphylococcal Infection

MARY SOUTHERN-HOLT, M.B., CH.B., D.C.H.

Introduction

era when it appeared that the problem of (certain) infectious diseases had been forever solved, an occasional voice was heard predicting the possibility that as a result of the use of these antibiotics a new breed of organism would result which would be resistant to the so-called wonder drugs. The prediction has proved to be correct for both gram-positive and gram-negative organisms.

At the present time, the most significant problem with antibiotic resistant organisms is that of Micrococcus *pyogenes* var. *aureus* (hereafter referred to as Staphylococcus *aureus*)."

It would be difficult to estimate the true extent of the problem. The present-day prevalence of the subject in the medical literature indicates an increasing incidence and awareness of the difficulties presented by resistant bacteria, particularly of Staphylococcus aureus.

Both the hospital and community aspects of the subject are well worth thought and consideration. Much still remains in the field of speculation but it seems certain that infections due to

Dr. Southern-Holt is Director, Maternal and Child Health for the Province of New Brunswick.

resistant organisms in our antibiotic saturated hospital, and even non-hospital, society are probably with us for an unforeseeable length of time.

Guide to the Literature

A useful guide to the quite formidable amount of literature which has accumulated on the subject in recent years is the bibliography on staphylococcal infection covering the years 1952-May 1958, and in the supplement June - August 1958, by the Reference Division of the National Library of Medicine.²

To facilitate the finding of material of special interest to the reader a capital letter is placed at the side of each entry indicating the nature of its main content.

Thus H — Staphylococcal infection in hospitals; epidemiological studies, occurrence, prevention.

C — Staphylococcal infection in the home, school, community.

S — Case or cases caused by antibiotic sensitive or resistant staphylococci.

1. "Bacteriologic and clinical experiences and the methods of control of hospital infections due to antibiotic resistant staphylococci." H. Taylor Caswell, Kenneth Schreck et al Surgery, Gynal and Obstets. 106:1 Jan. 1958.

Recommendations

Many have been the observations and recommendations emanating from professional organizations during the

last year or so.

In February 1958, for instance, the Committee of Fetus and Newborn of the American Academy of Pediatrics prepared, with the assistance of a Committee on the Control of Infectious Diseases, a special report on staphylococcal infections in the newborn. They wished to draw attention to the facts, et alia, that:

There is a high carrier rate of antibiotic strains of staphylococcus in hospital personnel and in long term patients.

The chance for development of staphylococcal infection in a hospital is greatly increased in individuals who have decreased resistance to infection in general.

The report continues:

It is apparent from the above that infants in newborn nurseries are in particular jeopardy... A specific type of staphylococcus is usually found to predominate in the cultures from lesions and is usually present in high incidence in the noses of babies, nurses, and attendants and may be found in the air, dust or on furniture of the nurseries.

Studies show that infection comes mainly from the hospital environment in these cases and not from the mothers.

The following paragraph from the same source is of the utmost impor-

Of great significance is the fact that newborn infants may not develop their infections for several days to weeks after they have returned home. This demands that close surveillance of newborn infants be continued after discharge from the hospital.

They recommended that all hospitals should establish a committee for the Control of Cross-Infection which would be empowered to make and enforce recommendations for the prevention, investigation and control of staphylococcal and any other type of in-

fections in the hospital population. They also consider that an outbreak of staphylococcal infection in a nursery should be followed immediately by culturing lesions of affected babies, noses of all other infants and all staff personnel.

Similar recommendations on the formation of committees were made by the American Hospital Association in May, 1958 and appeared in the Bulletin of the Joint Commission on Accreditation of Hospitals, August, 1958, of which member organizations included, at the time of issue, the American and Canadian Medical Associations.

New Brunswick

In New Brunswick within the Department of Health and Social Services at least three divisions are particularly interested, and work in close association in the field of cross-infection control. These are: The Division of Provincial Laboratories, the Division of Maternal and Child Health and the Division of Communicable Disease Control. Early in 1958 directors of each of these three divisions met to discuss common problems of staphylococcal control and to define more clearly divisional services and functions.

The Laboratory Services were already carrying out hospital surveys and all three directors or their deputies, and the district medical health officers had already acted as consultants in community and hospital situations.

Courses in Cross-Infection Control

The Division of Maternal and Child Health undertook, in addition, to sponsor courses in cross-infection control for those most likely to be practically concerned with the problem in the hos-

pital situation.

At that time Hospital Cross-infection Committees were gradually increasing in numbers and it was thought that some members of existing committees might wish to receive special training, and that in hospitals where there was no committee the sending of doctors or nurses to short courses might stimulate interest, provide information and thus be of even more value.

Enquiries were not successful in locating courses exactly of the sort

^{2.} Bacteriologic and Clinical experiences — OP. cit. U.S. Department of Health, Education and Welfare, Public Health Service, Washington D.C., June 1958.

envisaged but during a visit to the Children's Hospital in Montreal, in April 1958, information was gathered on a four-week course for nurses which had recently been introduced. This course hoped:

1. To interpret to a selected group of graduate nurses, the present day concept of microbiology and to present methods of prevention and control of infection in giving institutional care to infants and children.

2. To help to create an appreciation of individual responsibility in knowing these mehods and interpreting to others the need for protective barriers throughout the institutional environment.

Eight nurses took, in 1958, this four-week course which has since been shortened to three weeks.

It was suggested to the director of the hospital that a shorter two-day course and discussion group for physicians should be organized. The idea was accepted and a few months later twelve New Brunswick physicians took the first of these courses.

The subject might sound dull and rather special but members of the group found their interest sustained to the last moment. On their return to the province nearly all who were not previously serving on committees, stimulated the formation of committees or joined ones already existing.

The third stage of the plan is to organize, in New Brunswick itself, a week's institute for hospital house-keepers. This will probably take place during the early autumn in the Moncton Hospital. Dr. A. M. Clarke, the executive director, and his staff have given much thought to the preparation of this course which will deal thoroughly with all aspects of housekeeping contributing to prevention and control of cross-infections in the hospital situation.

It is envisaged that these three courses will be repeated annually or bi-annually as long as they serve a need

Financial assistance to selected can-

didates may be provided through the Professional Training Grants of the Maternal and Child Health Grant.

Home visits to newborns

Follow-up visits to infants leaving hospital are carried out in this province mainly by public health and Victorian Order nurses. In the past there has been some reporting, not on a compulsory basis, of cases of suspected staphylococcal infection. District medical health officers have this year been following these reports even more closely and monthly reporting to the Maternal and Child Health Division started recently.

Nurses carrying out newborn visits have been advised of the procedures which seem practical to undertake for the prevention of spread of infection. This has included the issuing to nurses of hexachlorophene for handwashing before and after handling each infant.

Lectures on community aspects of staphylococcal infection control were given at the last annual meeting of public health nurses in Fredericton and attention was drawn to the recommendations made by the American Academy of Pediatrics in their bulletin of March, 1958, "Suggestion for Control of Staphylococcal Infections in Newborn Nurseries." This pamphlet, despite its reference to newborn nurseries, contains practical information and suggestions.

Many are the methods which must be used in the investigation, prevention and control of cross-infections, particularly of the ubiquitous staphylococcus. This brief introduction has indicated one or two only of the paths being followed in New Brunswick.

Points have been omitted which might seem more important than some covered but mention has been made here of certain aspects which perhaps are less frequently considered, or at any rate do not appear too regularly in the literature, particularly the organizing and sponsoring of integrated courses for different members of the hospital cross-infection control team.

I have gout, asthma, and seven other maladies, but am otherwise very well.

- SYDNEY SMITH

Eighty-four per cent of the immigrants who arrived in Canada during 1958 were under 40 years of age. — Citizenship Items

Staphylococcal Diseases in Infancy

BARBARA ROBINSON, M.D.

TAPHYLOCOCCAL infections have assumed greater clinical significance in recent years as a result of increased resistance to antibiotic therapy. Whereas 10 years ago only 10 to 15 per cent of staphylococci recovered from patients in hospitals were penicillin resistant, recent studies have reported

an incidence of 80 per cent.

Staphylococci are quite easily recognized in the laboratory by smear and culture but subclassification of the many pathologic strains is more complicated. Staphylococci are now classified as a group with the genus micrococcus, with Micrococcus pyogenes albus (Staphylococcus albus) and Micrococcus progenes aureus (Staphylococcus aureus) being the most common species. Most of the staphylococci recovered from human lesions belong to the aureus species although at times albus and, rarely, citreus and other species have been recovered from mild infections. Pathogenic strains of staphylococci often produce a plasma (clotting enzyme), called coagulase. Since coagulase, with occasional exceptions, is produced only by disease-producing strains, testing for this substance is usually routine. So an organism reported to be "Coagulase positive" must be considered pathogenic. "Phage typing" is done in some laboratories as a further method of classifying the various strains of Micrococcus byogenes.

The staphylococcal diseases are a group of clinically different conditions. They include skin infections (pyoderma or pustular dermatitis, boils, styes, impetigo), breast abscesses, staphylococcal pneumonia, bacteremia with resulting disseminated infection throughout the body (meningitis, osteomyeli-

tis, multiple pyemic abscesses).

The skin of the newborn infant is usually intact unless damaged by trau-

Dr. Robinson is a practising pediatrician in Fredericton, N.B. She attended a course in prevention and control of staphylococcal infections in hospitals at Montreal Children's Hospital in 1958.

ma. Within a few minutes or hours of birth the skin begins to react to the stimuli of its new environment - solutions applied to the skin, materials in the clothing, chemicals and soap used to clean the clothing. Skin reactions commonly seen are generalized erythema, urticarial wheals, papular urticaria, milia, sudamina (clear vesicles). Occasionally, sterile pustules, (2 to 4 mm, in diameter) may occur anywhere on the body surface. It is important to distinguish all of these from the lesions of true pyoderma — pustules caused by staphylococcal infection of the skin.

Breast abscesses in nursing mothers have occurred in virtually every epidemic of pyoderma in the newborn nursery. Some infants and mothers have had no signs of infection while in hospital but evidence of infection appears soon after they are discharged. Control of these currently increasing epidemics would be aided by making all staphylococcal infections in very young infants and breast abscesses in nursing mothers, reportable diseases.

Primary staphylococcal pneumonia and empyema in infants presents a typical clinical picture. It may be fulminating and lead to death in one or two days. In the common, less fulminating types, multiple tiny abscesses tend to form in the lungs leading to empyema pneumothorax and pneumatoceles. Staphylococcus is identified in throat cultures, cultures obtained from pleural fluid, or from blood cultures. The disease runs a protracted course often requiring surgical drainage of the chest—the average length of hospitalization is three to six weeks.

When the staphylococcal organism gains entrance to the body through the skin or the respiratory tract, bacteremia may occur with dissemination of the infection throughout the body and the subsequent formation of pyemic abscesses in any organ of the body (bone, kidney, liver, spleen, brain).

Treatment

It is fundamental that cultures

should be taken in any suspect cases so that the organism can be tested for sensitivity to the various available drugs. In this way the most effective combination of drugs can be used in each particular infection. Until the organism is shown to be resistant to penicillin this drug may be used in high dosage. Erythromycin, Chloramphenicol, Novobiocin appear to be the drugs of choice at the present time. Bacitracin and Neomycin are often effective against the organism when used locally. Germicidal solutions, particularly of the hexachlorophene-containing variety, are useful for cleansing the skin and also for reducing the contamination of clothing, furniture, blankets and mattresses. Adequate surgical drainage is often necessary before an infection can be controlled. Staphylococcal toxoid inoculations may be used in subacute, chronic or recurring staphylococcal infections. In treating very sick patients staphylococcal antitoxin often is justified.

The Control of Staphylococcal Infections

SR. ANNETTE ROSE, B.SC.ED.N.

I URSING personnel in the various hospital departments have a very important role to play in the struggle against injurious effects of bacteria. Although infinitesimally small and invisible to the naked eye, it is recognized that certain organisms are detrimental to the health of man and control of them calls for constant vigilance. Certain ones of a more virulent nature, and with greater resistance to control measures constitute a threat to the normal body resistance of individuals. These must be brought under control. In actual fact, the most formidable would appear to be the staphylococcus and control calls for concerted and persevering effort.

The hospital committee on infections, as suggested by the American College of Surgeons, is set up to study and investigate causes as well as sources of active infection. The committee formulates techniques and directives designed to prevent or arrest infection. But what use are directives and techniques if the individual fails to understand the importance of them or does

not put them into practice?

To overcome this difficulty, it is absolutely essential to create an awareness within the ranks of the nursing

personnel of the existence of the micro-

them but isn't memory sometimes the art of forgetting?) Then they must be informed concerning the natural habitat of various organisms, degree of virulence, means of contamination by direct contact, e.g. carriers, or by indirect contact, e.g. objects, and the diseases caused. Techniques related to asepsis and antisepsis must be reviewed. When we take into consideration the fact that nursing personnel is made up of a number of categories — some with an understanding of microbiology, others with none - it is obvious that such instruction is a necessity. The time spent in discussion or in demonstration is not lost. On the contrary each person within her own sphere — the professional nurse, the student nurse or the nursing auxiliary — as she reviews previous findings or examines new information should become more deeply convinced of the importance of asepsis and, as a result, will cooperate more fully in putting prophylactic or curative measures into effect.

organisms. (We all really know about

As part of the teaching program, the elementary principles of hygiene and general cleanliness cannot be over-emphasized. Soap and water washing is a good antiseptic that should be used frequently. Everyone should be reminded that poorly washed hands, long, grubby fingernails, jewelry, clothing worn from home to hospital and diag-

Sister Annette Rose is assistant director of nursing, Hôpital Notre-Dame, Montreal.

nostic instruments can often serve as

carriers for pathogens.

Let me give you one example out of many. In one hospital with a large student body, the nurse in charge of the health service noted that a number of girls were suffering from ear infections. Investigation pointed to the use of the stethoscope in practice sessions and, as a matter of fact, when the ear pieces of the instrument were disinfected each time after use, the infection cleared up.

Before attempting to cure infections, we should see about preventing them among hospital personnel as well as among the patients. Conscientious personal hygiene should be a prerequisite for everyone: absolute cleanliness, adequate nutrition, clothing appropriate to the weather as well as to the type of work, enough sleep, recreation etc. If, in spite of all this, an infection occurs, a doctor should be consulted. He will institute treatment, compel infected persons to look after themselves and perhaps stay off duty temporarily which would kill two birds with one stone - speed up healing and protect others.

Where hospitalized patients are involved, individual isolation is recommended. If this proves impossible through lack of rooms then it is suggested that infected patients may be grouped in a room, limiting the number to avoid crowding, where each person can have his own personal belongings — wash basin, glass, soap, towels etc. Equiment should be autoclaved when the patient is discharged. If sterilization is not possible, careful disinfection should be carried out. Where possible, disposable articles can

be used to advantage.

In caring for infected patients, nursing personal as well as doctors should wear a special gown which is discarded upon leaving the isolation unit. Washing the hands for at least one minute before examining or treating the patient is advisable. Wearing gloves and a mask is required for all changes of dressings. After contact with the patient, the hands should be washed for at least two minutes. Contaminated linen should be collected in a specially labelled bag and if at all possible, it should be autoclaved before laundering. Furniture and floors should be

washed with detergent daily and after the discharge of each patient.

This technique also requires that mattress and pillows should be completely encased in a protective cover and that this cover and any woollen blankets should be sterilized or washed. Repeated washings cause less deterioration of fibres than sterilization.

Traffic into and out of isolated areas must be reduced to a minimum. Non-infected patients should not be permitted to enter. Infected patients should not leave the isolated areas and the portable telephone must be disinfected after each use. Personnel assigned to the care of these patients should avoid contact with other patients. The number of visitors should be limited to two persons.

All these precautions may seem exaggerated especially to those who must either submit to them or carry them out. However when we take into consideration that the staphylococcus is capable of causing infections that vary extensively as to severity and location, it seems only good sense to use every means at our disposal for protection.

Since this struggle against infection goes on continually, aseptic techniques must be checked with equal constancy. The efforts of all staff members should be directed towards this end. Head nurses, assistants and clinical instructors should combine forces to help the supervisor who should not be expected take the full responsibility. Unrelenting vigilance is necessary to achieve results. A conference of the persons previously indicated is necessary particularly when the weekly report on infection is presented. This report should be submitted regularly to the Committee on Infections even if there are no cases to present. The entire problem can be considered and discussed, minor infractions of technique reviewed, and techniques revised in accordance with aseptic requirements. All this will help to develop an attitude of constant watchfulness.

To achieve control of infection, equipment needed for patient care must be on hand in quantity and personnel must be persevering in their efforts. A unit for contagious conditions should be set up in a specific area of the hospital and should be staffed by nurses specially trained in this field. It may

be considered advisable to reserve rooms for this purpose in other areas of the hospital as well, with personnel rotating at regular intervals. In a hospital with a school of nursing each student would have an opportunity to put what she has learned in the classroom or from clinical teaching into effect as regards this specific problem. Modern building designs allow for adequate patient space with utility rooms divided into two sections — one for clean articles and one for contaminated articles — making it easy to put aseptic techniques into practice.

It is correct to say that the degree of care with which the department of nursing carries on the campaign to control staphylococcal infection will

decide success or failure.

Prevention and Control of Cross-Infection in the Nursery of the Normal Newborn

PATRICIA ZWICKER

PREVENTION and control of cross-infection in the nursery is the responsibility of a number of individuals. The nursery staff shoulder the greatest responsibility as it is their duty to care for these new lives and keep them safe and well while they are in hospital. They must oversee and direct the duties of others who have responsibilities in this area, such as members of the housekeeping staff, laundry, maintenance workers, laboratory staff, visiting medical staff and any others who might have occasion to be present in this area at any time.

The nursery is the dwelling place for a number of days of a constant influx of new lives. These small bits of humanity, equipped only by nature to combat any disagreeing force, are placed in the nursery to be cared for until they are taken to their homes. It is the responsibility of those who care for these newborns to eliminate completely any dangers which might

arise unnecessarily.

The nursery staff must be educated to the importance of absolute cleanliness. This must be stressed often and emphatically. The simple procedure of handwashing with a hexachlorophene -

Miss Zwicker is Nursing Office Supervisor at Victoria Public Hospital, Fredericton, N.B. A course in prevention and control of staphylococcal infection in hospitals was taken at Montreal Children's Hospital in 1958.

containing detergent is the most important of all measures to combat the spread of infection and should be performed frequently by those on duty in this area. The nurse must consider herself unclean after working with one baby and must wash thoroughly before beginning another task.

Not only must the nurse herself be ever alert and conscious of the importance of cleanliness in performing her duties, but she must realize the effectiveness of her personal cleanliness and state of health. This is of equal importance to others working in this area. The nurse has continuous opportunity to teach, to remind her associates of the importance of cleanliness and the requirement that they cooperate in carrying out the program to insure protection to these newborns.

In teaching co-workers, whether professional or non-professional, about the importance of prevention and control of cross-infection, nursing personnel must be continually educating all persons having duties in the department. Housekeeping personnel should be instructed as to general hygienic methods for cleanliness of person, clothing and equipment. To emphasize the importance of each one's carefulness, all must be acquainted with the nature of staphylococcal infection, its widespread occurrence and the manner of spread. Some simple methods of control to be stressed and enforced would include avoiding the use of

handkerchiefs, doing a minimum of talking, laughing and coughing while in the nursery, and by minimizing unnecessary activity lessen undue traffic

and moving about.

Those on duty in this area should realize fully their responsibilities in reporting any infection, however minor. Persons with infections should be relieved of duties until they are considered safe to return by a professional consultant.

The incidence of infections is dependent upon the efficiency of the techniques practised. To ensure safety among members of the staff, it is recommended that a general physical examination, x-ray of lungs and cultures of the stool and urine be done at the time of employment and regularly thereafter. Periodic physical and laboratory examinations should be performed not less than once yearly for these employees. Nose and throat cultures would be an important part of a physical examination for those employed in the nursery.

In the nursery, apart from cleanliness of the physical setup, and apart from the physical fitness of personnel, there are a number of other responsibilities in relation to procedures and

duties.

Each baby is cared for in an individual unit. All articles used for one baby should be kept within its unit with the exception of certain apparatus used in examinations and these are sterilized or decontaminated before use on another baby. Terminal disinfection of the unit and its equipment is another protective procedure and must be carried out thoroughly before another baby is placed in the unit.

Disposable articles such as wipes, cotton swabs should be collected immediately in a container such as a paper bag and placed with outgoing refuse which should be collected in a

covered container, adequately and regularly cleaned, and kept outside the main nursery.

Diapers require special attention. Seemingly the safest method of disposal is that diapers as received from an infant should be placed in a lined, covered container outside the nursery. These containers must be collected frequently, transported to the laundry where rinsing and washing is done according to competent laundry procedures and processes. Other soiled nursery linen should be placed similarly in covered containers outside the nursery, collected frequently and transported in hamper liners to laundry.

The modes of operation in nurseries vary with the physical setup and accommodations. Although we do not always have the ideal setup, we must utilize what we have in the safest and

most practical way.

Spacing is another major concern. A minimum of 24 square feet per infant is required and it is desirable that

30 square feet be provided.

Another safety practice is that of arranging admissions to one unit until it is filled, then another, rotating admissions so that each unit is completely emptied before readmitting new infants to it.

To be fully effective, an infection control program requires full integration of individuals within the department and cooperation of all departments. The medical department will advise on necessary or special precautions. They can assist in the training program for other members of the staff who are eager to learn and apply their knowledge in the most beneficial manner. The nursing personnel must work in cooperation with the medical staff to strengthen the present defences and to prevent and control the spread of infection in a department and thus throughout the entire hospial.

What makes a real nurse? Is it the hours at the bedside or is it what she does there and how she does it? Can she still be a real nurse if she doesn't do the traditional pillow smoothing, bed making, temperature taking, and so on? If she is trained in technical skills and scientific observation, can she still be the sympathetic nurse of

yesterday? These questions have all been answered, for we are learning (if we have not already learned) that our nurse of today measures up. To borrow a line from the poet: "the quality of mercy is not strained" by the nurse's adoption of modern methods and techniques, and by her greater learning.

— Canadian Hospital

Prevention of Staphylococcal Infections in the Operating 1

in the Operating Room

HAZEL L. MACNEILL

WITH THE increasing occurrence of staphylococcal infections in hospitals, the need for preventive measures must be carefully considered. Operating room staff and auxiliary personnel are concerned with the problem of post-operative wound infections caused by the Staphylococcus aureus. Sepsis caused by this organism has increased steadily in recent years and may reach serious proportions unless the problem is understood and corrective measures adopted.

Sources of exposure to staphylococci are the carrier and the actively infected individual. Hospital staff, auxiliary personnel or any healthy person from whom the organism may be isolated from the nose, throat or skin qualify as carriers. We must also consider the patient who harbors staphylococci in his nasopharynx or on his skin. Staff members and other personnel with open suppurative lesions in addition to patients with postoperative wound sepsis, cutaneous or respiratory lesions qualify as sources in the actively infected class.

In nursing, the patient is the centre of our concern. We try to meet his physical, psychological and spiritual needs as an individual. Let us consider the patient for whom surgery results in an infected wound. This naturally means a longer hospitalization period, greater expense, and the possible need for further anesthesia and surgery. We can not ignore the fact that infections can be fatal. The infected patient may find himself with a much more serious condition than the one for which he was originally admitted.

Architecture and Antisepsis

The architectural design of an operating room may affect the rate of postoperative wound infections. Dressing

Miss MacNeill is a clinical supervisor in the operating room of Victoria Public Hospital, Fredericton, N.B.

rooms for doctors, nurses and auxiliary personnel should be located a considerable distance from the main suite. It is advantageous to have the operating units, sterilizing rooms and scrub-up sinks separated from the common corridor. Any person who enters should be properly attired in full operating room dress. The principles of aseptic technique will be much easier to carry out if the sterilizing rooms and scrubup units are situated between the theatres. This makes it possible for the scrubbed members of the team and the personnel who are transporting sterile articles to the theatres to avoid passing through the corridor which has the highest degree of air contamination. In some hospitals where these physical standards can not be met, the operating room supervisor must concentrate on determining the best technique to meet the individual situation.

Antiseptic Technique

Skin disinfection of the members of the surgical team and the patient must be carefully considered. Established scrubbing techniques must be adhered to conscientiously. It has been reported by Dr. Carl Walter in "Aseptic Treatment of Wounds" that hands having a bacterial flora of 3,000,000 were found to have a flora of 25,900,000 after gloves had been worn two hours and 40 minutes. It is imperative for the scrubbed members who go from one operation to another to scrub at least three to five minutes in between cases in order to reduce this bacterial count. In some hospitals the infection rate was found to have decreased after the routine 10-minute scrub was used to prepare the operative site on the patient. This is performed in the operating room by the surgeon and his assistant after they have scrubbed and donned sterile gloves. As a final step the skin is painted with an antiseptic solution. Following this, the surgeon and assistant put on fresh operating

room gowns and sterile gloves.

The conduct and attire of the surgical team is an important factor. Operating room dress (scrub dresses and suits) should be worn only in the operating room. This helps to prevent the possibility of carrying bacteria from other parts of the hospital to the surgical suite. Masks must cover the nose and mouth and should be changed every two or three hours and between operations. Clean footwear is also essential. Receptacles placed inside the doors of the main unit provide for relatively safe disposal of caps, masks and scrub boots after use. Since masks may be highly contaminated by organisms from the nose and throat, they should be handled only by the strings after use. Regular throat cultures of the operating room personnel and the staff is of value in prevention of infection.

Septic case technique must assure patient safety. This procedure will vary according to the physical set-up of the individual operating room suite. Special precautions must be observed in the laundry when handling contaminated linen. Laundry technique must be checked and revised as necessary.

Sterilization

Thermal sterilization procedure must be standardized. Autoclaves should have periodic maintenance inspection to assure proper working order. Non-pathogenic spore ampoules or strips are valuable for this purpose. The storage room for sterile supplies should be located in an area of the operating room that is remote from traffic. Articles to be stored should be dated at the time of sterilization and resterilized at one month intervals. Anyone who enters this room should wear a mask.

Housekeeping

The role played by the housekeeping department is an important one. It is the responsibility of the operating room supervisor to see that personnel employed in this department are taught the various procedures that they are called upon to perform. Brooms are a hazard. Wet mopping with an approved detergent germicide should be used instead of dry mopping. Housekeeping methods should be standardized, reviewed frequently and improved where necessary.

It is advisable to have air conditioning and ventilating units checked periodically to maintain them in good working order. Air-borne contamination should not be seized upon as the immediate cause of postoperative sepsis but should be considered as a pos-

sible major factor.

Conclusion

In dealing with the prevention of infections many hospitals have a Committee on Infection Control. The membership of this committee may include the hospital administrator, the chief of surgery, two or more members of the surgical staff, the bacteriologist, the director of nursing service, the operating room supervisor, executive housekeeper and chief engineer. This committee directs its attention to the control of cross-infection generally.

The operating room staff must be completely aware of the seriousness of this problem. Efforts must be directed toward keeping aseptic technique at the highest level. Teaching is a continuous process. Inservice teaching programs to provide "on the job" training are essential. It might well be said that asepsis is a chain which is as

strong as its weakest link.

For me no idea or argument is completed until it is written out. Clarity of thought may come only with a second or third draft. Even then, I am unhappy until the argument is expressed in the smoothest, simplest style that I can command. The writing becomes a project in itself. Simplicity in thinking and simplicity in writing are close kin. Simplicity in writers and in scientists is what I most admire.

- DR. WILDER PENFIELD

Paradoxical though it may seem, society as a whole must come to the aid of the individual — finding ways to identify him as a unique person, and to place him alongside his fellow men in ways which will not inhibit or destroy his individuality. By its educational system, its public and private institutional practices, and by its attitude toward the creative person, a free society can actively insure its own constant invigoration.

- Rockefeller Report on Education

The Problem of Staphylococci in the Operating Room and Central Supply Room

MERLE SMITH, B.N.

VERYONE in the hospital hierarchy must accept the premise that staphylococci abound everywhere. This is an attempt to state the problem as it exists in operating rooms and central supply rooms, and to suggest some methods for the control of the "golden cocci."

As part of the organization of the hospital staff there is likely to be a number of committees.

1. Operating Room or Surgical committee

Its members may be the chief of surgery, chief of anesthesia, chief of the resident staff, the O.R. supervisor and her assistant, the record librarian, the director of nurses and the hospital administrator.

The operating room supervisor's role is that of a specialist. She is responsible, not to *one* body of authorities but to two, the administration of the hospital and the medical staff. Because of this dual responsibility there may be failure on the part of either administration or doctors to recognize her as a specialist in her department.

The administration in conjunction with the medical staff should determine by definite policies the framework within which the supervisor must work. Once her area of authority has been clearly defined then both the administration and the doctors should honor it. The hospital administrator, the director of nursing and the doctors should support the supervisor completely. The supervisor should have a broad scope of authority within which to operate her department.

2. Infections Committee

At present such a committee is not required by the Joint Hospital Accredi-

Miss Smith is the supervisor of the Central Supply Room, Royal Victoria Hospital, Montreal. She presented this paper at the American College of Surgeons Convention, nurses' section, held earlier this year.

tation Board. This committee or a similar group has been formed in some hospitals to help investigate the staphylococcus problem. Unfortunately nursing is represented in very few instances. I cannot see how continuity can be maintained unless a qualified nurse with a knowledge of aseptic techniques is present as nurse consultant and is available to take some responsibility for teaching hospital personnel.

The Infections Committee must have the cooperation of everyone in order to deal with the problem successfully, All hospital personnel must be checked as they go about their daily routine and must join forces in the bacteriological war.

The following factors must be considered in arriving at methods of control of infection within the operating

1. Does the Operating Room floor plan allow for the recommended 3-zone area?

1. A non-restricted area

2. An interchange or semi-restricted

a. Where certain operating room attire must be worn.

b. Where the reception of the surgical patient is preferably by O.R. stretcher bed.

It is to this area that the patient will be transferred first for surgery. Soiled dressings, and casts should be removed here.

Restricted area
 The O.R. supervisor has complete authority here over traffic.

2. Has the hospital posted rules and regulations for the operating room

and anesthetic department?

The Operating Room Committee in collaboration with the Infections Committee should draw up rules and regulations to be enforced in the surgical suite. The chief of surgery and chief resident of surgery, the chief of anesthesiology and others should cooperate

with the O.R. supervisor to see that all personnel under his or her jurisdiction fulfil the requirements.

Some suggestions to follow are:

a. The operating room staff plus visiting surgeons, pathologists, photographers, radiologists, etc. should adhere to the rule regarding change of attire—the use of O.R. suits, boot covers, caps and masks. Masks should cover the nose and mouth. They should be changed between cases and should not be worn hanging about the chin. Caps should cover the hair completely.

Dr. Carl Walter suggests that the pathologist is perhaps the most heavily contaminated member because he visits both autopsy and operating room areas. Consequently he should observe technique with particular care. Traffic from other hospital personnel should be discouraged.

b. No person suffering from respiratory or skin infections should enter the operating room. It is preferable to have infected patients posted for surgery follow at the close of the general operating list and to have them confined to the septic theatre. This theatre must then receive special decontamination by O.R. and housekeeping personnel.

c. Conversation should be kept to a minimum. How many times have we stood at the scrub-sink preparing for an operation while we discussed the trend of the stock market or the lines of this year's cars? Have we really scrubbed? How much contamination through extra conversation has saturated the already inefficient face mask? The Modern Hospital, December 1958 issue reported that in an air study done on one occasion while the surgeon was present and after his retirement from the theatre, his gregarious houseman, "the clown," raised the bacterial count from 20-60%!

d. Anesthetists who enter the contaminated theatre should put on boot covers and an extra gown that must be removed before leaving the theatre.

e. A study should be done to determine if the anesthetists have endeavored to prevent the transmission of organisms. Have the endotracheal tubes, hose and re-breathing bag been decontaminated between patients? Has the anesthetic been administered in such a way as to prevent heavy breathing, spluttering and coughing? In the case of a

known infected person has an anesthetic been employed which will permit the patient to return to his own room rather than remain in the recovery room? Has the recovery room a single totally enclosed area for contaminated cases?

3. Should the O.R. have bacteriological studies done?

A. Personnel - There is some controversy as to whether all O.R. personnel should have nose and skin cultures done routinely. Studies show that 80 per cent of hospital personnel carry staphylococci where studies have been done in epidemic areas. I have already stated that rules and regulations should not allow infected persons into the surgical suite. How then will the operating room function? It would seem that cultures should be done at regular intervals and the reports sent to the O.R. supervisor and chief of surgery. These two persons should tactfully notify all personnel of their "carrier" tendencies. Such "permanent carriers" should be permitted consultation through the hospital Health Clinic and appropriate treatment should be prescribed for the individual case.

B. Operating Room Suite

Theatres and corridors should have air sampling done at intervals to determine the degree of contamination. A housekeeping routine should be established for handling equipment between operations and terminal cleaning at the close of the operative day with a germicidal detergent that does not affect the conductivity of the floor.

How is the soiled linen handled? Every theatre and other specified areas should have a regular laundry bag with a mesh bag inside it. Soiled linen should be placed in this mesh bag and tied. The outer bag is tied before being transported to the laundry. Contaminated linen from the septic theatre should be placed in marked bags. All mesh bags are placed into the washers with tongs, the outer bags are washed also. Under proper laundering conditions operating room linen would be disinfected before it reaches the Central Supply Room. This is done by a "superpasteurization" method with sweet and sour rinses.

5. What are depots?

Depots are the inanimate objects and materials on which and in which sta-

phylococci may live. Bacteria may build up to dangerous levels if methods for their destruction are not put into effect.

a. Floors — terrazo conductive flooring with unsealed joints or conductive tile floors with loose tiles are harborers of bacteria. These floors need preventive maintenance. Care should be taken when transporting heavy pieces of equipment.

b. Cabinets, if required in theatres, anesthetic machines and lights should have smooth outer surfaces. These surfaces should be washed with germicidal

detergents.

c. Blankets should be washable and should be stored in decontaminated warming cabinets.

d. Mattresses and pillows should be covered with conductive rubber that can be thoroughly washed with germicidal detergent. It is preferable for this reason to use O.R. stretchers to transport the patient from the ward to the surgical suite and to have him accompanied by O.R. personnel. This reduces the possibility of transfer of bacteria from the patient's bed.

e. Scrub-sinks — The trough type is the one of choice, made of stainless steel with knee taps, foot dispensers for soap, scrub brush dispensers, an adequate supply of nail files and a clock. It might be mentioned here that many hospitals in Canada and south of the border are returning to the 8-10 minutes scrub in addition to the use of hexachlorophene soap preparations.

f. Equipment such as kick buckets, the base of operating tables, linen hampers and suction bottle holders should be washed well with a germicidal detergent

g. Positive pressure air-conditioning units should have dust filters. The low-ered temperatures and humidity control will prevent excessive perspiration in personnel. In grossly contaminated areas germicidal aerosols are advantageous.

h. Glove powder dust should be kept to a minimum. The gloving procedure should take place as close to the air intake area as possible.

6. Instruments

All used instruments should be washed in a pressure washer-sterilizer with a detergent suitable to the local water conditions. Ultrasonic washing must not be confused with the pres-

sure washer. It is hoped that there will be on the market in the near future, an automatic machine which will sterilize and cleanse the instruments ultrasonically in one operation.

7. Who is the most important per-

son in the Operating Room?

All will agree that it is the patient. Most of the discussion up to this point has involved the patient indirectly. A factor that should not be forgotten is

the skin preparation.

a. It has been suggested that the surgeon should advise the patient to bathe nightly for at least 3 or 4 days prior to operation, and to wash the operative site with extra care. The newer bath soaps contain hexachlorophene. While there may be a slight question of skin sensitivity, dermatologists are now prescribing these soaps for skin care. However, whether the surgeon recommends bathing with hexachlorophene or other soap, such a routine would assure him that the patient had bathed at least once prior to surgery. If for some reason a tub bath is not advisable, then extra care should be taken at the time of the skin preparation.

b. One must also consider whether a large enough operative area has been prepared. Has the skin been dried before the final antiseptic has been applied? This point is important since there may be dilution of the antiseptic or a neutralizing effect by the cleansing agent.

Let us turn our attention for a few moments to the Central Supply Room. Supplies for the sterile field are of three types — textiles, solutions and instruments. In most hospitals, operating room instruments are prepared and sterilized in the surgical suite. Textiles and solutions are best prepared and sterilized in the Central Supply Room where the division of labor can be used to advantage. Lay persons trained and supervised in the details of packaging and wrapping supplies, or in the preparation of solutions accept their work as a great responsibility.

The administration required in this area is great. A Standardization Committee should be available to set up a. techniques, b. rigid control of supplies purchased so that there are adequate quantities available at all times, c. active supervision and maintenance of sterilizers so that this vital equip-

ment is reliable.

To summarize:

- 1. The operating room supervisor should be given authority and cooperation.
- 2. Rules and regulations for the operating room and the anesthetic department should be posted and enforced.
- 3. Bacteriological studies of the personnel and the physical set-up should be done routinely.
- Techniques for the care of soiled linen and other wastes should be standardized.
- 5. The operating room should have standardization of housekeeping methods in regard to decontamination between cases and at the close of the operating day.
 - 6. Rules and regulations should be

laid down for patient care in clean and infected cases.

- 7. There should be standardization of techniques for the Central Supply Room with regard to the size and shape of textiles to be packaged, the preparation and storage of solutions, packs etc.
- 8. There should be routine maintenance of autoclaves with twice-monthly bacteriological studies.

References

- 1. Standards for Hospital Accreditation. Chicago: Joint Commission on Accreditation of Hospitals, 1953.
 - 2. Modern Hospital, December, 1958.
- 3. Hospital Laundry: Manual of Operation. Chicago: American Hospital Association, 1949.

What Will You Do With That Shorter Work Week?

It seems inevitable, if life on this part of the planet continues to follow present trends, that hundreds of thousands of people will have more "leisure" time. But what will they do with it; what will we do?

An article in the *Kiplinger Magazine* "Changing Times" asks this question and makes some suggestions. Here are excerpts from it:

Knowing leisure when you come across a moment of it is almost as hard as finding the moment in the first place.

Leisure is time in which you do what you darned well please. In nicer language, a UNESCO group defined it as: Pursuits to which each can devote himself according to his inclination; outside the demands of his work, his family, and his society; for refreshment, diversion or personal enrichment.

Free choice, without obligation and without the guilty feeling that what is fun is sinful, is the key to true leisure. If you think about it, that puts a lot of us — maybe most of us — in the spot of having lots of free time but very little leisure.

Compulsion dictates so many of most people's offtime activities that little time is left for the things they really want to do . . . One such compulsion is the need to conform . . . Another is the urge to belong.

Expect to be bored if you spend all your free time watching TV or building bookcases. Explore your world and your interests for anything that enlightens, relaxes, amuses, inspires or otherwise makes you a better person.

Too often leisure activities cater only to the pleasures of the moment. They demand too little, they provide no lasting interest to bring the participant back and back again.

At least some leisure-time doings should provide rewards similar to those received from useful and challenging work.

Perhaps Americans (and many Canadians), with their Puritan background, need more than most people to forget their distrust of idleness and learn to relax without guilt feelings.

Don't be afraid of the unplanned hour. Spontaneity and unforced effort are the very essence of leisure.

Know the difference between rules and principles. A principle is something inside you. A rule is an outward restriction. To obey a principle you have to use your mental and moral prowess; to obey a rule you have only to do what the rule says.

- THOMAS F. TYSON



PREPARED IN YOUR NATIONAL OFFICE, CANADIAN NURSES' ASSOCIATION, OTTAWA

Home Care Expert to Visit

Plans are developing for the visit of Miss Eli Magnussen, Consultant in Nursing with the World Health Organization and Chief Nurse, Danish Ministry of Health, who will be in Ottawa in December.

Miss Magnussen has been invited to the United States to consult with the Public Health Service, Department of Health, Education and Welfare on home care and public health nursing.

While in Canada she will meet with government personnel, representatives of the Victorian Order of Nurses for Canada and the Canadian Nurses' Association. Her experience and knowledge of the operation of home care programs will be helpful to those concerned in the development of these services.

The CNA to Move

Those of you who were at the 50th Anniversary Meeting in Ottawa a year ago will remember the question of a CNA House being discussed. A committee was appointed to look into this.

At intervals in this column we have reported on progress to date. Now we report on the action to be taken as approved by our Executive Committee. Until such time as the CNA is in a position to purchase or build its own national headquarters, the office will be located in the new building of the Royal College of Physicians and Surgeons which has just recently been completed.

The CNA will rent space on the second floor of this attractive association building and will have the use of the Board Room and Committee Room for our Executive and Committee Meetings.

Ideally located near Ottawa's new

City Hall, the Royal College Building is one which will provide adequate space and will lend itself to the efficient carrying out of CNA activities. You will hear much in the years to come of our plans for our own building. In the meantime watch this column for notice of our move and new address.

The Closing Phase

All major phases of the Pilot Project have been completed with the exception of the writing of the final report. The Special Sub-Committee of the Pilot Project met on June 29 to review the outline of the report prepared by the Director of the Pilot Project.

Since that time, the Director has been busily engaged in writing the final report, which will include an analysis of the findings in the 25 schools surveyed, as well as recommendations regarding a national program of accreditation of schools of nursing.

When completed, this report will be available to all nurses for study prior to the next biennial meeting in Halifax, in June 1960. At this meeting the membership will be asked to indicate their decision on a national accreditation program for schools of nursing.

Research Specialist to Assist at Institute

Miss VIRGINIA HENDERSON, Research Associate, School of Nursing, Yale University will be one of the participants at the annual Institute for executive secretaries of National and Provincial nurses' organizations being held this month. The group will meet in Montreal during the week of September 14th. Two days will be devoted to general principles and methods of research.

U.N.B. School of Nursing

This month marks the opening of the University of New Brunswick's School of nursing in Fredericton.

To the personnel and to the first students we send best wishes for success in this new endeavor.

International Visitors

Among the many international visitors who have been our guests in recent months we have welcomed two who are editors of nursing journals.

Miss Marjorie Connor of Melbourne, Australia and Mrs. Margaret Pickard of Wellington, New Zealand visited us during the summer months. Both were visitors to the office of *The Canadian Nurse* as well. Miss Connor is Executive Secretary of the State Professional Nurses' Association and

Mrs. Pickard is Dominion Secretary of the New Zealand Registered Nurses' Association.

This opportunity for exchange of ideas and for development of an understanding of each other's work among member associations of the International Council of Nurses is appreciated by us all.

International Hospital Federation

At the general assembly of the International Hospital Federation held in Edinburgh last June, the CNA was represented by two nurses from the Royal Victoria Hospital, Montreal. Miss Eileen Flanagan, Director of Nursing at the Neurological Institute and Miss Helene Lamont, Director of Nursing, Royal Victoria Hospital were in attendance.

In The Good Old Days

(The Canadian Nurse — September, 1919)

Treatment of Seasickness: An American army surgeon, acting on the theory that seasickness is caused by the motion of the ship affecting the semicircular canals, the organ of equilibrium in the internal ear, tried packing the external ear canal with cotton. The cotton was pressed closely against the ear drums, relief being immediate as soon as the gauze was packed tightly enough to cause decided pressure against the ear drum. This remedy was effectual in a large number of cases.

Salt Water as a Preventive: The South African Institute for Medical Research reports favorable results from the use of salt water in an epidemic of influenza in Cape Town. It was applied by frequent and regular douching of the nasal and pharyngeal cavities. When systematically carried out it diminished the likelihood of infection by the lodgement of the influenza virus, or at least of modifying the dose of poison.

Infantile Scurvy: A French authority recommends that orange juice should be given regularly to all children fed on sterilized milk, as a preventive of scurvy.

A Poultice: Make the poultice in the

usual manner and pour into a well-stitched bag, large enough to cover the desired surface. Sew up the opening securely and stitch on a wide bandage at one end. Place in position and cover with layers of muslin or oiled silk. Pass bandage around body to hold poultice in place, and pin securely.

Play in Childhood: It is stated that the child of elementary school age should spend at least two or three hours a day in play. The minimum time for play during the school day is thirty minutes. In one of the American training camps for soldiers it was found that 75 per cent of the men did not know how to play, and two hours a day was spent in organized play as part of their training.

Cuba which has an estimated population of 5,832,000 has a total of 1,922 professional nurses according to the latest available statistics. Of this number, 43 per cent or 826 are engaged in hospital work. Colombia with a population of 11,584,172 has an estimated total of 535 professional nurses, 60 of whom are in public health services (excluding industry.)

Nursing Profiles

Earlier this month **Eleanor Scott Gra**ham took up her official duties as assistant executive secretary to the RNABC. This appointment follows six years of duty with



ELEANOR S. GRAHAM (Sherick)

the World Health Organization in India where Miss Graham served first as nurse consultant and later as regional nursing adviser.

She is no stranger to the province of British Columbia. A graduate of the Vancouver General Hospital, U.B.C., and the University of Chicago from which she obtained her Master's degree, she was director of nursing at the Royal Columbian Hospital, New Westminster for several years before joining WHO. Much of her professional life has been spent in the public health field. After graduation Miss Graham worked with various health units in B.C. until she accepted an appointment as second assistant superintendent of the Victorian Order of Nurses for Canada. Later she was health instructor at the Metropolitan School of Nursing, Windsor, Ont. at the time of the experimental two-year program in nursing education.

Her rich background of experience will be a special asset in her present role. Her friends in Canada, and particularly in B.C. are pleased to have her back among them again.

The University of Western Ontario

school of nursing has announced the appointment of Marie Hudson to the faculty. She is to assist in the development of educational programs and study projects which have been made possible by a W. K. Kellogg Foundation grant.

A graduate of Rochester General Hospital and with her B.Sc. from Columbia University, Miss Hudson became nursing arts instructor and later assistant to the director of nursing in her home hospital before going on to Syracuse University Hospital as assistant director and then director of nursing. Under her guidance the school became part of the school of nursing connected with Syracuse University.



MARIE E. HUDSON

In 1947, Miss Hudson returned to Rochester General Hospital to become director of nursing — a position she filled until 1953 when she accepted a similar appointment at the Hamilton General Hospitals. During the past few years, Miss Hudson has conducted a complete revision of the basic program in the H.G.H. school of nursing. She will bring to her new work a rich fund of knowledge and the enthusiastic interest that is characteristic of her approach to professional matters.

Helen M. Carpenter, the first vice-president of the Canadian Nurses' Association and assistant professor of the school of nursing, University of Toronto, has been



(Ballard & Jarrett)
HELEN M. CARPENTER

awarded the first Canadian Red Cross fellowship for graduate study in nursing. She has been granted leave of absence from her teaching duties to follow a program leading towards certification for her doctorate in education at Columbia University.

The decision by the national Red Cross Society to set up this particular fellowship dates back to the first Canadian Conference on Nursing which was held in Ottawa in 1957. On that occasion leaders in education, welfare, medicine and nursing emphasized the critical shortage of nurses in Canada with advanced training. One of the recommendations was that educational programs for nurses on the post-degree level should be established at one or more Canadian universities. Later the CNA went on record to urge the establishment of postgraduate degree work in one or more university schools of nursing in Canada.

Miss Carpenter, who is a graduate of Toronto General Hospital, obtained her diploma in public health nursing from the University of Toronto, her Bachelor of Science degree



HOPE M. MACK

from Columbia University, and her Master of Public Health degree from Johns Hopkins School of Hygiene and Public Health. As the first Red Cross fellowship winner, she has accepted the responsibility of studying at the doctoral level to help achieve the underlying objective of the fund — graduate programs for Canadian nurses.

Hope (Munro) Mack has returned to the Nova Scotia Sanatorium, Kentville as director of nurses — a position that she had previously filled for 11 years, 1933-44. In the intervening years she has been successively, director of nursing at the Blanchard-Fraser Memorial Hospital, assistant superintendent and superintendent of nurses of the Verdun Protestant Hospital, and most recently instructor of nursing, Payzant Memorial Hospital, Windsor, N.S.

Mrs. Mack is editorial adviser to the Journal for her province. Nova Scotia nurses in particular are asked to note her change of position so that they may know where to reach her when submitting articles or other items for Journal use.

Courage is an essential of good government, because courage is necessary to change, to growth. When you want to eliminate a present condition, when you seek a new solution to old problems, you are certain to step on someone's toes. You can expect immediate opposition from those whose position is challenged; you can expect cutting

criticism yourself from those vested interests whose existence is in danger. New challenges bring new antagonisms. The proponents of change, of the open mind, must have courage to face this attack — and this courage is the essence of good government and of good leadership.

- STANLEY H. LOWELL

RESEARCH

An Analysis of Home Visits to Newborn Infants Made by the Public Health Nurses in the East York-Leaside Health Unit, Ontario

HELEN M. CARPENTER, M.P.H.

The Problem

DUBLIC health nursing has developed over the past 50 to 60 years as one of the services given by official health agencies. The first public health work undertaken by nurses consisted of visits to homes with the objective of controlling the spread of communicable diseases. Other services were added such as maternal and child hygiene and school health services. Eventually the work became generalized under boards of health, and the service of the nurses was extended. Now it usually includes home visiting, service in child health centres, schools, immunization clinics,

This study was a project of the University of Toronto School of Nursing and the East York-Leaside Health Unit. It was undertaken in cooperation with Dr. Wm. Mosley, Medical Officer of Health, Mrs. Gertrude Purcell, Director of Nursing, and the Nursing staff of the Health Unit; and with the assistance of Miss Margaret Cahoon, Associate in Public Health Education, School of Hygiene, Dr. A. H. Sellars, Director and Miss Joan Sloman, Statistician, Division of Medical Statistics, Ontario Department of Health, and Dr. Muriel Uprichard, Assistant Professor, University of Toronto School of Nursing. Miss Carpenter is on leave of absence from the School of Nursing, University of Toronto, for advanced postgraduate work at Teachers College, New York,

and in a few instances services in hospitals.

Health needs are never static. The rapid development of public health work and the recognition of changing and emerging community health needs make it important to study the content of the service public health nurses are currently undertaking. Such questions as the following are in the minds of public health administrators and those responsible for the preparation of public health nurses:

1. Are the services currently undertaken effective in meeting the families' needs?

2. Can the services the nurses are giving be modified?

3. Should the services be extended? It was with these questions in mind that the University of Toronto, School of Nursing and the East York-Leaside Health Unit cooperated in a study of public health nursing service.

The Objective

The over-all objective of the study is to gain more knowledge of the service in order to contribute to the development of public health nursing to meet the health needs in the community. As a step in reaching this objective it was decided to study the home visits made by the public health nurses.

Pilot Project

A problem in a study of this nature

is to secure a method whereby complete information concerning the content of home visits can be obtained. In a search of the literature, methods that have been reported include the following:

1. The records kept by the nurses.

2. Verbatim records, secured by having a stenographer visit with the nurse and record the conversation in shorthand.

3. The use of a tape recorder.

In discussing the proposed study with the nurses in the Health Unit, they wished to avoid taking a third person into the homes. It was therefore decided to test two methods. Ten nurses volunteered to try to recall as completely as possible the content of selected home visits; five of these nurses wrote a complete narrative record of each of three visits; five dictated the content of three visits as nearly as they could recall them, using a dictaphone. Four nurses volunteered to take a tape recorder into each of three homes, and with the knowledge and consent of the families, secure a tape recording of the visits.

The Results of the Pilot Project

The data gathered by these two methods was studied in order to select a method for securing data for the main study. One result of this pilot project was the recognition that the variety of purposes for which public health nurses make home visits would make it difficult to undertake a study of all home visits. It was also apparent that recording the full content of visits, either by dictation or in writing, is very time consuming and requires a good deal of patience and skill. It did not seem a practical approach for the main study. The tape recorded method had the advantage of providing an accurate and complete record of the visit, and required a minimum of additional time for dictating background information. However, its use would be limited to those families willing to have the visit recorded, and to the nurses who felt comfortable in using a tape recorder. A third point that evolved was the desirability of studying home visits as perceived by those receiving as well as those giving the service, that is, as seen by the

nurses and by the families visited by the nurses.

Redefinition

Following upon this testing period, the study was redefined and limited to one aspect of the service given by the nurses: an analysis of home visits made to newborn infants by the public health nurses in the East York-Leaside Health Unit.

Objectives

The objective of the study was to secure as much information as possible concerning visits to newborn infants, with a view to assessing this service. The study was concerned with the following questions:

1. What is the purpose of these

visits?

2. What is the content of the visits?

3. What needs of the mothers do the visits meet?

Scope and Limitations

The method of research is descriptive and analytical. Information was secured from two sources: the nurses who made the visits, and the families who received the service.

First visits made by the nurses to newborn infants during a three-week period were included in the study, as were any additional visits made to these infants during the study period. The content of the visits was recorded by two methods, the nurses selecting the method of their choice. One group, consisting of seven nurses, wrote the content in outline form following each visit; a second group of seven nurses requested permission of the mothers to record their visits using a tape recorder. If a mother was not willing to have the visit tape recorded, the nurse wrote the content in outline form following the visit. Information concerning the families known to the nurses prior to their visits, the nurses' assessment of the progress of the mother and baby, the need for and response to the service was recorded on the written record or dictated on tape.

In order to secure information concerning the visits as perceived by the mothers, a follow-up visit was made by an interviewer approximately one week following the nurses' visits. The interviewer was not a nurse, and had had no previous association with the Health Unit.

The scope of the study was limited to first visits made by 14 nurses in the East York-Leaside Health Unit to newborn infants during a three-week period. The findings are relevant to this area only. No generalizations can be made in relation to other communities or to visits to newborn infants made by public health nurses in other health departments or health units.

Policy regarding visits to Newborn Infants

The Health Unit receives the identifying information recorded on the initial birth registration notice (completed by the doctor or hospital within 48 hours after the birth of an infant). The nurses visit each home in which a newborn infant is reported upon receipt of this birth registration notice.

Sources of Data and Method of Procedure

1. Visits made by the nurses:
During the week of May 5, 1958, all the new birth registration notifications that came into the office were listed. For districts in which there were no new birth registration slips during the week, a list of those already on hand and as yet not visited was compiled. These two lists of newborn notifications were the group visited during the week of May 12.

A schedule was made for each day's visiting so that the visits would be spread over the entire week enabling the interviewer to follow along with her visits in one week's time. For those nurses who were to use the tape recorders, a schedule for the use of the

two recorders was arranged.

In the following two weeks the cases were similarly arranged and the schedules for visiting made. On some days, visiting was necessarily limited due to the nurses' responsibilities for other services. The maximum number of visits made in one day by the 14 nurses participating in the study was ten and the minimum number three. The number of visits made by each nurse over the three week period varied due to the number of cases that came into the office for the different districts. A maximum of nine visits was made by

one nurse, and a minimum of two by another, with the majority making six or more visits for the study.

During the study period 93 first visits to newborn infants were made by the 14 nurses. Twenty-five visits were tape recorded; four of these were both recorded and written (due to difficulty with the tape recorder, or due to the fact that the mother appeared uncomfortable with the use of the recorder). Two of these proved satisfactory for analysis from the tapes, making a total of 27 tape recorded visits. Sixty-six visits were written in outline form on the questionnaires.

Of the 93 visits made by the nurses, 10 were discarded for the purpose of the study for the following reasons:

Not found	5
Infant not in home	2
Still birth	2
No English spoken	1

Second visits were made during the three week study period to five of the 83 infants. As the number of these visits is small, they are not included in the analysis.

2. Visits made by the interviewer: Sixty visits were made by the interviewer to families who had received first newborn visits during the study period. The interviewer's visits were spaced approximately one week following the nurses' visits. The nurses were asked to state if, in their opinion, there was any contraindication to the interviewer's visit. In seven instances they felt the interviewer should not visit. The reasons given were the following:

Mother emotionally upset — 4

Mother not well — 1

Mother speaks no English — 1

Mother did not wish interviewer

to visit. — 1

(The nurse thought this was probably due to the mother's feelings of inadequacy).

Of the 76 remaining families, 60 visits were made. Twenty-four of the visits that were tape recorded by the nurses were visited by the interviewer; 36 of the visits that were written were visited. There was a degree of selection in the interviewer's visits in that:

1. Seven families who had problems that might influence the need for service

Analysis of the Group Visited by the Nurses and the Interviewer, and the Total Group Visited by the Nurses

Number of Children	Families Visited by both Nurses and Interviewer	Total Group Visited by the Nurses
Families with first babies	26	38
Families with other children	34	45
Families with an interval of 5 or more years		
since the birth of the last child	11	14
Families with other children without such an	0.2	21
interval	23	31
Total families visited	60	83
Number of children in the families visited:	60	0.2
Infants	60	83
Other children:	20	20
1 to 4 years	28	38
5 to 12 years	31	41
13 years and over	/	8

were excluded from the group visited by the interviewer.

2. A higher proportion of the tape recorded visits was followed by an interviewer's visit than of the written visits. (24 out of 27, in comparison to 36 out of 56.)

Place of birth of the parents: The nurses were asked to record the country of birth of the father and mother, and the English comprehension of the mother if her native language was not English. This information is tabulated

in Table 1(a), (b).

The majority of families for which this information was recorded are Canadian by birth, or come from the British Isles. A few are immigrants, from such countries as Germany, Greece and Macedonia. Nine mothers were from these countries; one was from Austria and one from British Guiana (her native language was Portuguese). The English comprehension of the mothers whose first language was not English was assessed by the nurse as: good — 4; fair — 4; poor — 2; none — 1.

Education and occupation of the parents, and estimated socio-economic status: The interviewer asked each mother the grade or age (if the grade was not known) at which she and her husband left school; the former occupation of herself and present occupations were classified according to an Index of Social Position prepared by A. B. Hollingshead, of Yale University. Using the level of education of the father and his present occupation,

the sample was grouped into classes (I to V) using the Two Factor Index of Social Positions cited above. This estimate of socio-economic status was checked against the kind of accommodation in which the family live, the medical care used by the mothers in the prenatal period, and the kind of medical care planned for the infant.

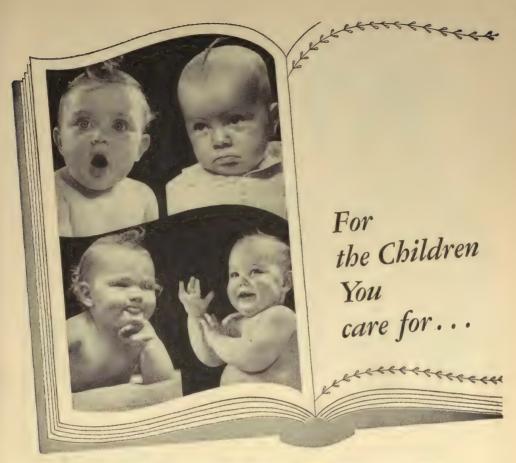
The data concerning level of education and occupation of the parents, and the estimated socio-economic status are tabulated in Tables II, (a), (b), III

(a), (b), (c), (d).

Education of the parents: Most of the parents in this study have education beyond the elementary school level. A few have education or training beyond secondary school; more of the fathers have such additional education than the mothers.

Occupation of the parents: Few of the parents are in the professional or higher executive groups. The majority fall in the groupings: Clerical, sales workers, technicians, and skilled and semi-skilled manual employees.

Estimated socio-economic class: The grouping according to the Two Factor Index (using education and occupation of the fathers) places these families largely in Classes III and IV. Checking the socio-economic class estimated in this way against housing, we find housing that appeared to the interviewer to be below average in 11 instances; these families were in Classes III, IV and V. Four families were living in crowded or dilapidated accommodation; these families fall in Classes IV and V. Turning to the



Nurses know that the great value of Crown Brand Corn Syrup in infant feeding formulae and on baby cereals cannot be underestimated. Crown Brand Corn Syrup contains the balanced mixture of Dextrin, Dextrose and Maltose that doctors recommend . . . in an easily digested . . . well tolerated . . . ready-to-use form.

Nurses know, too, that Crown Brand is the perfect energy food for children at all stages of their growth . . . and so easy to serve on cereals, on bread, or as a delicious dessert by itself.



CROWN BRAND CORN SYRUP

is a product of

THE CANADA STARCH COMPANY LIMITED

Makers of Karo & Lily White Corn Syrups
Also recommended for Infant Feeding

and makers of

BENSON'S AND CANADA CORN STARCH

Introduction to the Tables

Group I — consists of those with first infants.

Group II — consists of those in which there has been a five-year or more interval since the birth of the last infant.

Group III — consists of those remaining families with other children.

N & I — Families visited by nurses and interviewer.

TNV — Total families visited by

N.A. — Not applicable (unless under very unusual circumstances.)

The figures in all Tables excepting 1 A and B relate to families visited by both nurse and interviewer.

TABLE I (a)

COUNTRY OF BIRTH OF MOTHERS AND FATHERS
FAMILIES VISITED BY BOTH NURSE AND INTERVIEWER AND
TOTAL GROUP VISITED BY THE NURSES

		Group I			(rou	рII		G	rou	pΗ	I		To	tals	
	N	N&I TNV N		N	N&I TNV		N&I		TNV		N&I T		TN	TNV		
	2	26		3	1	11 14		1	23		31		60		83	
	F	M	F	M	F	M	F	М	F	M	F	M	F	M	F	M
Country of Birth Canada	14	16	19	24	5	5	6	6	11	14	16	19	30	35	41	49
U.S.A.	_	_	_		_	1	_	1	_	_		_		1	_	1
England	1	1	1	1	1	1	1	1	_	_		_	2	2	2	2
Scotland	1	2	2	2	2	1	2	1	1	1	1	1	4	4	5	4
Ireland	2		2	_	_	_				1	_	1	2	1	2	1
Germany	1	1	1	2	1	1	2	2	1	_	1		3	2	4	4
Greece	1	1	2	2		_		_	2	1	2	1	3	2	4	3
Macedonia		_	_	-	1	1	1	1	-	1		1	1	2	1	2
Other	1	1	3	2	-	_			_	_	-	_	1	1	3	2
Total countries where English is not first language	3	3	6	6	2	2	3	3	3	2	3	2	8	7	12	11
Not Obtained	5	4	8	5	1	1	2	2	8	5	11	8	14	10	21	15

TABLE I (b)

ENGLISH COMPREHENSION OF MOTHERS WHOSE FIRST LANGUAGE IS NOT ENGLISH

Families Visited by Both Nurse and Interviewer and Total Group Visited by the Nurses

	Gro	Group I		up II	Grou	ıp III	TOTALS		
	N&I	TNV	N&I	TNV	N&I	TNV	N&I	TNV	
	26	38	11	14	23	31	60	83	
Good	1	3	1	1	_		2	4	
Fair	2	2	1	1	1	1	4	4	
Poor	_	1	-	1		_	_	2	
None		_	_	_	1	1	1	1	

for Diaper Rash

...Safely necommend



DIAPARENE

Clinically proven, effective*



- DIAPARENE OINTMENT—medicated, soothing ointment to clear up the most obstinate case of diaper rash.
- DIAPARENE POWDER—highly absorbent corn starch base, gently medicated, guards against prickly heat and chafing. Prevents ammonia odour and diaper rash.
- DIAPARENE RINSE—(tablet or liquid)—added to final wash water premedicates diaper preventing diaper rash and ammonia odour upon contact with urine.

Most new babies require protection against annoying diaper rash. DIAPARENE in these three forms assures complete prevention and treatment night and day.

DIAPARENE antibacterial preparations for complete baby skin care

*Niedelman, M. L. and Bleier, A.; Jour. Ped., 37:5, 762, Nov. 1950 Fischer, C. C. and Lipschutz, A.; Am. Jour. Dis. Child, 89:5, 596, May 1955 Benson, R. A., et al: Arch. Ped., 73:250 - 8, July 1956

DIAPARENE samples and literature available on request to:

HOMEMAKERS' PRODUCTS (Canada) LIMITED
36 Caledonia Road Toronto 10, Ontario

TABLE II (a)

Education of Fathers and Mothers

		Gro	up I	Grou	ıp II	Grou	pIII	TOT	ALS
		2	6	1	1	23	3	6	0
		F	M	F	M	F	M	F	M
Grade left school:	6	_	_	_	1	_	_	-	1
	7	_	_		_	_	1	_	1
	8	1	2	3	4	2	3	6	9
Total Elementary School		1	2	3	5	2	4	6	11
	9	2	1	2	1	1	1	5	3
	10	2	4	_	2	5	5	7	11
	11	2	3	_	1	3	5	5	9
	12	3	5	2	1	5	4	10	10
	13	7	6	1	-	3	1	11	7
Total Secondary School		16	19	5	5	17	16	38	40
Total Beyond Secondary School	l	7	4	2		4	1	13	5
Training		1	_	2		2	_	5	_
University		6	2	_		2	_	8	2
Special Training (Gr. left Sch. not obt'd)		4		1				5	
Not obtained		5	5	2	1	4	3	11	9
Age at which left school									
(where grade not obtained)	10	_	1	-		_	_	_	1
	12	1	_	_			1	1	1
	14	2	2	1	1	1	2	4	5
	15	_	1		_	_	_	_	1
	16	1	_	1	_		1	2	1
	19	-		-		1	_	1	-

medical care used by the mothers in the prenatal period, those who attended prenatal clinics fall in Classes III, IV and V. Attendance at child health centres is slightly higher in Classes III, IV and V than in Classes I and II. (See Table III (d).

Length of residence in the municipalities, and utilization of public health and visiting nursing services: The interviewer asked the mothers a series of questions to ascertain how long the families had lived in the areas served by the Health Unit, and whether they knew about or made use of the services provided by health departments or visiting nursing associations. (Table IV).

Concerning length of residence in East York or Leaside, of the 60 families visited by the interviewer, 24 had lived in the community up to one year only; 20 had lived there from one to five years; and 16 had lived there over 5 years.

For many of the families, the visit made by the nurse to the new infant was the first contact the family had had with the Health Unit. This was particularly true of families with first babies, in which 21 of the 26 mothers said the newborn visit made by the public health nurse was the first visit they had had. For the group of families with other children, the most frequent use of Health Unit services



Fostex degreeses the skin and helps remove blackheads



Fostex contains a combination of surface active agents (Sebulytic*) which:

it is quickly washed off the skin.



◆ Penetrate and soften comedones. unblocking the pores and facilitating removal of sebum plugs.



Fostex dries and peels the skin

■ The Sebulytic base of Fostex dries and promotes peeling of the skin . . . actions enhanced by the keratolytic effects of micropulverized sulfur and salicylic acid.

*(Sodium lauryl sulfoacetate, sodium alkyl aryl polyether sulfonate, sodium dioctyl sulfosuccinate.)

Fostex is easy for your patients to use

FOSTEX CREAM

for therapeutic washing of skin in the initial phase of acne treatment, when maximum degreasing and peeling are desired.

FOSTEX CAKE

for maintenance therapy to keep skin dry and substantially free of comedones.



■ Patients stop using soap on affected skin areas. Instead they use Fostex for therapeutic washing of the skin. The Fostex lather is massaged into the skin for 5 minutes-then rinse and dry.

WESTWOOD Pharmaceuticals

Buffalo, New York

Canadian Distributor: John A. Huston Company, Ltd. Toronto 10, Canada

TABLE II (b)

OCCUPATIONS OF FATHERS AND MOTHERS

	Group I		Grou	ıp II	Group III		TOT	ALS
	26		11		23		60	
	F	M	F	M	F	M	F	M
Major professional	3	1-		_	_		3	
Lesser professional	2	6	1		4	1	7	7
Administrative, small independent business, minor professional	3	_	_		3	_	6	_
Clerical, sales, technical	2	14	2	2	4	15	8	31
Skilled manual	11	2	4	_	6	1	21	3
Machine operators, semi-skilled	2	3	2	8	4	2	8	13
Unskilled	_	1	_	1	_	2	_	4
Not obtained	3		2		2	2	7	2

TABLE III (a)

ESTIMATED SOCIAL CLASS

	Group I	Group II	Group III	TOTALS
	26	11	23	60
Class I	3	-	_	3
Class II	2	1	3	6
Class III	6	1	6	13
Class IV	11	5	10	26
Class V	1	2	2	5
Not obtained	3	2	2	7

other than home visits was immunization clinics and school health service. The prenatal classes were organized in East York in 1945 and in Leaside in 1949. Seven of the 60 mothers told the interviewer they had attended these classes; six of these were mothers with first babies.

Because of the mobility of these families, the mothers were asked if they had used health department services in any other municipality. Sixteen said they had; 13 were in the group who had other children. The mothers were also asked if they had utilized the services of a visiting nursing association. Twelve had used such services; 11 were families with other children.

The families visited by the nurses

on notification of a new birth appear to have had little contact with public health or visiting nursing services prior to the nurse's visit. This is especially true of families with first babies. Many have lived in the community a relatively short time and would have had little opportunity to learn about the services. Some of the mothers told the interviewer they would have liked to have known about the services; some mentioned that they wished they had known about the prenatal classes; some spoke of the need for help with the baby immediately upon returning home from the hospital.

Resumé of the Study

The visits made by the nurses to families with newborn infants have

Make Nursing

an adventure

with practical advantages

As a Nursing Sister with the Royal Canadian Army Medical Corps, you get the excitement of adventure and travel... serving with Canada's Army at home and overseas.

Opportunities exist to work in the various fields of nursing such as teaching and supervision, nursing administration, public health, and operating room techniques and management.

You receive officer's pay, allowances for uniforms, food and accommodation, plus 30 days annual holidays with pay.

You may apply for a Regular Army appointment for a lifetime career, or a Short Service Commission whereby you engage for a period of three, four or five years.



TABLE III (b)

Comparison of Estimated Socio-economic Status with Size of Family

Socio-economic class		I	II	III	IV	1.	not ob-	totals
In relation to:	Group I	3	2	6	11	1	3	26
	Group II	_	1	1	5	2	2	11
	Group III	-	3	6	10	2	2	23
	Totals	3	6	13	26	5	7	60
In relation to number	Infant	3	6	13	26	5		53
and ages of children:	1-4 yrs.	_	3	6	12	4		25
	5-12 yrs.	_	2	1	19	4		26
	13 yrs. and over	-	_	_	2	4		6
	Totals	3	11	20	59	17		110

been analyzed with consideration to the purpose, content, and the needs of the families that were apparent to the nurse on this first visit. Certain administrative problems have been assessed, such as the method of referral, the amount of information available to the nurse prior to the visit, and the age of the baby when the visit was made. Information was secured concerning the services used by the mothers for their own care and that of the baby, and the health and progress of mother and baby prior to and at the



let the new KNOX REDUCING DROCHURE save your time for more essential tasks

Just a few moments is all it takes to outline a personal diet for patients with the KNOX Reducing Brochure. Color-coded diets of 1200, 1600 and 1800 calories are based on Food Exchanges¹... eliminate calorie counting... promote accurate adjustment of caloric levels to the individual patient. New, personalized cover helps build patient acceptance for professional instructions.

1. The Food Exchange Lists referred to are based on material in "Meal Planning with Exchange Lists" prepared by Committees of the American Diabetes Association, Inc. and The American Dietetic Association in cooperation with the Chronic Disease Program, Public Health Service, Department of Health, Education and Welfare.

TABLE III (c)

Comparison of Estimated Socio-Economic Status with Type of Housing

Socio-economic class	I	II	III	IV	V	not ob- tained	totals
Total in each class	3	6	13	26	5	7	60
Type of housing: House	_	2	3*	10	1		16
House shared	_	_	2	5	2		9
Apartment	1	3	4	5	2		15
Basement apt. in house	2	1	1	4			8
Flat in house	_	_		1			1
Rooms in house			2	1			3
Interviewer's Assessment of Home: Above average	_	1	2	4	A		7
Average	3	5	8	16	3		35
Below average		_	3	6**	2**		11

^{*}In Group III information re housing of 1 family was not obtained

ROFESSIONAL COVER
. encompasses 14 pages of tasty,
ested recipes and a color-coded,
ate-fold "Choice-of-Foods" chart.



(Your Name and Address)

^{**3} crowded; 1 dilapidated

TABLE III (d)

Comparison of Estimated Socio-economic Status with Medical Service Utilized

Socio-economic class	I	II	III	IV	V	not ob- tained	totals
Total in each class	3	6	13	26	5	7	60
Medical care of mother: Obstetrician	2	2	7*	9	_		20
General practitioner	1	4	5*	15	3		28
Hospital clinic	. —		2	2	2		6
Plan for medical supervision of baby: Pediatrician	2	_	6	6	_		14
General practitioner	1	6	4	15	2		28
Child Health Centre**	1	1	10	14	4		30
Not obtained	_	_	_	1			1
Actual attendance at C.H.C. (to Nov. 30)	1	1	3	8	1		14

^{*1} mother — general practitioner for prenatal supervision, obstetrician for delivery.

time of the visit. The need for nursing service and household help was assessed by the nurses.

The interviewer secured information concerning the mother's knowledge, use, and opinion of Health Unit serv-



let the new KHOX LOW SALE EROCHURE save your time for even more essential tasks

Recent clinical research emphasizes the growing usefulness of low sodium diets in a number of critical conditions. You can save much time and repetitious talk by suggesting the new Knox Low Salt Brochure for all patients needing the benefits of a low sodium intake. Diets are based on Food Exchanges¹ and can be easily individualized by selecting one of three caloric levels—1200, 1800 and unrestricted—and by arranging sodium intake at levels of 250, 500 or 1,000 milligrams per day. Separate bibliography of 53 late references available on request.

1. The Food Exchange Lists referred to are based on material in "Meal Planning with Exchange Lists" prepared by Committees of the American Diabetes Association, Inc. and The American Dietetic Association in cooperation with the Chronic Disease Program, Public Health Service, Department of Health, Education and Welfare.

^{**}some families use private physician and C.H.C.

ices. She asked the mothers if they had questions they wanted to ask the nurse when she visited, if they had received help, and if they had followed any of the nurses' suggestions. She also asked if they had needed to be shown how to care for the baby when they first came home from the hospital and to whom they had turned for assistance.

The topics discussed by the nurses and mothers during the visits were analysed under the following headings: Nutrition, care, problems, resources, demonstration and other. The topics were further analyzed in relation to the members of the family included in the discussion: the infant, mother, preschool children, other children (beyond preschool age), other adults (than the mother), and the family in general.

The need for the service was assessed from the point of view of the nurses who participated in the study, and the mothers visited by the interviewer. The nurses were asked: "Do you feel there was a need for this service? Why?" "Do you expect to visit again? Why?" The mothers were asked: "Do you want the nurse to visit again? Why?"

Some Findings of the Study

Although the analysis of the data gathered in this study is only relevant to the community in which the study was made, and the nursing service in this Health Unit, some observations

may be of general interest:

1. Many of the families visited by the nurses on receipt of the birth registration information had little knowledge of the service prior to the nurses' visits. This is particularly true of families with first babies. People in this area move about a great deal, and many have lived in the community a relatively short time.

2. There is a lack of coordination between the services of the private phy-



TABLE IV

Length of Residence in East York or Leaside and Utilization of Health Unit Services as Recalled by Mothers and Recorded by Interviewer

	Group I	Group II	Group III	Totals
	26	11	23	60
Length of residence: up to one year	14	3	7	24
one to five years	10	3	7	20
over five years	2	5	9	16
*Was nurse's visit first Yes	21	6	11	38
home visit? No	5	5	12	22
*Previous contact with E.Y.—Leaside H.U. Services:				
Home visits	4	5	16	25
C.H.C.	1	3	7	11
Immunization clinics	N.A.	2	11	13
School services	N.A.	8	6	14
Prenatal classes	6	1		7
Other	_	1	1	2
No contact	19	_	6	25
Have family ever telephoned H.U. Yes	5	3	8	16
No	21	8	15	44
Have family had service from Yes	3	6	7	16
another Health Dept. No	23	5	15	43
Mother does not know			1	1
Have family had service from a Yes	1	3	8	12
visiting nurse assoc.? No	25	8	15	48

^{*}There is a slight discrepancy in the response of the mothers to these questions.

sicians, hospital, and Health Unit personnel in this area. All the mothers received medical care during pregnancy and all were confined in hospitals. Although the majority of the hospitals in the area request public health nurses to visit patients who attend prenatal clinics, only one hospital requested service for a mother on discharge from the hospital following the birth of her baby. No visits were requested by doctors.

3. The nurses receive so little information on the birth registration form that they are not able to select visits on the basis of need, nor are they able to time their visits to be of help to

the mother when she first comes home from the hospital. The hospitals in the area discharge maternity patients between the 4th and the 7th day if the progress of the mother and baby is satisfactory. The age of the baby when the nurses visited ranged from 7 to 37 days.

4. The purpose of the nurses in these visits is to assist in the care of the mother and baby, and to assist the family to meet their needs. The content of the visits is consistent with the purpose. The nurses try to assess the needs of the mothers in relation to the care of the infant and other members of the family; to give assistance through talking over

the mothers' problems and checking on their progress; and to interpret Health Unit and other community services.

5. The mothers have little assistance with the care of the infant and other children when they come home from the hospital. Those who are able to arrange it have some help from relatives or friends. Many feel the need for more help than they receive. Some need nursing service, some household help, and some need both kinds of assistance.

6. Although the numbers are small and conclusions cannot be drawn for all the groups listed below, some mothers appear to need nursing service more than others. These are: Mothers with first babies; new Canadians; mothers who have deviations from normal health or progress during pregnancy or parturition, or who are concerned about deviations in the health or progress of the baby; mothers who had prenatal supervision at a hospital clinic. This latter group are usually without professional advice until the nurse visits or until the mother feels able to take the baby to the child health centre.

Concluding Remarks

A study of this kind presents certain difficulties and has limitations. However, it has values to the staff who give the service, to those responsible for the administration of the work, and to those interested in nursing education. It brings into focus the difficulties of Health Unit personnel in developing an effective public health nursing service for mothers with newborn infants when there is a lack of coordination between the health services utilized by the mothers during the maternity cycle. It sheds light on the needs of the mothers for assistance in the care of the baby and other members of the family, and the way in which these are currently being met in this community. It serves as a guide in assessing the content of the nurses' visits, and suggests ways in which the content could be modified in the light of the needs of the families. The staff of the Unit found participation in this project a stimulating experience and have become interested in studying other aspects of their work.

Without music life would be a mistake.



Posture and the School Age Child

MARTHE HENRICHON

POSTURE is the way in which the body, head and limbs are supported in a relaxed, graceful, well-poised manner. Good posture is especially important to the school child who is at an age where he is developing good living habits and is just reaching full physical growth. His posture, good or bad, will have a very definite effect in the present and the future as much from the point of view of health as from physical appearance.

It is a recognized fact that there is a close relationship between good posture and health. The child who carries himself properly, in addition to looking well, is a great deal more capable of applying himself to his studies than his companion who has poor posture. It is at this particular age that the child has a tendency to develop poor posture. He is not yet especially conscious of his appearance. Only during adolescence does he start to change for the better. Fortunately for us it is during this period when his bones are still pliable and his health habits are being formed, that the school nurses have their most frequent contacts with him.

We know how to recognize and appreciate good posture but we do not always stop to evaluate the harmful effects of poor posture. The school nurse can help the child substantially if she takes the trouble to observe him carefully. How many times have you discovered that clothing was the cause of poor posture - too short shoulder-straps or braces that rounded the shoulders or shoes a size too small that interfered with walking? A tight belt that obstructed digestion and even breathing? And what about the teenager who wears extremely high-heeled shoes or a brassière with the straps shortened to the absolute limit — what harm must she be causing herself?

The school child's bony structure is far from being completely developed or calcified. That is why it is so important to observe him for normal growth

Miss Henrichon is on the staff of the City Health Service, Montreal.

and development. Since maintenance of health and prevention of illness is our primary objective, bone deformity must be avoided and good posture maintained if the child already has it or established if possible. The alert nurse notices the child's posture at first glance whether she sees him in school, in his home, during a chance meeting or formal consultation.

When the child is round-shouldered. the thorax wall caves in reducing the capacity of the thoracic cavity and causing a relaxation of the diaphragm. The lungs can not dilate fully, there is a noticeable decrease in the amount of oxygen in the body which lowers resistance. There is a slow-down in circulation which can lead to congestion of the various body organs and rapid muscle fatigue. Undue pressure on large blood vessels and nerves affects heart action. Continued poor posture is one of the causes of displacement of body organs or possible digestive, kidney or pelvic disorders and constipation. Loss of tone in abdominal musculature can result in lordosis. Joints tend to be tense causing chronic fatigue and greater susceptibility to injury.

The nurse should investigate the cause of poor posture as soon as she detects it or it is drawn to her attention. She must obtain the interest and cooperation of the parents and the teacher in immediate correction or improvement. The child who carries himself poorly inevitably presents a poor appearance. His movements are stiff and awkward. He appears to be lazy

and lags in his studies.

Any child who exhibits poor posture should be referred without delay to the care of a doctor. With either the mother or the father present, the doctor will do a complete check-up on the child's health. He will check for the presence of any abnormality in structure, development or function. Sight and hearing will be tested and any indication of malnutrition or anemia noted as necessary. Careful questioning may reveal that the number of



feel as light at the end of your "rounds" as at the beginning

No one appreciates genuine day-long comfort in her shoes more than a nurse. And that's what you get in Hurlbut "uniform whites".

All the features you look for are incorporated.

Smart looks?... yes. Long wear?... to be sure.

But, above all, comfort. Choice of military and flat heels; leather and composition soles; plain, perforated, and roomy moccasin style

vamps-All goodyear welted and made with top grade white Elk uppers.

About \$9.95-\$10.95

Sanitized * FOR LASTING HYGIENIC PROTECTION

hours of sleep is inadequate, that tamily eating habits could be improved according to the rules of good nutrition. Both parents and child can be counselled regarding the measures to be instituted for improved health.

Training in good posture must be started early in life. The child must be helped to understand what good posture is and why it is so important to maintain it. This holds true for all children — slender or heavily-built, thin or fat. The head should be held high, the chin in and the individual should move easily. The sternum should be thrust forward so that the thoracic cavity is in normal position and thus the lungs, heart and diaphragm can function normally. The abdomen should be firm and flat, the hips tucked in so that the viscera are supported and displacement prevented. When the head, thorax, abdomen and hips are in good position, the body is properly balanced, the normal curves of the vertebral column are maintained and the vertebrae are protected. The individual moves easily and gracefully. Good posture requires a minimum of muscular effort either in sitting or during motion thus decreasing fatigue and conserving energy.

The child must be stimulated to develop good posture. He needs to know that his appearance will be improved, that his strength and powers of endurance will be increased. He should be encouraged to participate in sports, games and physical exercises. Athletes and well-known personalities can be held up as examples for him but, above all, we must set him a good example ourselves. He must be encouraged to practice good posture at all times.

Teaching, alone, is not enough. The school nurse must help in maintaining good posture by checking the height of desks and classroom seats to make sure that they are conducive to normal posture. The desk chair should have a back that provides support below the shoulder blades with an open space at the bottom. The seat should bear the full weight of the thighs without pressure on the popliteal space. It must be low enough for the feet to rest flat on the floor. When the child is seated the top of the desk should be about an inch higher than the bend of the elbow, the forearms must rest easi-

ly on the desk for writing. Pupils should be seated with consideration for height, hearing and vision. It is also important to check the lighting and ventilation of classrooms particularly in winter.

Clothing should be comfortable and roomy enough to permit freedom of movement and no heavier than the climate requires. The school child walks and runs a great deal, so it is very important to have his shoes properly fitted. For the normal foot, drawing an outline of the foot with the child standing is a satisfactory way to obtain the correct size. Stockings and shoes should be three-quarters of an inch longer and one-eight of an inch narrower than the tracing. If there is the slightest abnormality, the shoe should be a bit larger to avoid pressure which might be painful and likely to cause a poor gait. The sole of the shoe should be of flexible leather, the lining should be firm and should hug the heel.

The child's bed should have a firm mattress, felt or spring, which will not be likely to sag and which is long enough for the child to sleep well stretched out if he wishes. It is a good idea to put a wooden panel under the mattress to encourage good body alignment.

Dr. Joel E. Goldwait says:

To hold oneself erect, to walk or move easily with all the different parts of the body well set up for graceful, well-balanced use should be desired for more serious reasons than esthetic ones since these other factors are of major importance for perfect health and function.

Body movements performed under good postural conditions cause less tension and consequently a greater reserve of energy is assured for use as required.

We must not overlook all the other factors that contribute to good posture — nutrition, sleep, rest, fresh air and sunshine, a good environment at school and in the home, conducive to good mental health. To sum up, we should teach the child "To stand Tall, walk Tall, sit Tall and think Tall" and we should remember that the child who does not have perfect physical health naturally will not have good posture because he lacks energy to maintain it.



Keep Your Instruction Up-To-Date With These Modern Mosby Texts!

Just Published! 5th Edition Anthony TEXTBOOK OF ANATOMY AND PHYSIOLOGY

Completely redesigned and modernized for greater readability, the new 5th edition of this popular text contains many new features to make your teaching easier. A new type face has been used and the page size increased to $6\frac{1}{2}$ " x $9\frac{1}{2}$ ". All of the illustrations have been clearly and accurately relabeled. Particularly outstanding and useful is a new 8-page, color trans-vision insert which helps the student understand the anatomical dissection of the torso through the use of acetate overlays.

By CATHERINE PARKER ANTHONY, B.A., M.S., R.N. Assistant Professor of Nursing, Science Department, Frances Payne Bolton School of Nursing, Western Reserve University. Just Published. 1959, 5th edition, 574 pages, 6½" x 9½", 292 illustrations, 20 in color, and a Trans-Vision insert of the Anatomy of the Torso. Price, \$5.35.

Just Published! 5th Edition Anthony ANATOMY & PHYSIOLOGY LABORATORY MANUAL

Designed for use with the text described above or adaptable for use with any physiology textbook, this new 5th edition has been entirely revised and rewritten to follow the scientific method. This new format encourages students to work on their own with little assistance. The exercises require only basic skills and simple equipment and allow you great flexibility. Many of the exercises can be used as demonstrations, study guides or quizzes.

By CATHERINE PARKER ANTHONY, B.A., M.S., R.N., Assistant Professor of Nursing, Science Department, Frances Payne Bolton School of Nursing, Western Reserve University. Just Published. 1959, 5th edition, 320 pages, $73_4''' \times 101_2'''$, 148 illustrations. Price, \$3.50.

Represented in Canada by

McAINSH & Co. Ltd.

1251 Yonge St., Toronto, Ontario

Just Published! 3rd Edition Francis

INTRODUCTION TO HUMAN ANATOMY

Stressing the correlation of structure and function, this book provides a clear general coverage of gross anatomy without unnecessary details. Through concise but complete descriptions of tissues, organs and symptoms, the author leads the student from the understanding of simple structures to the identification of more detailed parts of the body. You'll find this new 3rd edition revised to include modern concepts on the autonomic nervous system and the endocrine system. Review questions and summarizing tables have been added to the end of each chapter.

By CARL C. FRANCIS, A.B., M.D., Associate Professor of Anatomy, Department of Anatomy, Western Reserve University, Cleveland, Ohio. Just Published. 1959, 3rd edition, 548 pages, 51/2'' x 81/2'', 324 illustrations, 29 color plates. Price, \$5.75.

Gladly Sent to Teachers for Consideration as Texts

Write to:

The C. V. Mosby Company

3207 Washington Boulevard, St. Louis 3, Missouri, U.S.A.

Schizophrenia

JOHN GIBSON, M.B., CH. B., D.P.M.

OCHIZOPHRENIA is one of the most important of the psychoses. Although its clinical features are well known, it appears in forms so diverse that no single name can adequately describe them all, and attempts to displace the word "schizophrenia," which itself displaced an older term "dementia praecox," have been unsuccessful. The disease reveals itself by producing such changes as a disturbance of normal thinking, a substitution of abnormal thinking, a disturbance of emotion. and a withdrawal from the world of reality into the world of an abnormal self.

Schizophrenia is mainly a disease of early adult life. Rare in childhood, it appears in adolescence, has its maximum incidence between 18 and 35 years, and occurs less frequently in later years, up to old age. It has been subclassified into simple, catatonic, hebephrenic and paranoid types, but this classification is misleading, for any one patient may in his illness present features of all or several of these types at different times. It is usual to describe a prepsychotic "schizoid" personality, apparent before the disease begins, as a personality characterized by shyness, timidity, seclusiveness, reticence, over-seriousness, and a difficulty in maintaining relations with people. This personality of course, may occur in people who never develop schizophrenia. However between 30 and 50 per cent of schizophrenics have shown no mental abnormality before the onset of their illness.

The onset of the illness may be abrupt and violent, so much so that at this stage the illness may be barely distinguished from acute mania, which is often mistaken for it; or so slow that no one can say when it actually began. The disorder of thought shows in a woolliness, a diffusiveness of thinking, a failure of concentration,

Dr. Gibson is a psychiatrist at St. Lawrence's Hospital, Caterham, Surrey, England. This is the first of a series of articles on psychiatric subjects.

a tendency to answer questions "obliquely" and slightly off the point, "thought blocking," perplexity and confusion. An awareness that they are "going mad" may be apparent to some, but in later stages they become unaware of their abnormality.

In the early stages the distortion of reality is characteristic. The patient is aware that what he is looking at is not quite what it should be. He looks at a chair and sees something that is not quite a chair. He looks at a face and in front of his amazed eyes it becomes distorted into unnatural and threatening shapes. He becomes doubtful about his own body, parts of which seem to be different and in a peculiar way abnormal. He may doubt what sex he belongs to. Hallucinations of sight and sound may appear. Orders may be shouted at him so insistently that he must obey them, and in consequence his behavior becomes unpredictable and dangerous. His emotions are disordered, normal affections are lost, and depression in the early stages may lead to suicide.

Very common are ideas of reference and persecutory delusions. The patient may interpret in terms of himself anything he sees or hears. If his name happens to be Tomlinson, the mention of that name on the radio or in a newspaper he interprets as referring to himself. He develops delusions of persecution. Believing himself to be the victim of a plot, he thinks attempts are being made to poison him or to affect him by wireless or other waves. Overwhelmed he may pass into a stupor in which he appears indifferent to all stimulation, lies with saliva drooling out of his mouth, not eating or drinking, and not emptying bladder or rec-

In the chronic state the patient presents the typical lay picture of an insane person. Grossly disturbed in thought, he pays little attention to what is going on around him, lives largely in his abnormal thoughts, behaves oddly, and may like to dress or decorate himself in bizarre ways.

A DOCTOR'S EDUCATION

goes on ... and on ... and on

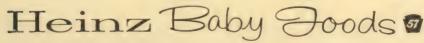


"It's not unusual on Heinz, Mrs. Samson"

Another thing you learn ... mild-flavoured INFANTSOY mixes with special ease to the creamy-smooth texture most babies are found to prefer. It merits your recommendation—for its high protein content, its general nutritional value (added B-Vitamins and iron), and its uniquely acceptable texture and taste. Since INFANTSOY contains no wheat it is indicated where wheat-allergy is a factor.

Samples for tasting or testing — yours for the asking. Write now to HEINZ BABY FOODS, PROFESSIONAL SERVICES DEPT., LEAMINGTON, ONTARIO

BFM-360A



THE GOOD THEY DO NOW-LASTS A LIFETIME

The disease may thus present itself in an acute or a chronic form. From its acute and early forms recovery is common. From a second attack recovery is less likely, and with later attacks chronicity sets in. Occasionally, spontaneous recovery will occur after many years of illness, and recovery after 15 years has been reported. The outcome of the first attack is difficult to predict, even in those with a previously abnormal personality. Patients one might not have expected to recover may surprisingly upset a bad prognosis.

The cause — or causes for there may well be several - remains unknown. Heredity is established as a factor, but the precise cause of an attack is a matter of speculation. The evidence for a biochemical disturbance of brain cells, in the cortex, thalamus or hypothalamus, has been increasing. That schizophrenics might show biochemical anomalies, such as abnormal thyroid function or abnormal glucose metabolism, has been known for several years. Recent research, stimulated by the discovery of drugs such as Mescaline and Lysergic Acid (LSD) capable of producing in human subjects schizophrenic-like states of a few hours' duration, has suggested that schizophrenics may have in their blood a toxic substance related to adrenalin that acts disastrously on the thalamus and hypothalamus.

No problem in psychiatry is more difficult to solve than the effects on this disease of the various methods of treatment that have been used for it, and there is great variation between the practices of different doctors and hospitals. The main cleavage of opinion is between those who practice conservative methods of treatment and those who use one or more of the so-called "Shock" or physical treat-Those of the conservative school point out that many of the early cases of schizophrenia recover spontaneously, do not have their brains damaged or their life threatened by dangerous methods, and are not frightened by treatment; admit that some patients will never recover; and believe that the best method of treatment is to place the patient in suitable surroundings (which usually means in a mental hospital), to provide good nursing, preferably by the smallest number of nurses that can be arranged because of the difficulty the patient has in making and keeping contact with people, and to give simple psychotherapeutic support.

Psychoanalysis is much used in the United States, but probably does not produce any better results. The physical methods still in vogue are prolonged narcosis, deep insulin treatment, electro-convulsive treatment and prefrontal lobotomy, but there is little evidence that in the long run they are more effective than the less spectacular and more kindly conservative methods. Claims have recently been made of the great value of the new tranquillizers for both acute and chronic schizophrenia. The existence of the chronic schizophrenic can be made much happier by a regular life, social training and

employment.

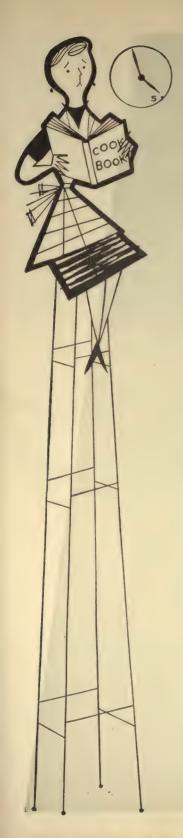
In order to make nurses able to take part in the caring of persons, as distinct from the curing of ailments, it is necessary that they should themselves be persons and not merely efficient machines. A first requirement here is that a nurse should be interested in, and understanding about, people in themselves. For something specially important usually then follows: if you're sufficiently interested in people you usually end in liking them.

— From an address by the Principal, the University of Edinburgh on the day of presentation of certificates to the first class of nurse tutors.

A convention or conference justifies itself

not for the addresses, the discussions, the passing of resolutions, but for the personal contacts that such an occasion affords. Too often delegates go to conventions with their minds made up on how they will vote on matters presented to them. Speakers, however persuasive, accomplish nothing if the delegates are rigidly committed by the organizations they represent to vote as they have been instructed. That delegates may be uninformed regarding every detail of a proposal is possible and understandable. But is it not time that the right to make decisions in the light of discussion should be accorded to voting delegates?

- M.F.L. PRITCHARD



HIS little housewife had a problem - sweet-tooth Hubby on a sweet-free diet. (And beginning to get nervous about it.) She tried everything. Fancy salads. Bigger helpings, But Hubby's frown darkened by the day. Then one day she read in a magazine about a discovery, a new non-caloric sweetener. One that she could actually cook and bake with - in any food, at any temperature. One which gave the perfect taste of sugar - with no bitter aftertaste in ordinary use. That night there were cookies, pudding, coffee - sweet coffee - and a big, big smile across the table . . . Affort

... and so she started using

Sucaryl®

(Cyclamate, Abbott)

For samples and recipe booklets, write Abbott Laboratories Montreal.

Malignant Stomach Ulcer

MAUREEN PARRENT

Past History

Mrs. Sorokin was a 73-year-old, obese Hungarian woman, who did not appear to be in any obvious distress. She had been hospitalized many years ago for abdominal surgery but she was not sure what procedure was carried out. A year ago, she had suffered a fracture of the right radius in an accident.

Her family history was non-contributory to her present condition. Mrs. Sorokin stated that she had been in good health practically all of her life.

Physical Examination

On examination for cardiovascular function her exercise tolerance was good but she said that she had been troubled with ankle edema. There was no history of syncope, chest pain or of nocturnal dyspnea. No arrhythmias were present but there was a systolic murmur over the mitral and aortic areas, probably due to aortic stenosis or mitral regurgitation. Her blood pressure was 140/70, and her pulse 76. She weighed 145 lbs. and was 5 feet tall. Stress incontinence has been present for a number of years, but she had no other genitourinary complaints. Her reflexes were equal and active. Her abdomen was soft to palpation and the liver, spleen and kidneys were not palpably enlarged. Her main complaint was epigastric distress which had been present for a number of years. There was tenderness under the right costal margin but none in the inguinal areas.

Clinical Examination

In order to determine the state of her health a variety of tests and examinations were carried out preoperatively:

1. Miniature chest x-ray — A slight cardiac enlargement was evident.

2. Electrocardiogram - The result

Miss Parrent, a student at Misericordia Hospital, Edmonton, received Honorable Mention for this study in the recent Macmillan Award Competition.

showed minor non-specific changes.

- 3. Routine urinalysis and hematology - Results were within normal limits.
- 4. Tubeless gastric analysis This test is usually done before breakfast when the patient has fasted from midnight. The person voids upon awakening and the urine is discarded. One-half glass of water with sodium benzoate is taken. One hour later the patient voids and the urine is kept. This specimen is labelled control urine.

Resin granules containing quinine are put into a glass of water which is taken by the patient and is followed by another glass of water. Two hours later the patient voids and the specimen is marked test urine.

Both bottles of urine are sent to the laboratory. The urine is exposed to ultraviolet light, and if fluorescence occurs, free hydrochloric acid is present in the stomach. If no fluorescence occurs there is no free hydrochloric acid present in the stomach.

Mrs Sorokin's test showed less than the .3 mg. which is the normal standard. This was presumptive evidence that a state of achlorhydria was present. The diagnosis was carcinoma of the stomach.

The classical symptoms of such a condition are:

- 1. A dull, boring pain, high under the breastbone and sometimes extending to the back. This is often absent till later phases of the condition have developed.
 - 2. A "run-down" tired feeling.
 - 3. A loss of appetite.
- 4. Cachexia a state of ill health, malnutrition, and wasting is a familiar sign of a gastric malignancy in which the lesion is far advanced.
- 5. When there are metastases in the regional lymph nodes (e.g. liver and peritoneum), there are later symptoms such as, loss of weight, severe pain, frequent indigestion and anemia. Mrs. Sorokin's symptoms were persistent epigastric pain and distress, and frequent vomiting especially after meals. However, she did not experience any hematemesis or loss of weight. There was no melena or apparent anemia present.



Your Interest Builds Confidence . . .

Explaining menstruation to young girls is a delicate matter. You want to do it clearly and simply . . . to create an atmosphere of ease and understanding.

That's why more and more nurses and teachers are taking advantage of this integrated program of medically-approved educational material, designed for individual or group instruction. To obtain any or all of these excellent aids, indicate your requirements on the coupon.

"Growing Up and Liking It"—explains menstruation in a language young girls understand, with friendly advice on health and good grooming — a wonderful supplement to a discussion.

"How Shall I Tell My Daughter?" — valuable booklet for mothers.

"Molly Grows Up"—award-winning film for girls 9 to 14, also adults—16 mm. black and white, sound, runs 15 minutes (on free loan).

"Confidence because . . . You Understand Menstruation"—new 35 mm. color filmstrip (including teacher's manual) for girls 14 and older, with or without 15-minute sound record — available as a permanent addition to your Audio-Visual library or on free loan.

Director of Education, Personal Products Ltd. 4795 St. Catherine St. W., Montreal 6, P.Q. Please send me free: copies of "Growing Up and Liking It" This program _copies of "How Shall I Tell My Daughter" □ one "Educational Portfolio on Menstrual Hygiene" □ 16mm. movie "Molly Grows Up" (on free loan) complete or in part, is Date Wanted......Alternate Date..... yours FREE □ 35 mm. filmstrip "Confidence because . . . You Understand Menstruation"-record sizes: □ 16" 331/3 rpm (transcription disc) □ 12" 331/3 rpm (regular L.P.) from the makers of Modess * (PLEASE PRINT) Feminine Napkins and Belts School or Health Unit..... *Trade Mark City......Prov.....Prov....

Preoperative Preparation

On the day following her admission Mrs. Sorokin was placed on daily doses of vitamins in order to prepare her for surgery. Since she often felt nauseated and vomited frequently, she was served a soft diet. It consisted of low residue, fibre-free, easily digested foods such as milk, eggs and bland fruits.

She soon became oriented to her new environment but required constant reassurance. She could not speak English fluently and tended to become depressed easily. Her nurses and other hospital personnel made it a point to listen attentively and with interest to anything she tried to tell them.

The family was notified in advance by the doctor as to the exact time of the operation. There was obviously a warm relationship between the mother and her family. Visits from her clergyman helped to dispel unnecessary apprehension, fear, loneliness, worry, and

anxiety.

In regard to economic and financial worries, Mrs. Sorokin said that she was not concerned about hospital bills. She was a pensioner but if any financial problems arose, her family would assist her in solving them.

The evening before her operation a major skin preparation was done and

a soapsuds enema given.

A Levine tube was inserted into the stomach and gastric lavage was performed in order to empty the stomach, and thus prevent the overflow of a large amount of gastric material into the peritoneal cavity if it should prove necessary to open the stomach during operation. The tube was taped into place ready to be drained again in the operating room and postoperatively.

Carbrital was given orally at bedtime to induce relaxation and rest.

On the morning of operation a retention catheter was inserted into the urinary bladder to prevent distention postoperatively.

Blood was typed and cross-matched to be administered during the operation in order to replace the fluid loss.

Two hours preoperatively, Carbrital was given orally for its tranquilizing effect and one hour preoperatively, morphine gr. ½ and atropine gr. 1/150 hypodermically as preoperative sedation.

Postoperative Care

At operation, a portion of the transverse mesocolon was resected. Approximately six inches of the transverse colon and its impaired blood supply, plus 80 per cent of the stomach was removed. Part of the great omentum was infiltrated with neoplastic nodes, and the superior anterior surface of the left lobe of the liver had a metastatic nodule 1 cm. in diameter. As a result a portion of the omentum and the liver were also removed.

After her return to the ward the foot of Mrs. Sorokin's bed was elevated for 12 hours in order to prevent shock. Her color was observed closely. Blood pressure, pulse and respirations were taken every 15 minutes for one hour, and hourly thereafter. The stomach suction and urinary catheter were attached to drainage bottles and checked frequently. Both tubes were irrigated as necessary.

Mrs. Sorokin's position was changed q. 1 h. She was encouraged to move about in bed, to practise deep breathing, to exercise her legs. This helped to prevent complications such as bronchopneumonia and thrombophlebitis.

Intake and output were accurately recorded. The character of the urinary and gastric drainage was noted. The dressing was checked frequently for

drainage and for bleeding.

Following the blood transfusion and 1,000 cc. of 5 per cent glucose and water received in the operating room, a second 1,000 cc. of 5 per cent glucose in water was administered.

Special care to her mouth and lips and to her back added to Mrs. Soro-

kin's comfort.

Her abdomen was checked for any evidence of distention. Demerol 100 mgm. was given for pain when necessary. Dicrysticin 2 cc. b.i.d. was given daily postoperatively for prophylactic purposes. Since Mrs. Sorokin perspired profusely, she had to be sponged several times during the day.

On her first postoperative day 3,000 cc. of intravenous fluid was administered — 2,000 cc. of glucose in water, and 1,000 cc. of Ionosol no. 6. Ionosol no. 6 is an electrolyte solution. Vitamins B and C were added to one bottle of intravenous fluid. Vitamin C aided in the absorption of calcium, to rebuild intercellular cement and to help



Stop Back-Breaking Bedsore Battles!

APP Units Reduce Extra Nursing Care Up To 50%

The Alternating Pressure Pad relieves the nurse of one of her most time-consuming responsibilities . . . constant turning of patients who either have, or are candidates for, bedsores. By automatically shifting pressure points on the supporting areas of the body, as illustrated, the APP Unit in effect "turns" the patient every two minutes, preventing tissue breakdown and maintaining the adequate circulation necessary to prevent and heal bedsores. The combination of an APP Unit and normal nursing care starts granulation usually within a few days.

Thousands of APP Units are now in use. Many more are needed for private patients, in hospitals and nursing homes. Units are available from leading surgical supply houses for standard beds, respirators and wheel chairs.

APP Units are manufactured solely by Air Mass, Inc., Cleveland, Ohio, U.S.A.



MAIL THIS COUPON FOR ACTION

HYDRA-CLENE CORP. OF CANADA, LTD 5135 de Gaspé St. Montreal, Quebec.

Please send complete details on APP Units.

Please send APP Unit Clinical Reports.

Please have your representative call me to arrange a demonstration.

Institution

Street.

Requested by-

Zone_

prevent hemorrhage. Vitamin B was given to combat anemia. Mrs. Sorokin was permitted a few sips of water and ice chips.

On her second postoperative day the Wangensteen suction was removed. It was to be reinserted only in case of nausea or vomiting. Mrs. Sorokin was pleased to have it removed since she found it quite uncomfortable. Demerol was discontinued and Levo-Dromoran 1 cc. was ordered. Levo-Dromoran is a potent morphine-like long-acting analgesic.

Mrs. Sorokin was served a clear fluid diet, ounces one or two hourly. The diet consisted of non-residue fluids such as tea, coffee, fruit juice, jello, but no milk or cream was allowed. Since her oral intake of clear fluids would not be adequate she was given 1,000 cc. of glucose in water and 1,000

cc. of Ionosol no. 6.

On her third postoperative day, she received 2,000 cc. of intravenous fluid. The retention catheter was removed and Mrs. Sorokin voided without difficulty. Later during the day she sat on the edge of the bed and dangled her feet. She was slightly weak and dizzy but nevertheless she felt as though she was making some advancement in her recovery.

Her clear fluid diet was increased to a semi-fluid diet, ounces two or three hourly. It included custards, jello, and puddings.

On the fourth day her abdomen showed slight distention and Mrs. Sorokin complained of discomfort. A rectal tube was inserted and a hot water bottle was applied to her abdomen. This seemed to relieve her discomfort considerably. During the afternoon she walked to her chair with assistance and remained there for a short period. To Mrs. Sorokin this indeed seemed to be a very significant accomplishment!

Her family and relatives were very upset about her condition but they realized that this was an instance of late diagnosis of cancer.

By performing the operation, her doctor felt that Mrs. Sorokin would live several months longer than might otherwise have been expected. In the majority of such patients, the prognosis of a carcinoma of the stomach is poor, since medical aid is sought too late.

Health Teaching

Mrs. Sorokin's future medical treatment will include short periods of rest during the day and at least eight or nine hours of sleep at night. She must avoid fatigue, worry, emotional strain, and strenuous physical exertion. Her meals will have to be small, frequent, regular and consist of highly nutritious well-balanced foods.

Prelude to a Report

Today we had a busy day, but nothing worth reporting.

Three stretcher cases had shampoos, Leblanc, O'Toole, McNaughton.

And while they were away on tour (O'Toole was in the "lifter").

Each nurse did special duty on the mattresses, etcetera.

Dr. Whoosis made the rounds, Miss Bliss came new on duty.

Miss Hand did bedside tables well, including Maggie's booty.

Mrs. Richer lost a slip, we found it on the hanger. We nearly lost Miss Cunning, (starting down the elevator).

For a while the toilets wouldn't flush, ten patients told us so —

Construction down the street had made the water pressure low.

And every time we left the desk, the telephone would ring,

With vital information from in-laws or the offspring.

In case this book gets called to court, we'll now revert to prose,

And tell in Basic English how our census ebbs and flows.

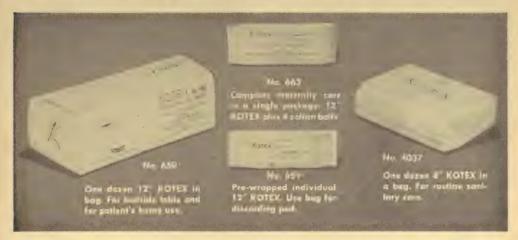
M. E.

1.0

new Котєх*

...softest ever...prevents suture irritation

NOW A COMPLETE PRE-PACKED LINE FOR MATERNITY CARE!



HERE'S WHY HOSPITALS ACROSS CANADA BUY AND USE

Kotex* Maternity Pads

- leak-proof sides
- "WONDERSOFT"* covering
- CELLUCOTTON * absorbency...
- less nursing time greater economy
- fewer pads per confinement
 - T. M. of Kimberly-Clark Corp.

All add up to greater patient satisfaction, and greater hospital economy!

Order KOTEX Maternity Pads...the complete and modern post-partum protection.

PRODUCTS OF KIMBERLY-CLARK CORP.

Distributed by

6068A

BAUER & BLACK

DIVISION OF THE KENDALL COMPANY (CANADA) LIMITED

Book Reviews

Black's Medical Dictionary by William A. R. Thomson, M.D. 1013 pages. The Macmillan Company of Canada Limited, 70 Bond St., Toronto. 23rd ed. 1958. Price \$6.00.

This text was first published in 1906 and one of its purposes was to provide a source of quick medical reference for persons remote from medical aid — ships' captains, district nurses and the lay public in outpost areas. As a result the information presented is considerably more comprehensive than that usually encountered in a dictionary. For example, in discussing specific conditions the comprehensiveness of the material is akin to that found in a medical text. Explanations are not highly technical. Simple sketches and photographs are used to clarify meanings.

No emphasis is placed on diagnosis. The importance of obtaining expert medical advice is made clear. The reader can obtain much general information that could be of valuable assistance in an emergency. The range of subjects covered is broad — bacteriology, pharmacology, anatomy and physiology are presented in some detail. Other topics such as the relation of climate to disease and sanitation are discussed fully. This is an interesting text and an informa-

tive one. It could be used by the lay person quite readily but the professional nurse would also find it a good resource book particularly in a situation where her number of reference texts must necessarily be limited.

Eye, Ear, Nose and Throat Manual for Nurses by Roy H. Parkinson, M.D., F.A.C.S. 237 pages. The C. V. Mosby Company, St. Louis, Mo. 8th ed. 1959. Price \$3.85.

Reviewed by Dr. R. W. Robertson, 305 Northgate Bldg., Edmonton, Alta.

The only things which this book has to offer that are of value are a number of illustrations and a subject index to follow some of the conditions that occur in the eye. I believe also that the short "quiz" questions at the end of each chapter are of use. I find that the subject matter is presented most inaccurately, especially with regard to present-day recommended therapy. Also, the material presented in the surgical section is rather old and outdated.

It would seem that the book has little to recommend it to any present-day nurse or nursing institution in which opthalmology is being practised and taught.

Here's How To Do It

Many of us, from time to time, are faced with the adventure, and chore, of writing an article. And, in doing it, most of us usually "play it by ear." Here are a few points we might all keep in mind when writing the next one; they were gleaned from the Teachers Letter.

- 1. A good article is about a single idea, rather than about a string of facts. Before you begin writing, decide on the idea behind the article.
 - 2. Keep your idea, and subject, modest.
- 3. Before you write the first word, build a mental image of the person for whom you are writing your prospective reader. Imagine he is standing over your shoulder as you write.
- 4. Wrap your sentences around people, or at least, around concrete things. (Philosophers, of course, can go their own way).

- 5. Don't write with your formal clothes on. Roll up your sleeves when you write. This is another way of saying that your language should be informal, honest and humble, with a touch of down-to-earthness in it.
- 6. Don't try to impress your reader with your learning. He is not reading your piece to find out how smart you are. He's reading it in hopes of finding stimulating thought, a practical practice, a new insight.
- 7. Respect your reader's time and energy. If you can make the piece short, do so; if you can make your sentences simple, your reader will appreciate it.
- 8. Get to know that proud, bold force the English sentence. Try to write sentences which contain two main ingredients an image-bearing noun and a strong, throbbing verb.

digestibility



All Gerber Baby Cereals are thoroughly pre-cooked to make them readily digestible. During special processing, they are partially digested, placing less of a burden on the baby's digestive system. Pre-digestion is controlled by two tests which indicate whether or not the cereals are properly prepared.

Both are required to insure absolute uniformity of Gerber Cereals.

Specialized care of this kind is typical of Gerber's interest in better nutrition for infants.

Gerber Baby Foods

NIAGARA FALLS, CANADA

Annual Meeting in Saskatchewan

The forty-second annual meeting of the Saskatchewan Registered Nurses' Association was held at the Hotel Bessborough, Saskatoon, in May with an attendance of 270 nurses. Miss Lucy Willis, president, in her address chose to look at the whole profession of nursing - its weaknesses and strengths. Her address included comments on protection of the public through maintenance of standards; nursing education; psychiatric nursing experience; nursing service: interprofessional relationships: pital insurance; personnel policies; certification of nursing associations as bargaining agents; the need for research in improving the quality of nursing care and the need for integration of community and social factors in the learning experience of students in the basic course.

Miss Grace Motta, registrar, received an honorarium from the Association, presented by the president, for services rendered over and above the call of duty while alone in the provincial office last year. In her report she indicated that as of December 31, 1958, the total membership in the SRNA was 3,545, an increase of 280 over the 1957 figures. Total membership of nursing assistants in 1958 was 617.

Miss Victoria Antonini, executive-secretary, reported on the activities carried out through the provincial office, the Canadian Nurses' Association and the Saskatchewan Nursing Assistants' Association.

Miss Hazel Keeler, adviser to schools of nursing, reported that in all schools there is "increasing emphasis being placed on selection of students, curriculum revision and clinical instruction." She commented on the trend of schools to admit only one class of students per year. She noted that the need continues for well-prepared head nurses, supervisors and teachers; well-planned inservice education programs; continuing study of the curriculum by all schools and continuing study of nursing service by hospitals.

A colorful report of the Building Committee was presented by the chairman, Miss Louise Miner. The building is presently under construction and it is hoped that it will be completed by November, 1959. Interpretation of the CNA Retirement Plan was ably carried out by Miss F. Lillian Campion who felt that this was the best possible plan for Canadian nurses. Miss Vera Spencer, chairman of the committee on

public relations, stated that the aim of her committee for the year had been to stimulate nurses to vote on the slate of officers for the council 1959-60 and to increase attendance at annual meetings. The editorial adviser to *The Canadian Nurse*, Miss Antonini, spoke of the orientation course that she had attended in Montreal in January, 1959. The ways in which individual members could assist in procuring articles and material for the *Journal* were outlined.

Miss Betty Hailstone, chairman of the committee on chapters, complimented local chapters on their activities throughout the year. Refresher courses for graduate nurses were sponsored by six organizations with enthusiastic response. Chapters have given full cooperation in assisting with projects initiated at provincial level. Increased activity is evident in all areas.

Mrs. M. Rosso, chairman of the committee on nursing education, reported that projects under study included curriculum revision, psychiatric affiliation and speakers' kits for recruitment. Revision of the book-"Regulations Governing Examinations and Requirements for Admission to the Saskatchewan Registered Nurses' Association" and new, concise application forms had been completed. Miss K. Ruane, chairman of the committee on nursing service, outlined the activities of her committee. This included a study on evaluation of professional personnel, a study of the functions of the operating room supervisor, revision of personnel policies and sponsoring an institute on staff development.

In the report of the credentials committee for nursing assistants Miss Miner informed the members of the number of applications for certification that had been reviewed. She reported that a revision of the Canadian Vocational Training School program and curriculum for nursing assistants was in progress.

The highlight of the first day was a stimulating address by Miss Helen Mussallem, director, Pilot Project for Evaluation of Schools of Nursing. In the evening members attended a smorgasbord buffet supper at Ellis Hall, University Hospital. Everyone applauded the originality and efficiency of the members of the Arrangements Committee under the chairmanship of Miss B. Dunford.

The entertaining and educational role-



THE POSEY SAFETY BELT

U. S. Patent No. 2,333,346

Prevents patients falling out of bed. Maximum freedom with safe restraint. Causes no mental fear or physical discomfort. Better than side boards, the Posey Safety Belt is so designed that it is under the patient and out of the way. Sizes: Small, Medium, Large. Cat. No. S-141, Price \$6.45 each. Available extra heavy, riveted construction with key-lock buckles, Cat. No. P-453, \$19.50 each.

J. T. POSEY COMPANY · 2727 E. FOOTHILL BLVD., PASADENA, CALIF.

playing presentation "Correlation of Hospital and Public Health Nursing Services" chaired by Miss E. Niblett, senior public health nurse, Weyburn, was thoroughly enjoyed by the assembly. The play portrayed the cooperation between the family, the doctor, the matron of a small hospital and the public health nurse in the total care of a young mother with a premature baby.

A panel, introduced by Miss V. Spencer discussed "Responsibility of the Hospital to the Community and the Community to the Hospital."

"Lending Hands" was the topic of the address given by Miss Campion. Her theme was the responsibility of each nurse to support her profession at the local, provincial, national and international level. Speaking of the International Council of Nurses Miss Campion referred to it as a fraternal organization — one which lends a hand to others. She stated that "Each Canadian nurse through her membership in the provincial and national associations is a member of the ICN and is a part of the helping hand — but is the hand we offer strong, generous and willing enough?"

She outlined the activities of the ICN and the benefits received by nurses through international relationships. Activities of the CNA were reviewed and this again stressed the importance of the helping hand — the readiness of nurses to give freely and generously of time and effort to work on committees for the good of the profession. Miss Campion appealed to the individual nurse to give her cooperation and willing participation in association affairs.

Two students from each of the 11 schools of nursing in the province met with Miss E. James, SRNA representative, to discuss tentative plans for the formation of a Saskatchewan Student Nurses' Association. Students were in favor of having their own association and a committee was selected to draw up a constitution.

Officers of SRNA Council for 1959-60 are: Pres. Louise Miner; Vice-Pres. Patricia McGrath, Sister M. Hildegard; Committee Chairmen: Mrs. Margaret Rosso, Kathleen Ruane, Alice Mills, Jean Cummine.

VICTORIA ANTONINI Executive-Secretary

A new line of thermometers developed in answer to the need for dependable, yet inexpensive thermometers has just been announced by the H-B Instrument Co., Philadelphia, Pa.

Called "Tri-Top" thermometers, each thermometer head is made in a sharply-defined triangle shape that keeps the instrument from rolling off table tops or other surfaces. This drastically reduces breakage. Where previously the cost of repeated breakage has precluded the use of high-grade precision thermometers, "Tri-Top" thermometers now fill the need at an economical price.

For complete information, stock ranges and prices, write **H-B Instrument Company**, American & Bristol Streets, Philadelphia 40, Pa.

EW

nultiple antigen for pediatric use

QUADRIGEN

heria-Tetanus-Pertussis-Poliomyelitis, Aluminum Phosphate Adsorbed, Parke-Davis)

nmunizes against 4 diseases

ewly developed multiple antigen, QUADRIGEN is designed for altaneous immunization of infants and preschool children against otheria, tetanus, pertussis, and paralytic poliomyelitis.

d antibody response has been demonstrated in children unized with QUADRIGEN within this age group.*

antigens in QUADRIGEN are adsorbed on optimum amounts of aluminum sphate to provide a potent and compatible product.

ngle dose of QUADRIGEN is only 0.5 cc. See package for dosage schedule.

1 QUADRIGEN, multiple protection can be obtained with fewer

tions at low dosage levels—a regimen that appeals to patients and parents.

t, C. D., Jr., et al.: J.A.M.A. 167:1103, 1958; Am. J. Pub. Health 49, 644, 1989.

ontreal 9, P.Q.



Annual Meeting in British Columbia

NCE AGAIN, the ballroom of Hotel Vancouver became the center of nursing in British Columbia for the three days of annual meeting. More than three hundred members enjoyed the excellent facilities provided by the hotel.

Our President, Miss Rossiter, presided at all sessions with expertness and grace. At the opening ceremony on Thursday morning, greetings were heard from the Honorable Eric Martin, Minister of Health; His Worship, Mayor A. T. Alsbury, City of Vancouver; Miss Pearl Stiver, General Secretary, Canadian Nurses' Association and Miss Evelyn Eastley, President of the Greater Vancouver District. The invocation was given by Rabbi Bernard Goldenberg of the Congregation Schara Tzedeck, Vancouver.

Following the Presidential Address, the roll call of districts was taken. Attendance for the three convention days was 374.

District reports gave evidence of continuing and varied professional activities in the 37 centers in which nurses hold regular meetings. An additional number of Chapters are now providing student bursaries and funds for the nursing care of indigent patients. These and other projects such as home nursing classes are examples of the ways in which the Chapters, representing the nursing profession in the local areas, promote good public relation.

On Thursday afternoon, the highlights of committee work and some of their functions were brought out in a question and answer session, under the title of "Seven for Seven Thousand." The interrogators were a new member recently arrived from England, a Councillor and a student.

As has become customary, the Student Nurses' Association contributed to the program. This year a panel of five, under the leadership of Miss Sheila Halpin, gave a comprehensive report on Future Nurses' Clubs. By questionnaire, information had been secured from high schools throughout the province on club membership, activities and interests. The clubs reported need for more information than at present available - these items were listed: costs, remuneration, living conditions, extracurricular activities, work required of students, job hazards, qualifications and ratings of nursing schools, salaries of graduate nurses. The consensus seemed to be that high schools do not have sufficiently detailed information.

At the beginning of the Friday morning session, Miss Stiver reviewed in detail Plans A and B of the CNA Retirement Plan and explained in layman's language the investment feature of the plan, describing it as a fence against inflation.

The 1959/60 budget and two recommendations were submitted by the chairman of the Committee on Finance. The recommendations concerned a \$10,000 payment on mortgage principal and the establishment of an educational fund. The proposed bursary/loan project was outlined:

Objectives:

1. To assist nurses in furthering their education in nursing;

2. To increase the number of nurses with preparation beyond the basic course.

RNABC members and students in the final year of the U.B.C. degree program would be eligible for assistance, such assistance to be 50% bursary and 50% loan.

After some discussion, the budget, including the \$10,000 payment on mortgage and an allocation of \$10,000 to the educational fund, was approved.

The chairman of the Committee on Legislation, Constitution and By-laws submitted By-law amendments which had been authorized by the Executive Committee at its May Meeting, for the purpose of permitting the newly appointed Assistant Executive Secretary to be a signing officer. The amendments were approved.

The Director of Personnel Services reviewed developments and events in employment relations and placement service. A total of 389 nurses had enrolled with placement service during the year, 674 interviews were held and 366 referrals made. Private duty placement has shown changing trends. In Vancouver, 20% of calls are for chest surgery, open heart surgery and tracheotomy patients; the average number of calls per month increased from 509 in 1957 to 739 in 1959. In Victoria, in the same period, there has been a decrease from 229 calls per month to 125 calls.

Changes in Personnel Practices were accepted.

The closing session commenced with an inspiring address by Miss Stiver. The chairman of the Resolutions Committee, Miss Marion Macdonell, presented resolutions directing that thanks be expressed to the retiring Executive "who have so ably guided

us through the past two years" and to the many individuals who had contributed to the success of the meeting.

The date of the 1960 Annual Meeting was decided — May 25-27 in Kamloops.

The results of the election were: President: Miss Edna Rossiter

Fresident: Miss Edna Rossiter

First Vice President: Miss Ada George Second Vice President: Miss Eva Williamson

Honorary Secretary: Miss Florence Fleming

Honorary Treasurer: Miss Anne Cumming.

The President welcomed the newly elected officers and declared the meeting adjourned.

The Council then held a brief meeting. Chaimen of five standing committees were named:

Committee on Legislation, Constitution and By-laws: Miss Margaret Campbell; Committee on Nursing Education: Miss Mary Richmond; Committee on Nursing Service: Miss Muriel Small; Committee on Public Relations: Miss Marion Macdonell; Committee on Registration: Miss Ada George.

ALICE L. WRIGHT Executive Secretary

One of the most important collections in the world of Chinese books and manuscripts has been acquired by the library of the University of British Columbia.

The 45,000 volume collection, which has been purchased by the "Friends of the Library," will make UBC one of the five most important centers in North America for the study of Chinese history, philosophy, literature and geography.

About one-third of the collection is made up of rare and older Chinese works, some of them dating back to 960 A.D. The second largest group of books is made up of histories, biographical works and works on institutions, economics and geography.

A large number of literary works, private papers and memorials of officials are also included in the collection. Local histories and gazeteers of Kwangtung province — the area from which most Vancouver Chinese originate — surpass in number and quality those in the best American collection.

About 90 per cent of the collection can be considered rare in the present market because the present Chinese government prohibits the export of Chinese works published before 1875.

— UBC Reports



CARE OF THE PATIENT WITH A STROKE

By Genevieve Waples Smith. For the patient's family and the nurse. 160 pages, 65 figures, 1959. \$3.00.

ORTHOPEDIC NURSING PROCEDURES

By Avice Kerr. Tells the nurse what to do and how to do it. 383 pages, 100 figures, 1959. \$5.25.

CLINICAL CORRELATION OF ANATOMY AND PHYSIOLOGY

By Martha Pitel and Mildred Schellig. Valuable to teacher, student, and graduate nurse. 336 pages, 450 drawings, 1959. \$6.00.

THE RYERSON PRESS
299 QUEEN STREET WEST, TORONTO 2-B



A new low-cost line of disposable clothing for industrial, laboratory, institutional and commercial use has been introduced. The garments are made of recently developed materials. They are soft, light weight and comfortable — feel much like woven cloth.

Economically priced, fire-resistant and water repellent, this clothing can be worn by men or women either as an outer garment or over street clothes. The clothing is lint-free and can be autoclaved. Information can be obtained from **The General Scientific Equipment Co.**, 7516 Limekiln Pike, Philadelphia 50, Pa.

Employment Opportunities

ADVERTISING RATES — \$5.00 for 3 lines or less; \$1.00 for each additional line. U.S.A. & Foreign — \$7.50 for 3 lines or less; \$1.50 for each additional line.

Closing date for copy and cancellations: Six weeks prior to date of publication. All letters should be addressed to: The Canadian Nurse Journal, 1522 Sherbrooke St. W., Montreal 25, Quebec.

ALBERTA

Supervisors \$3,840 - \$4,440 per annum. General Duty Nurses \$3,480 - \$4,080 per annum. 40-hr. work wk., Civil Service holiday, sick leave & pension program. Apply to: Baker Memorial Sanatorium, Calgary, Alberta.

Registered Nurses or Graduate Nurses (2) for General Duty in 16-bed hospital. Salary schedule according to the current A.A.R.N. suggested schedule. Basic salary \$255 for R.N. plus increment increases according to experience. Hospital is centrally located between two (2) Lake resorts etc. Apply to: Mrs. J. Bergquist R.N. — Matron, Municipal Hospital no. 43, Bentley, Alberta.

General Duty Graduate Nurses for active 76-bed hospital, near Calgary & Edmonton. \$260 gross salary for Alberta registered, \$250 gross salary non-registered in Alberta. Excellent personnel policies & working conditions. Apply: Matron, Municipal Hospital, Brooks, Alberta.

Graduate Nurses for General Duty in new 30-bed hospital 90-mi. from Calgary on Trans Canada Highway. 44-hr. wk., generous personnel policies. For particulars apply to: The Matron, Municipal Hospital, Bassano, Alberta.

Graduate Nurses (2) for small country hospital in northern Alberta (40-mi. paved road to next city). Starting salary for R.N., \$265; for Gr.N., \$250 less \$30 room & board. Good working conditions. Foreign nurses are given opportunity to register in Alberta after l-yr. service. Newly decorated residence, single rooms. Apply: Matron, Hythe Hospital, Hythe, Alberta.

Graduate General Duty Nurses (3) for 30-bed hospital. Basic salary: \$275 per mo. gross. Increments: 6 of \$5.00 each at 6 mo. intervals of service. Full maintenance at \$35 per mo. plus free laundry of uniforms. 40-hr. wk., rotating 8-hr. shifts. 3-wk. annual vacation after 1-yr. service plus 10 statutory holidays per yr. Separate nurses' residence. Apply: Superintendent, Municipal Hospital, Provost, Alberta.

General Staff Nurses (immediately) for new modern hospital of 243-beds, 37-bassinettes. School of nursing has a present enrollment of 58 students. Temporary residence available in new nurses' home. 40-hr. wk. with liberal personnel policies. Apply to: Director of Nursing, Municipal Hospital, Medicine Hat, Alberta.

BRITISH COLUMBIA

Registered General Duty Nurses (3) for 83-bed hospital, salary \$280 - \$336 per mo., 40-hr. wk. Residence accommodation available. Apply: Sister Superior, St. Eugene Hospital, Cranbrook, British Columbia.

Registered Nurses for General Duty (2) for 30-bed hospital. Apply: Matron, Creston Valley Hospital, Creston, British Columbia.

Registered General Duty Nurse for 30-bed hospital. Starting salary \$270 per mo. with \$10 yearly increment. Board & room \$40, $1^{1}/_{2}$ day sick leave per mo. 40-hr. wk. 1^{1} statutory holidays & 28 days vacation after 1-yr. service. Comfortable nurses' residence next door to hospital. Rotating shifts. Please apply to: The Matron, Community Hospital, Grand Forks. British Columbia.

Head Nurses for Operating Room: 42-bed pediatric unit in 434-bed hospital with nurses' training school. Postgraduate or equivalent experience required, B.C. registration required, 40-hr. wk., statutory holidays, 28-days annual vacation. Credit given for past experience & postgraduate preparation. Salary \$295-\$354. Apply: Director of Nursing Royal Columbian Hospital, New Westminster, British Columbia.

General Duty Nurses for small active hospital. Salary \$250 for unregistered. \$260 registered with yearly increments. Nurses' home available. For further particulars write, The Administrator, Lady Minto Hospital, Ashcroft, British Columbia.

General Duty Nurses for R.W. Large Memorial Hospital of the United Church of Canada, at Bella Bella, B.C. 300-mi. north of Vancouver on the B.C. coast. Salary \$260 per mo., less \$40 for board, room & laundry of uniforms. 2 annual increments of \$5.00 per mo., sick time — 11/2 day per mo., cumulative, 1-mo. annual holiday, plus 10 day in lieu of statutory holidays. Transportation to Bella Bella refunded after 1-yr. Apply to: Matron, Bella Bella, British Columbia.

General Duty Nurses (applications invited immediately) for new 250-bed hospital. B.C. scale of salaries & holidays plus other benefits. Hospital is 5-mi. from centre of downtown Vancouver. Ideal working conditions. Address correspondence to: Director of Nursing or Administrator, General Hospital, Burnaby 1, British Columbia.

General Duty Nurses for 31-bed General Hospital, 5-hr. from Vancouver; salary \$250 for unregistered, \$260 registered, \$10 increase after 1st & 2nd yr; less \$45 room & board; 40-hr. wk. uniforms laundered; nurses' home. Apply: Administrator, St. Bartholomew's Anglican Hospital, Lytton, British Columbia.

BRITISH COLUMBIA

General Duty Nurses (all floors). Operating Room Nurse (1—experienced) for new 125-bed hospital to be opened early in autumn. Commencing salary: \$280 per mo. or \$294 for 2-yr. satisfactory experience, plus \$10 per mo. additional for postgraduate certificate in any of the nursing fields. For further information write to: Director of Nursing, Prince George & District Hospital, Prince George, British Columbia.

General Duty Nurses for 110-bed General Hospital located in British Columbia's beautiful Northwest. Salary \$283 per mo. with \$10 increments for 3 years. Modern residence facilities available. For complete information apply to: Director of Nursing, General Hospital, Prince Rupert, British Columbia.

General Duty Nurse for well-equipped 80-bed General Hospital. Initial salary \$270, maintenance \$47.50; 40-hr. 5-day wk. 4-wk. vacation with pay. Apply: Sacred Heart Hospital, Smithers, British Columbia.

Operating Room Supervisor for modern 154-bed General Hospital. Please reply stating age,, qualifications & experience. Salary based on above. General Duty Nurses. Generous personnel policies, nurses' residence. Apply to: Director of Nurses, Trail-Tadanac Hospital, Trail, British Columbia.

General Duty Nurses: starting salary \$288 if 2 yr. experience, \$275-\$330 in 4 yr. Non registered \$260. Maintenance \$50, 10 statutory holidays, 4-wk. annual vacation, 1½ day sick leave per mo. very active town, world famous Cariboo cattle country, annual stampede. Apply: Director of Nursing, War Memorial Hospital, Williams Lake, British Columbia.

General Duty Nurses — Operating Room Nurses with postgraduate course or equivalent required for new 147-bed General Hospital. Personnel policies in accordance with B.C.R.N.A. Apply: Director of Nursing, General Hospital, Chilliwack, British Columbia.

General Duty & Operating Room Nurses for 434-bed hospital with training school; 40-hr. wk., statutory holidays. Salary \$280-\$336. Credit for past experience & postgraduate preparation; annual increments; cumulative sick leave; 28-days annual vacation. B.C. registration required. Apply: Director of Nursing, Royal Columbian Hospital, New Westminster, British Columbia.

Graduate Nurses for 37-bed hospital, salary \$250 per mo. with annual increments — 28-dy. annual vacation, cumulative sick leave. \$50 monthly board, lodging, laundry. New 50-bed hospital to be erected 1959. Apply: Administrator, Terrace & District Hospital, Box 1297, **Terrace**, **British Columbia**.

Graduate Nurses for 70-bed acute General Hospital on Pacific Coast. Starting salary \$275 with regular increases. Board & room \$25 per mo., 5-day wk., 28 days vacation plus 10 statutory holidays. Apply: Matron, St. George's Hospital, Alert Bay, British Columbia. Graduate Nurses; for new 63-bed hospital, 30 miles from Vancouver in the Fraser Valley. For salary rates & personnel policies, apply: Director of Nursing, Maple Ridge Hospital,

Haney, British Columbia.

Operating Room Nurses with postgraduate training & General Duty Nurses for 450-bed hospital. B.C. registration required, salary & personnel policies in accordance with R.N.A.B.C. Apply: Director of Nursing Service, St. Joseph's Hospital, Victoria, British Columbia

MANITOBA

Registered Nurse (for general floor duty) Salary \$290 per mo. less \$25 for full maintenance, yearly increments, 44-hr. wk. For further information apply to: John Hiscock, Secretary-Treasurer, Baldur Medical Nursing Unit, Baldur, Manitoba.

Registered Nurses (2) as soon as possible for 16-bed hospital. Salary \$280 per mo. gross, \$40 per mo. deducted for board & room. 40-hr. wk. 3-wk. vacation with pay after 1 full year employment, 4-wk. after 2 full years. Sick leave one day for each full month of employment plus 1 day for each full 6-mo. employment cumulative to 30 days. Living quarters in hospital. Apply to A. C. Laughlin, Secretary, Wilson Memorial Hospital, Melita, Manitoba.

General Duty Nurses (3) for new 85-bed hospital. Good salary & generous personnel policies. Apply: Director of Nursing, Portage Hospital District #18, Portage La Prairie, Manitoba.

Registered & Licenced Practical Nurses (immediately, full or part time basis during the vacation period & on permanent staff.) Salary rating for Registered Nurses \$263 per mo., for Licenced Practical Nurses \$204 per mo. for full time duty. 8-hr. duty (day, evening or night,) 40-hr.. wk. Must be registered or licenced in Manitoba. Apply in writing to the: Director of Nursing, Winnipeg Municipal Hospitals, Winnipeg 13, Manitoba.

NEW BRUNSWICK

Head Nurses & General Staff Nurses for new 26-bed psychiatric division opening July 1, 1959. Apply to: Director of Nursing, Saint John General Hospital, Saint John, New Brunswick.

NEWFOUNDLAND

Registered Nurses (4) Operating Room Nurse (1) for 120-bed General Hospital. Salary on Newfoundland Government scale plus \$150 bonus end each 6-mo. service, one (1) way transportation paid, customary vacation with pay after 12-mo. service, plus all statutory holidays. Interested persons apply to: Dr. J. M. Olds, Superintendent, Notre Dame Memorial Hospital, Twillingate, Newfoundland.

NOVA SCOTIA

Supervisor for Obstetrical & Surgical floor for small hospital situated on beautiful South Shore of Nova Scotia. Good personnel policies & salary. Applicant must have had supervisory experience. Apply to: Superintendent, Fishermen's Memorial Hospital, Lunenburg, Nova Scotia.

Registered Nurses (2) for floor duty, Nurses Aide (2) Immediately. Apply to: Western Kings Memorial Hospital, Berwick, Nova Scotia.

General Duty Nurses for modern 35-bed hospital situated on beautiful South Shore. Good personnel policies. Excellent living quarters. Apply Superintendent, Fishermen's Memorial Hospital, Lunenburg, Nova Scotia.

General Staff Nurses for 400-bed Medical & Surgical Sanatorium, fully approved student affiliation & postgraduate program. Full maintenance. Recreational facilities. Vacation with pay. Sick benefits after 1 yr. Blue Cross coverage. Attractive salary; 40-hr. wk. For further particulars apply Supt. of Nurses, Nova Scotia Sanatorium, Kentville, N.S.

ONTARIO

Superintendent of Nurses (with administrative qualifications) for modern 32-bed hospital to be opened early in 1960. Situated in one of Eastern Ontario's most progressive communities, close to Ottawa & U.S. Border. A small apartment is provided in the hospital. Applicants are requested to provide a resumé of past experience & salary expected. Apply to: Secretary-Treasurer, District Hospital, Box 248 Kemptville, Ontario.

Assistant Director of Nurses, Registered Nurses for General Duty in new 50-bed hospital. Apply: Superintendent, Meaford General Hospital, Meaford, Ontario.

Assistant Director of Public Health Nursing (Immediately) duties include staff education supervision & teaching responsibilities. Existing salary range \$4,410-\$5,130, with annual increments \$180. A degree or certificate in Administration in Public Health Nursing & experience in an official agency are essential. Good personnel policies, 5-day wk., 2-wk. vacation, with 3-wk. after 5-yr., superannuation, Ontario Hospital Insurance, Blue Cross & P.S.I. benefits. For further information please apply to: Director of Public Health Nursing. City of Ottawa Health Department, City Hall, 111 Sussex Drive, Ottawa, Ontario.

Assistant Director of Nursing Service for active 140-bed hospital with expansion program. Please apply stating qualifications, experience & salary expected to: Director of Nursing, Plummer Memorial Public Hospital, Sault Ste. Marie, Ontario.

Operating Room Supervisor (Immediately) for 86-bed hospital. Good salary, employee benefits & statutory holidays, living accommodation available in residence. Locate in Collingwood & enjoy its many winter sports along with excellent swimming & other summer activities. Apply: Director of Nursing Services, General & Marine Hospital, Collingwood, Ontario.

Lady Superintendent & Administrator for small well equipped General Hospital in a community of 3,000 people & serves a fairly large rural area; situated close to Ottawa, there is a good rail & road communication with the Capital & other communities in the Ottawa valley. Applicants are requested to provide reference with a resume of past experience & salary expected. Apply: Secretary-Treasurer, The Rosamond Memorial Hospital, Almonte, Ontario.

Instructor (Qualified) for the School of Nursing. Kindly apply to: Director of Nursing, St. Joseph's Hospital, Peterborough, Ontario.

Medical-Surgical Clinical Instructors, apply: Director of Nursing, Belleville General Hospital, Belleville, Ontario.

Registered Nurses for 50-bed Hospital, Obstetrical & General Duty. Rotating shifts, 40-hr. wk. Apply: Director of Nursing, Ajax & Pickering General Hospital, Ajax, Ontario.

Registered Nurses (2) for small well equipped hospital, 30 miles from Ottawa. Liberal salary. Apply: Superintendent, The Rosamond Memorial Hospital, Almonte, Ontario.

Registered Nurses (in Canada's vacation land) for 65-bed Public General Hospital with Inderal personnel policies, 40-hr. wk, above average salaries, in friendly small town, offers stimulating well rounded experience. Apply to: Director of Nursing, Lady Minto Hospital, Chapleau. Ontario.

Registered Nurses for 73-bed General Hospital on Lake of Woods. Tourist & industrial town of 10,000. General duty salary \$265-\$295 for nurses currently registered; \$245 for non-registered qualified nurses. Excellent personnel policies. Apply to: Superintendent, General Hospital, Kenora, Ontario.

Registered Nurse (required September 1959) living in accommodation, pension plan, medical, hospitalization benefits. For application forms & further information, contact: Superintendent, Essex County Home for Senior Citizens, Leamington, Ontario.

Registered Nurses for 200-bed hospital for the chronically ill. Starting salary \$255, 5 day wk., l-mo. annual vacation. Residence accommodation available. Apply to: Director of Nursing Parkwood Hospital, 81 Grand Avenue, London, Ontario.

Registered Nurses (Several) for immediate & future vacancies in modern 42-bed hospital. Starting salary: \$265 per mo. plus shift allowance. 40-hr. wk. 4 wk. vacation after 1 yr. Apply: Superintendent of Nurses, New Liskeard & District Hospital, New Liskeard, Ontario.

Registered General Duty Nurses. Salary: \$230 per mo. 40-hr. wk. Apply Director of Nursing, General Hospital, Cobourg, Ontario.

Registered General Duty Nurses for modern hospital, building expansion under way increasing to 100-beds this year. Starting salary \$250 per mo., \$215 for Graduates. 40-hr. wk., group life accident & sickness insurance free to employees. Opportunities for advancement, pleasant community. Apply: Director of Nursing, Leamington District Memorial Hospital, Leamington, Ontario.

Registered General Duty Nurses for 28-bed General Hospital. Starting salaries \$255-\$270 according to qualifications. Good personnel policies. Adjacent attractive residence available. Room & board \$40; recreation facilities. For further information please apply: Miss A. Burnett, Superintendent, Niagara Hospital, Niagara-on-the-Lake, Ontario.

Registered General Duty Nurses & Operating Room Nurses (Immediately) for 100-bed active hospital located 25-mi. from Toronto. 40-hr. wk., good salary, modern residence available. Apply: Director of Nursing, Peel Memorial Hospital, Brampton, Ontario.

Registered General Duty Nurses (4) Certified Nursing Assistants (2) replacements for ones who have been married. For 105-bed hospital in a town of 15,000 population. Gross salary ranges from \$210-\$240 with annual increments. 3-wk. vacation, 7 statutory holidays, blue cross medical/surgical participation, 14-day sick leave, no night duty, except in Obstetrical Dept. 8-mi. from Camp Petawawa, 2-hr. from Ottawa & 4-hr. from Montreal with excellent train & bus service. Active, interesting community social life in the heart of the beautiful Ottawa Valley. Active Ski, Curling & Golf Clubs, also the home of the famous Pembroke Lumber Kings Hockey Team. 2 Theatres & a "Drive-In". Forward application to: The Director of Nursing, The Cottage Hospital, Pembroke, Ontario.

Registered Nurses (Toronto Area) for 30-bed hospital for chronic illnesses. Salary \$12 per day; 5-day wk.; 3-wk. vacation per year. Apply: L. Mackie, Director of Nursing, The Villa Private Hospital, Box 490, Thornhill, Ontario.

Registered Nurses & Certified Nursing Assistants for General Duty in all services. Salary commensurate with experience & qualifications, good personnel policies. Apply to: The Director of Nursing, St. Vincent de Paul Hospital, Brockville, Ontario.

Registered Nurses & Certified Nursing Assistants for 160-bed hospital. Starting salary \$255 & \$180 respectively with regular annual increments for both. Excellent personnel policies & residence accommodation available. Assistance with transportation can be arranged. Apply: Superintendent, Kirkland & District Hospital, Kirkland Lake, Ontario.

Registered Nurses & Certified Assistants for General Duty in modern 105-bed hospital on the shores of beautiful Georgian Bay, 40-hr. 5 day wk., residence available. Apply: Director of Nursing, St. Andrews Hospital, Midland, Ontario.

Registered Nurses & Certified Nursing Assistants for 26-bed hospital. R.N. salary \$290-\$335. 28-day vacation after 1-yr. C.N.A. salary \$210-\$240, 2-wk. vacation after 1-yr., 3-wk. after 2-yr. Credit for past experience. \$5.00 increment every 6-mo. 44-hr. wk., 8 statutory holidays. Room & board residence \$28.50 per mo. 1-day sick leave per mo. Apply to: Mrs. G. Gordon, Superintendent, District Memorial Hospital, Box 37, Nipigon, Ontario.

Registered Nurses for Surgical Floor in 163-bed Sanatorium. Excellent personnel policies. Residence accommodation available. Apply: Director of Nursing, Sudbury & Algoma Sanatorium, P.O. Box 40, Sudbury, Ontario.

Registered Nurses for General Duty in modern 18-bed Private Hospital in iron mining town, 180-mi. north of Sault Ste Marie, Ontario. Excellent accommodation & personnel policies. Starting salary \$268 minimum to \$303 maximum for experience, less \$20 per mo. maintenance. Transportation allowance after 6-mo. service. Operating Room Nurse, starting salary \$288 minimum with postgraduate course, \$323 maximum with 3-yr. experience or mere. Apply: Superintendent, Miss O. Keswick, Lady Dunn Hospital, Jamestown, Ontario.

Registered Nurses (2) for General Duty in modern 90-bed hospital, salary \$255 per mo., 3 annual increments, accumulative sick leave. Excellent recreational facilities in town near cities & resorts. Rooms & meals at reasonable rates. Apply: Director of Nursing, Dufferin Area Hospital, Orangeville, Ontario.

Registered Nurses for General Staff & Operating Room in modern hospital (opened in 1956). Situated in the Nickel Capital of the world, pop. 50,000. Salary: \$260 per mo. with semi-annual merit increments, plus annual bonus plan. Recognition for experience. Excellent personnel policies. Assistance with transportation can be arranged. Apply Director of Nursing, Memorial Hospital, Sudbury. Ontario.

General Duty Nurses for an accredited 64-bed hospital. Starting salary: \$250-\$260. Good personnel policies with sick leave benefits, holidays & paid vacations. Apply Director of Nursing, Douglas Memorial Hospital, Fort Erie, Ontario.

General Duty Nurses for 100-bed hospital. Salary \$260 month with recognition for P.G. Courses, 44-hr. wk. at present. Up-to-date facilities in a beautiful location on the shore of Lake Erie. Residence available. Apply: Director of Nursing, General Hospital, Port Colborne, Ontario.

General Duty Nurses (all departments) for 350-bed General Hospital, gross starting salary \$255 per mo., 40-hr. wk. Apply to: Director of Nursing, The Doctors Hospital, 45 Brunswick Ave., Toronto, Ontario.

General Duty Nurses & Certified Nursing Assistants (Immediately) for 86-bed hospital, 40-hr. wk., 8 statutory holidays & other employee benefits. Collingwood is situated on Georgian Bay & is noted as a vacationland with 7-mi. sand beach along with great skiing on the Blue Mountains in winter. For further information apply: Director of Nursing Services, General & Marine Hospital, Collingwood, Ontario.

General Duty Nurses (2). Salary for Registered Nurses \$220 plus full maintenance. 5-day wk. Please apply to: Superintendent, Saugeen Memorial Hospital, Southampton, Ontario.

McKellar General Hospital, Fort William, Ontario has openings in all departments for General Staff Nurses. Basic salary \$250 per mo., 40-hr. wk. Good personnel policies for other benefits. Resident accommodation available. Apply to: The Director of Nursing.

General Staff Nurses (\$255) & Certified Nursing Assistants (\$193). 5-day, 40-hr. wk. Generous personnel policies. Please apply Director of Nursing, General Hospital, St. Catharines, Ontario.

Graduate Nurses (Close to Metropolitan Toronto) for 120-active bed County Hospital with up-to-date facilities located in a friendly community, 1-hr. bus ride to downtown Toronto. Salary \$245-\$285, residence accommodation available. Adequate staffing & personnel policies. Apply: Director of Nursing, York County Hospital, Newmarket, Ontario.

Graduate Nurses, Certified Nursing Assistants for general duty immediately & positions to be filled on staff for new 58-bed hospital to be opened in early fall. For information of salary & personnel policies please write to: Superintendent, Prince Edward County Hospital, Picton, Ontario.

Public Health Nurse (qualified) for generalized program in the village of Long Branch, Metropolitan Toronto. Excellent working conditions including pension plan, hospitalization benefits etc., Apply: George F. Gage, Secretary, Local Board of Health, 1560 Lake Shore Road, Long Branch, Ontario.

Public Health Nurses (qualified) for generalized program, urban & rural. Salary \$3500 - \$4250. annual increment \$150, pension plan, P.S.I., 4-wk. vacation. Apply: Archie F. Bull, M.D., D.P.H., Director, Halton County Health Unit, Milton, Ontario.

Public Health Nurses (Qualified) for a generalized program in the City of Oshawa. Salary range \$3,500 - \$4,370, annual increment \$175, starting salary based on experience. 5-day wk., 4-wk. vacation, pension plan, group insurance, hospitalization & P.S.I. employer shared. Transportation provided. Apply: Dr. C. C. Stewart, Medical Officer of Health, 50 Centre Street, City Hall, City of Oshawa, Ontario.

Public Health Nurses (Qualified) for Victorian Order of Nurses (Ottawa Branch). Minimum salary \$3,480, consideration given to past experience. Annual increments, 5-day wk., 4-wk vacation, \$75 uniform allowance, PSI & supplementary Blue Cross available. Pension plan benefits. Apply: Director, 226 Sparks Street, Ottawa 4, Ontario. CE 2-2661.

Public Health Nurses (qualified) for generalized program. Salary \$3,390-\$3,990 based on experience. Good personnel policies, 5 day wk., superannuation, Ontario hospital insurance, Blue Cross & P.S.I. benefits. Apply to: Director of Public Health Nursing, City of Ottawa, Health Department, 111 Sussex Drive, Ottawa, Ontario.

Operating Room Staff Nurses for modern well equipped department, gross starting salary \$255 per mo., rotating hours of duty. Apply to: The Director of Nursing, The Doctors Hospital. 45 Brunswick Ave., Toronto, Ontario.

Nutritionist for a varied program in community nutrition & family work. Salary based on qualifications & experience. Apply: Mrs. Josephine D. Chaisson, Director, Visiting Homemakers Association, 3 Rowanwood Avenue, Toronto, Ontario.

QUEBEC

Assistant Head Nurses excellent personnel policies. Apply Director, Shriners' Hospital for Crippled Children, 1529 Cedar Avenue, Montreal, Quebec.

Registered Nurses (2) Immediately: to institute 40-hr. wk., for small General Hospital 40-mi. from North Bay, Ontario. Good salary in effect, 1-mo. annual vacation. Living accommodation \$15 per mo. in nurses' residence. Pleasant community life with variety of winter & summer recreational activities. Please apply to: Hospital Matron, I. Irwin R.N., Canadian International Paper Company Temiskaming, Quebec.

Registered General Duty Nurses for 28-bed General Hospital in Huntingdon, Quebec, 45-mi. from centre of Montreal with excellent bus service. Gross salary \$235 with full maintenance in nurses' home at \$35; 3 increases at 6-mo. intervals to \$250; 44-hr. wk., 8-hr. rotating shifts; 1-mo. annual vacation; 7 statutory holidays; 2-wk. sick leave, Blue Cross paid. Apply: Mrs. D. Hawley, R.N., Huntingdon County Hospital, Huntingdon, Que.

BERMUDA

Registered Nurses for Operating Room with operating room postgraduate courses and/or experience, for 140-bed hospital. Travel allowance paid. For particulars, write Matron, King Edward VII Memorial Hospital, Bermuda.

Chief Dietitian for 140-bed hospital. Training school affiliated with Montreal hospitals. Fare paid. For particulars write Matron, King Edward VII Memorial Hospital, Bermuda.



UNIVERSITY of MINNESOTA HOSPITALS

Large teaching and research center located on the University Campus in Minneapolis, "City of Lakes".

General Staff Nurse positions available at a salary of \$329 per month with liberal personnel policies.

Facilities include all clinical services and Excellent educational, cultural there are many opportunities for advancement.

and recreational activities available.

ROOMS AVAILABLE IN ATTRACTIVE CONVENIENT NURSES' RESIDENCE

Apply to: DIRECTOR OF NURSING SERVICES

UNIVERSITY of MINNESOTA HOSPITALS

Minneapolis 14, Minnesota

SASKATCHEWAN

Clinical Instructress at Fort Qu'appelle Sanatorium to take charge of affiliation course in tuberculosis, this is a 4-wk. course given to student nurses throughout the year; enrolment 16. Apply to: Director of Medical Services & General Superintendent, Fort San, Saskatchewan.

Registered Nurses for new 16-bed hospital situated on main line of C.P.R. & Trans-Canada Highway. Starting salary: \$275 per mo. usual increments & holidays. Apply to: Matron, Union Hospital, Gull Lake, Saskatchewan.

Registered Nurses required by Quill Plains Regional Hospital Council for Member Hospitals. Size of hospitals varies from 10 to 75 beds, located in East Central Saskatchewan. Minimum pay: \$260 for 25-bed hospitals or less, \$250 for larger. Yearly increments to maximum of \$320. Full board & room, \$34.50 per mo. 40-hr. wk., 4-wk. vacation per yr. Apply: Quill Plains Regional Hospital Council, P.O. Box 389, Humboldt, Saskatchewan.

Registered General Duty Nurses for 25-bed hospital in progressive area. Salary: \$290-\$320 per mo. gross, 40-hr. wk. 3-wk., annual vacation accumulative sick leave. New nurses' residence. Apply to: Sec.-Manager, Union Hospital, Leader, Saskatchewan.

Graduates Nurses (2) urgently required for 8-bed hospital in southern Saskatchewan. Salary \$260-\$290 less \$35 maintenance, 3-wk. vacation plus statutory holidays, 40-hr. work wk. & bonus after 1-yr. service. Travel fare advanced if necessary. Apply to: Mrs. D. L. Knops, Secretary-Treasurer, Union Hospital, Rockglen, Saskatchewan.

U.S.A.

Instructors (Medical-Surgical Nursing, Social Public Health aspects of nursing, Nursing Fundamentals. Diploma & college affiliated program) for 356-bed General Hospital, school of 175-students. Approved by J.C.A.H. Close to Lake Michigan Beach. One block from city bus line. Apply: Director of Nursing, Augustana Hospital, 411 W. Dickens Ave., Chicago 14, Illinois.

Instructors for fully accredited diploma school of nursing. Starting salary: \$545. For full details write: Betty Hartwig, R.N., County General Hospital, 1200 North State St., Los Angeles 33, California.

Registered Nurses for modern 191-bed JCAH fully accredited General Hospital, expanding to 374-beds by 1960. Located on beautiful San Francisco Peninsula, 20-min. drive from the heart of the city. Openings in all services. Excellent personnel policies. Many extra benefits & opportunities for advancement. Top salaries. Apply: Personnel Director, Peninsula Hospital, 1783 El Camino Real, Burlingame, California.

Registered Nurses: Positions available in all areas & on all shifts. Ultra modern, new 254-bed General Hospital located in the heart of beautiful sunny Castro Valley, just 30 minutes drive from San Francisco. This is a busy residential community which offers casual California living at its very best. Many excellent schools & colleges within easy commuting distance. Progressive personnel policies include free hospital & surgical insurance, paid sick leave, paid vacations, 7 recognized holidays & other benefits. No split shifts, evening & night duty salary differential, also differential paid for operating room, delivery room & nursery service. Uniforms laundered free. Basic salary for general staff duty; \$345 per mo. Salaries for other positons commensurate with assignments. Please write: Personnel Manager, Eden Hospital, 20103 Lake Chabot Road, Castro Valley, California.

Registered General Duty Nurses for modern accredited 76-bed hospital (South Central California near Sequoia National Park). Beginning salary: \$315 per mo., annual increases. Excellent working conditions. Ideal community. Winter & summer recreation. Transportation to hospital paid on suitable confirmation of employment. Must qualify for registration in California. For details write: Administrator, Memorial Hospital at Exeter, Exeter, California.

Registered Nurses eligible for registration in California. Openings for Assistant Head Nurses, evening or night shifts. Starting salary: \$434 per mo. For full details write: Betty Hartwig, R.N., County General Hospital, 1200 North State St., Los Angeles 33, California.

Registered Nurses General Duty for 230-bed approved teaching hospital, resort city Salary \$330 plus \$22.50 shift differential, provision for housing allowance. Apply: Director of Nursing, Cottage Hospital, Santa Barbara, California.

Registered General Duty Nurses for 154-bed General Hospital with expansion program under way. Along the shores of Lake Michigan, 25 mi. from Chicago. Salary: \$340 for days, \$370 for evenings, \$360 for nights, 5 day wk. Good personnel policies. Apply Personnel Director, Highland Park Hospital Foundation, 718 Glenview Ave., Highland Park, Ill.

Registered Nurses: Applicants must speak & write proficient English. Starting salary from \$310 per month plus a differential for evening work. Apply to: The Personnel Director, The Gary Methodist Hospital, 1600 W. 6th Avenue Gary, Indiana.

Registered Nurses Salary \$325-\$360 in 18-mo. or commensurate with experience differential on p.m. shift \$1.50, nights \$1.00. Openings in Obstetrical & Medical-Surgical areas. Apply to: Personnel Department, Woman's Hospital, 432 E. Hancock Avenue, Detroit 1, Michigan.

Registered Nurses for new 750-bed municipal hospital. Salary \$3,700 per year with \$100 yearly increments reaching maximum of \$4,200; 40-hr. wk., vacation, sick time & 12 holidays, 1 meal & laundry of uniforms provided. Apply to: Director of Nursing, Martland Medical Center, Newark, New Jersey.

NURSING WITH INDIAN AND NORTHERN HEALTH SERVICES

HOSPITALS
 HURSING STATIONS
 OTHER HEALTH CENTRES

OPPORTUNITIES REGISTERED HOSPITAL NURSES, PUBLIC HEALTH NURSES, AND CERTIFIED AUXILIARY NURSES

for Hospital Positions and Public Health Positions in Outpost Nursing Stations, Health Centres and Field Positions in the Provinces, Eastern Arctic Northwest Territories and the Yukon Territory.

SALARIES

- (1) Public Health Nursing Supervisors: up to \$5,220 depending upon qualifications and location.
- Directors of Nursing in Hospitals: up to \$4,950 depending upon qualifications and location.
- (3) Public Health Staff Nurses: up to \$3,780 per year depending upon qualifications and location.
- (4) Hospital Staff Nurses: up to \$3,540 per year depending upon qualifications and location.
- (5) Certified Nursing Assistants or Licensed Practical Nurses: up to \$200 per month depending upon qualifications and location.
- Room, Board and Laundry in residence at reasonable rates.
 Statutory holidays. Three weeks' annual leave with pay. Generous sick leave credits. Hospital-Medical and Superannuation plans available.
- Special pay and leave allowances for those posted to isolated areas.

For interesting, challenging, satisfying work apply to — Indian and Northern Health Services at one of the following addresses:

- (1) Regional Superintendent, 4824 Fraser Street, Vancouver, B.C.
- (2) Regional Superintendent, 11412-128th Street, Edmonton, Alberta.
- (3) Regional Superintendent, 735 Motherwell Building, Regina, Saskatchewan.
- (4) Regional Superintendent, 803-9 Confederation Life Building, 457 Main Street, Winnipeg, Manitoba.
- (5) Regional Superintendent, 4th Floor, Booth Building, 165 Sparks Street, Ottawa, Ontario.
- (6) Zone Supervisor of Nursing, Box 493, North Bay, Ontario.
- (7) Zone Superintendent of Indian Health Services, P.O. Box 430, Upper Town, 3 Buade Street, Quebec 4, P.Q.
- (or) Chief, Personnel Division,

Department of National Health and Welfare, Ottawa, Ontario.

New Graduates for county General Hospital. Starting salary: \$375. For full information on employment opportunities write: Betty Hartwig, R.N., County General Hospital, 1200 North State St., Los Angeles 33, California.

Graduate Staff Nurses (Opportunities in the United States) for well equipped 400-bed nonsectarian General Hospital affiliated with Medical School. New salary rates: day shift \$340-\$370 per mo. afternoon & nights \$370-\$400 per mo. Comfortable low cost living accommodation in attractive residence building. Write to: Director of Nursing Service, Dept. CJN, Mount Sinai Hospital, 2750 West 15th Place, Chicago 8, Illinois.

General Duty Nurses for 320-bed General Hospital. Only a few blocks from Lake Michigan Beach & Lincoln Park; near Chicago Loop. Hospital accredited by J.C.A.H. & school of nursing accredited by N.L.N. Apartments available close to hospital. Liberal personnel policies. Must be eligible for Ill. registration; openings on all shifts. Write: Director of Nursing, Augustana Hospital, 411 W. Dickens Ave., Chicago 14, Illinois.

General Duty Nurses (all shifts) for 106-bed fully approved rural hospital, located in beautiful Kittatiny Mountains, $1\frac{1}{2}$ -hr. out of New York City. Starting salary \$265 plus meals on job, laundry of uniforms, liberal shift differential, merit raise system & fringe benefits, living accommodations available. Contact: Director of Nursing Service, Memorial Hospital, Newton, New Jersey.

Staff Nurses 600-bed general & tuberculosis teaching institution in central valley City. Accredited State & Junior Colleges in immediate vicinity, liberal personnel policies. Full maintenance available. Write — Director of Nursing Service, Fresno County General Hospital, Fresno 2, California.

General Staff Nurses (Grow & develop with us) new 400-bed hospital under construction. Fully approved. Intern-resident program. Developing teaching center. Starting salary \$330 per mo., \$15 per mo. merit increases at 6, 12, 24 & 36-mo. 40-hr. wk., 2-wk. paid vacation, paid sick leave to 30 days; 7 paid holidays. One of Southern California's most outstanding locations. Apply: Director of Personnel, Seaside Memorial Hospital, 1401 Chestnut Avenue, Long Beach 13, California.

Staff Nurses for 200-bed General Hospital; heart of Los Angeles cultural & educational center. General Duty: \$335 per mo. minimum-days. \$25 dif. for 3-11 & \$20 dif. for 11-7. Time & 1/2 over 40-hr. wk. Soc. Sec., State Dis. Ins. 2-wk. vacation end of 1-yr. 3-wk. after 5-yr. 7 paid holidays. 12 day sick leave. Cotton uniforms laundered. Nurses' residence \$10 per mo. Graduates of accredited schools. California license obtainable immediately. Apply: Mildred Croddy, R.N. Director of Nurses, Santa Fe Coast Lines Hospital, 610 South, St. Louis Street, Los Angeles 23, California.

Staff Nurses for 300-bed General Hospital. Attractive personnel policies plus differential for specialties, afternoon & night duty. Opportunities for advanced education. Apply to Director of Nursing Service, Kaiser Foundation Hospital, Oakland 11, California.

General Staff Nurses positions available in Medical-Surgical & Intensive Care units in modern 238-bed hospital. Starting salary \$335 per mo. with tenure increases; differential pay for 3-11 & 11-7 shifts of \$15 per mo. Liberal personnel policies, opportunities for advancement, social security, hospitalization insurance provided by hospital. Apply: Director of Nursing, Samuel Merritt Hospital, Oakland 9, California.

Staff & Head Nurses for large modern tuberculosis hospital in suburban Cleveland. Nurses eligible for Ohio registration start at \$355 monthly with V_2 -yearly increments. Evening nurses receive \$1.50 extra daily & night nurses \$1.00 extra daily. Attractive completely furnished 2-bedroom homes available for 2 single nurses or a married nurse & family. 40-hr. 5-day wk., paid vacation & 6 holidays, liberal sick leave cumulative to 90-day. Excellent retirement plan. Approved by joint committee on accreditation of hospitals. Write: Director of Nursing Service, Sunny Acres Hospital, Cleveland 22, Ohio.

Staff Nurses for 800-bed General Hospital, fully accredited, located on the university campus. Starting Salary \$290 per mo. plus \$50 differential for evening & night tour of duty. Apply: Director of Nursing, Hospital of the University of Pennsylvania, 3400 Spruce Street, Philadelphia 4, Pennsylvania.

Staff Nurses (all services) for University of Texas Medical Branch, teaching hospital (air conditioned). Good personnel policies. Base salary, rotation: \$290 per mo. Evenings or night: \$304 per mo. Apply: Director Nursing Service, University of Texas Medical Branch, Galveston, Texas.

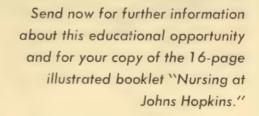
Operating Room Nurse for large General Hospital in Central California. Salary range \$358-\$433. Liberal personnel policies, good fringe benefits, day duty, no on call. Require California registration or eligible plus 1-yr. of experience. Apply: Personnel Director, 732 East Main Street, Stockton, California.

Operating Room Nurses (Days & P.M.) 154-bed General Hospital located in beautiful residential suburb along the north shore of Lake Michigan just north of Chicago. Modern ranch style nurses' homes with attractively furnished private bedrooms. 40-hr. wk., attractive salary & other employee benefits. Contact: Personnel Director, Highland Park Hospital Foundation, Highland Park, Illinois.

JOHNS HOPKINS INVITES YOU

. . . to further your nursing career under the new educational program at the Johns Hopkins Hospital.

Up to 6 hours a semester—with full tuition refunded—may be taken at any accredited educational institution in the Baltimore-Washington area by nurses on the staff of the Johns Hopkins Hospital.



Nursing at Johns Hopkins

CN

Director of Nursing Service
Johns Hopkins Hospital
Baltimore 5, Maryland

Please send me information about your study plan and the booklet "Nursing at Johns Hopkins."

Name

Address

City

Prov.

Emergency Room Nurse (3-11) for 154-bed General Hospital located in beautiful residential surburb along the north shore of Chicago. Starting salary \$340 for days, \$370 for evenings, \$360 for nights, 40-hr. wk. Modern ranch style nurses' homes with attractively furnished private bedrooms. Contact: Personnel Director, Highland Park Hospital Foundation, Highland Park, Illinois.

Graduate Nurses (Staff & Operating Room) for 88-bed modern accredited General Hospital. Liberal personnel policies, college town 30,000, 85% sunshine belt, altitude 3,860. Dry, mild, all year climate. Apply: Director of Nurses, Memorial General Hospital, Las Cruces, New Mexico.

Registered Nurses (free transportation) Spend your winter in the Sunny Southwest, in New Mexico — "The Land of Enchantment". Vacancies for staff duty in Medicine, Surgery, Obstetrics, Pediatrics & Operating Room. Starting salaries \$300 per mo., \$15 differential evenings & nights. Free transportation via 1st Class Air to Albuquerque & return in exchange for 1-yr. employment contract. Apartments available at \$17 per mo., excellent job benefits, no shift rotation. Write or call: Director of Nursing, Presbyterian Hospital Center, 1012 Gold Avenue, S.E., Albuquerque, New Mexico, Phone CHapel 3-5611.

Registered Professional Nurses for 284-bed General Hospital located on the beautiful Corpus Christi Bay in Texas which is a pleasant tropical climate. Positions available include maternity, pediatric, surgical & medical nursing. General Staff starting salary for experienced nurses \$275 per mo. with a charge of \$25 per mo. for meal on duty & laundry of uniforms; \$10 month differential for Assistant Head Nurse; evening & night shifts, opportunity for advancement; merit salary increases liberal personnel policies, 40-hr. wk. & \$50 transportation allowance to be paid upon arrival. Apply: Director of Nursing Service, Memorial Hospital, P.O. Box 5008, Corpus Christi, Texas.

General Duty Nurses for fully approved 390-bed County Hospital, affiliated with university schools of medicine & nursing. Starting salary \$325, 40-hr. wk., liberal shift differential & other policies. For information write: Director Nursing Service, King County Hospital, Seattle 4, Washington.

Registered Nurses (Scenic Oregon, vacation playground, skiing, swimming, boating & cultural events) for 295-bed teaching unit on campus of University of Oregon medical school. Salary to start: \$339. Pay differential for nights & evenings. Liberal policy for advancement, vacations, sick leave, holidays. Apply: Multnomah Hospital, Portland 1, Oregon.

Registered Nurses, Surgery (3), 3 - 11:30 - (2), 11-7:30 - (2), OB & Surgical Base pay: \$325 per mo. (40-hr. wk.); time & a half for overtime; 2-wk. (10 pd. days) vacation per yr; 6 pd. holidays; 1 day sick leave per mo. cumulative to 60 days, \$10 tenure per yr. for 4 yr. Write: D. Bennett, Director of Nurses, Klamath Valley Hospital, Klamath Falls, Oregon.

ENGLAND

Plastic Surgery, Jaw Injuries & Burns Centre, St. Lawrence Hospital, Chepstow, Mon. England. (127-Plastic Surgery, 50-Orthopedic beds). 6-mo. postgraduate course on Plastic Surgery for Canadian trained nurses commences October 1st. Post provides opportunity of gaining further experience & seeing something of England. Full national nurses' salary paid. Good knowledge of English essential & must pay own fare to England. This post provides an opportunity for those who wish to take a working holiday with pay. Write quoting 2 references to T. A. Jones, Group Secretary, 64 Cardiff Road, Newport, Mon. England.

General Nurses (4) for 64-bed hospitals. Salary according to Alberta regulations, \$5.00 increase after 6-mo. for 6 increases. 4-wk. paid in vacation after 1-yr. service, statutory holidays, sick leave. Transportation up to \$50 refunded after 1-yr. service. Apply Sister Superior, Providence Hospital, High Prairie, Alberta.

Graduate Nurses for general duty (2) for 27-bed Community Hospital. Salary: \$280 per mo. with 3 annual increments of \$10 per mo. Room, board & laundry \$40. 28-day vacation after 1-yr. service. Graduate complement 6. Apply: Matron, Slocan Community Hospital, New Denver, British Columbia.

Operating Room Nurses (4) to increase service in O.R. & emergency ward. Postgraduate preparation preferred but suitable experience accepted. Basic salary: \$280.80 per mo. plus allowance for preparation & experience. 10 mi. from Vancouver. Apply: Miss Ada George, Director of Nursing, Surrey Memorial Hospital, P.O. Box 190, North Surrey, British Columbia.

TORONTO GENERAL HOSPITAL

requires

NURSING STAFF

Variety of Opportunities, Valuable Experience in this large teaching centre. Attractive Personnel Policies. Five Day Week. The Toronto General Hospital has opened its new building which contains centralized Operating Rooms; Recovery Rooms; Surgical Supply Service; Obstetrics and Gynecology; Neurology and Neurosurgery; Admitting and Emergency; Rehabilitation and Physical Medicine; Urology and Ophthalmology.

For information write to:

Director of Nursing, Toronto General Hospital, Toronto 2, Ontario.

THE SCHOOL OF NURSING, METROPOLITAN GENERAL HOSPITAL

HEALTH INSTRUCTOR

This is an opportunity to be a member of the faculty in a progressive school which emphasizes educational experiences for the student in a program pattern of 2-yr. of nursing education followed by 1-yr. internship. 1 class of 30 students is admitted yearly. Duties include being in charge of student health program and instructing in both classroom and clinical areas. Subjects: Health, Sociology, Microbiology and assist with Medical-Surgical Nursing. Requirements: university certificate in nursing education or public health. Salary differential for degree.

For further information apply to:
DIRECTOR, SCHOOL OF NURSING, 2240 KILDARE ROAD, WINDSOR, ONTARIO.

CANADIAN NURSES' ASSOCIATION NATIONAL OFFICE

invites applications for position of Assistant to the General Secretary. Applicants must be bilingual with advanced preparation in nursing at the administrative level. Good personnel policies. Additional information available from:

MISS M. PEARL STIVER, GENERAL SECRETARY,
CANADIAN NURSES' ASSOCIATION
270 LAURIER AVENUE WEST, OTTAWA 4, CANADA

REGISTERED NURSES

\$3,150 - \$3,540

(According to Qualifications)

CERTIFIED NURSING ASSISTANTS \$2,040 - \$2,400

Sunnybrook Hospital, Toronto — Westminster Hospital, London Pension Plan; 3-wk. paid vacation, 3-wk. accumulative sick leave; 5-day wk.; low-cost living in staff residence.

FOR NURSES: APPLICATION FORMS AVAILABLE AT YOUR NEAREST CIVIL SERVICE COMMISSION OFFICE, OR MAIN POST OFFICE, SHOULD BE FORWARDED TO THE CIVIL SERVICE COMMISSION, 25 ST. CLAIR AVENUE EAST, TORONTO 7, AS SOON AS POSSIBLE.

Psychiatric Clinical Instructor to teach affiliating students in 8-wk. program for 1,500-bed active treatment hospital conducting an accredited school of nursing. Salary range: \$4,320 to \$5,160 per annum. 40-hr. wk., civil service holiday, sick leave & pension benefits. Residence with board, if desired, \$30 per mo. Apply stating qualifications & experience to: Superintendent of Nurses, Provincial Mental Hospital, Department of Public Health, Ponoka, Alberta.

Public Health Nurses (2) for the Municipality of Oak Bay, Vancouver Island, B.C. (adjoining Victoria). Applicant should state age, qualifications, experience & should own car. Salary will be in accordance with provincial scale plus monthly car allowance. Duties to commence Sept. 1st. Applications to be mailed to: The Municipal Clerk (with references), Municipal Hall, Oak Bay, Victoria, British Columbia.

Graduate Nurse for general duty for 31-bed, T.V. equipped hospital located in friendly community in B.C.'s sunny interior. Year-round recreational activities. Salary: \$285. 28-day annual vacation, 10 paid statutory holidays & sick leave. Private room in lovely nurses' residence & full board: \$45 per mo. Apply Director of Nursing, General Hospital, Princeton, British Columbia.

Head Nurse for newborn nursery in new department. Previous supervisory experience essentiel. Good personnel policies. 5-day wk. For information apply to the Director of Nursing, The Doctors Hospital, 45 Brunswick Avenue, Toronto, Ontario.

Registered Nurse (l—Immediately) for 11-bed hospital. Salary: \$300 per mo. with increments less \$25 per mo. full maintenance, living quarters in hospital. Please apply to: Birch River Hospital Unit, Birch River, Manitoba.

Hospital Supervisor (Alternating afternoon & night) for 105-bed General Hospital in the beautiful Ottawa Valley. 14-Obstetrical beds, 17 Pediatric, General Operating Suite, including Emergency Out-Patient Service. 1-mo. paid vacation & 14-day sick leave after 1-yr. of service. Position available September 15th. Reply, giving age & experience, etc. to: Administrator, The Cottage Hospital, Pembroke, Ontario.

Registered General Duty Nurses (2) for 17-bed hospital in southern Sask., only 20-mi. from U.S.A. Beginning salary: \$260 per mo. & increments every 6-mo. up to \$290. 5-day wk., statutory holidays & pension plan. Apply to: Mr. I. Antonichuk (Manager) or Mrs. B. McClement (Matron), Bienfait Coalfields Union Hospital, Bienfait, Saskatchewan.

THE MENTAL HEALTH CENTRE

REQUIRES A SUPERINTENDENT OF NURSES B.C. CIVIL SERVICE COMMISSION

Salary: \$400-\$470 per mo. Responsible for the nursing dept. in adult & children's clinics. Progressive outpatient & day hospital psychiatric treatment centre located 15 min. from Vancouver. R.N.'s with diploma or degree in teaching & supervision or P.H.N.; preparation & experience in psychiatric nursing. 40-hr. wk.; 4-week vacation.

For further information & application forms, apply to The Personnel Officer, B.C. Civil Service Commission, Essondale, B.C. Competition No: 59-445A.

CANADA'S CHEMICAL VALLEY

SARNIA, ONTARIO

REGISTERED NURSES

Required for all nursing services in this modern, fully approved (J.C.A.H.) hospital. Excellent benefits include — Regular rotation schedule with shift differential for evening & night shifts; 40-hr. wk; 9 statutory holidays; 3-wk. vacation on completion of 1-yr. service; generous sick leave policy.

Starting salary: \$3,055 with increments to \$3,757.

Sarnia is a growing industrial city of 50,000 population, bounded on the west by the St. Clair River & on the north by Lake Huron. It is a resort area, 60 miles from Detroit, Windsor & London.

For further information concerning the positions & Sarnia, write to:
THE PERSONNEL DIRECTOR, SARNIA GENERAL HOSPITAL, SARNIA, ONT.

CLASSROOM

0

CLINICAL INSTRUCTORS

required
THE GENERAL HOSPITAL
OF PORT ARTHUR

SCHOOL OF NURSING

Salary schedule in conformity with R.N.A.O. recommendations. Partial fare refund after 1-yr. in service.

WRITE:

DIRECTOR OF NURSING,
GENERAL HOSPITAL OF PORT ARTHUR,
PORT ARTHUR, ONTARIO,

GRADUATE NURSES

Graduate Nurses are required immediately for the following posts:

- (1) Assistant Director of Nurses. (Field Consultant). Duties consist of supervision of Cottage Hospitals, and Nursing Districts.

 Salary Scale \$3,400-100-\$3,600 per annum. Uniform assistance is provided.
- (2) Staff Nurse for Tuberculosis Survey Programme.

Salary \$2,800-100-\$3,100 per annum. Uniform assistance is provided.

For further information please apply to the

DIRECTOR OF NURSES, NURSING SERVICES, DEPARTMENT OF HEALTH, FORT WILLIAM, ST. JOHN'S, NEWFOUNDLAND

THE B. C. CIVIL SERVICE

Requires
PUBLIC HEALTH NURSES GRADE 1

Positions available for qualified Public Health Nurses in various centres in B.C. Salary: \$324 rising to \$389 per month; car provided.

An opportunity for interesting and challenging professional service in this beautiful and fast-developing province.

For information and application forms, write:

THE DIRECTOR, PUBLIC HEALTH NURSING, DEPARTMENT OF HEALTH, VICTORIA, B.C. or THE CHAIRMAN, B.C. CIVIL SERVICE COMMISSION, 544 MICHIGAN STREET, VICTORIA, B.C. Competition No. 59:67

HAMILTON HEALTH ASSOCIATION

Mountain Sanatorium (Tuberculosis Division)
Brow Infirmary (Convalescent and Chronic Division)

Due to the expansion program of the Hamilton Health Association, applications are invited from General Staff Nurses and Certified Nursing Assistants. This expansion program provides an excellent opportunity for advancement since it is expected that further units will be opened in the not too distant future.

For information, write to:

THE DIRECTOR OF NURSING, HAMILTON HEALTH ASSOCIATION, BOX 590, HAMILTON, ONTARIO.

DIRECTOR NURSING SERVICES

Applications are invited for the position of Nursing Director, from Registered Nurses holding degree in nursing administration or equivalent in experience. A separate attractively furnished suite in the nurse's residence is available if required.

Salary scale \$5,100 - \$5,700 per annum.

Applications stating qualifications should be directed to:

THE ADMINISTRATOR,
THE PORTAGE GENERAL HOSPITAL
PORTAGE LA PRAIRIE,
MANITOBA.

WILLOW CHEST CENTRE, VANCOUVER, B.C. B.C. CIVIL SERVICE

SUPERINTENDENT OF NURSES

Salary: \$324. rising to \$389. per month.

Duties include responsibility for the general administration and maintenance of the Operating Room Department. Applicants must have completed an approved course in operating room technique and have additional experience, including supervisory responsibility; registered or eligible for registration in the R.N.A.B.C.

HEAD NURSE

Salary: \$292. rising to \$346. per month.

Duties include responsibility for nursing supervision on the 3:00 P.M. to 11:30 P.M. shift. Applicants must be registered or eligible for registration in the R.N.A.B.C.; preferably a degree in nursing or a diploma in clinical teaching and supervision, plus experience in general nursing, or, five years experience subsequent to graduation, at least two of which must have been in a tuberculosis hospital with evidence of supervisory ability.

Applicants for both of these positions must be Canadian citizens or British subjects. Applications to be made in writing on forms to be obtained from

THE PERSONNEL OFFICER,

B.C. CIVIL SERVICE COMMISSION, 411 DUNSMUIR ST., VANCOUVER, B.C.

COMPETITIONS NO: 59-341A — 59-342A

THE MONTREAL GENERAL HOSPITAL MONTREAL

requires a

POSTGRADUATE CLINICAL INSTRUCTOR

Operating Room

For further information apply to:

THE DIRECTOR OF NURSING,
THE MONTREAL GENERAL HOSPITAL,
MONTREAL, QUEBEC

DIRECTOR OF NURSING

required

for active, well-equipped 88-bed hospital in northern Ontario. Good personnel policies. Salaries commensurate with administrative training & experience.

APPLY: ADMINISTRATOR, LADY MINTO HOS-PITAL, COCHRANE, ONTARIO.

GENERAL STAFF NURSES

required

for active well-equipped 88-bed hospital in northern Ontario. Good personnel policies. 40-hr. wk. being implemented. Salary: Reg. N., \$267 per mo. Gr. N., \$250 per mo. with annual increments.

APPLY: DIRECTOR OF NURSES, LADY MINTO HOSPITAL, COCHRANE, ONTARIO.

GENERAL STAFF NURSES

Two (2) positions in the
Operating Room available
in September,
also positions in other
Departments
200-bed General Hospital
Pleasant City of 33,000
3 Colleges
Good salary & personnel policies
additional salary for
postgraduate course in
Operating Room or Obstetrics.

For further information apply to:

THE DIRECTOR OF NURSES, GUELPH GENERAL HOSPITAL, GUELPH, ONTARIO.

OPERATING ROOM NURSE

For 32-bed hospital in Deep River, Ontario. R.N. Graduates with Operating Room training or postgraduate work.

Superannuation, insurance, medical and vacation plans.

Accommodation available in Staff Hotel.

State all particulars in first letter to File 7B

ATOMIC ENERGY OF CANADA LIMITED

CHALK RIVER, ONTARIO

REGISTERED NURSES NURSING ASSISTANTS

Required for all departments in new 160-bed hospital, centrally located between Toronto and Hamilton, in a very progressive community.

Good salary and personnel policies, pension plan, 40-hour week.

Apply stating age, qualifications to:

DIRECTOR OF NURSING,
OAKVILLE-TRAFALGAR MEMORIAL HOSPITAL, OAKVILLE, ONTARIO

GENERAL DUTY NURSES

Salary Range \$263 - \$301

Required by Metropolitan Toronto for the expanding geriatrics division. Positions open in the following Homes for the aged.

KIPLING ACRES — HILLTOP ACRES
RIVERDALE HOSPITAL

Benefits include statutory holidays, cumulative sick pay, pension, etc. Permanent positions, 40 hour week.

APPLY PERSONNEL OFFICE, 387 BLOOR ST. E., TORONTO 5, — WA. 4-7441

REGISTERED NURSES

AND

CERTIFIED NURSING ASSISTANTS

REQUIRED FOR

44-bed hospital with expansion program, to implement a 40-hr. week. Situated in the Niagara Peninsula.

For salary rates & personnel policies.

APPLY TO: DIRECTOR OF NURSING,
HALDIMAND WAR MEMORIAL HOSPITAL,
DUNNVILLE, ONTARIO

THE VANCOUVER GENERAL HOSPITAL

requires

PEDIATRIC & OPERATING ROOM NURSES

General staff positions also available for expansion program 1959-1960

Salary: \$280 - \$336 general staff.

Commencing salary \$294 for approved experience of 2-yrs.

Salary: Operating Room Nurses, \$286.25 - \$343.25.

A clinical differential of \$10 a month in addition for approved postgraduate courses.

4-week vacation per year.

Please apply to:

Personnel Department,
Vancouver General
Hospital,
Vancouver 9,
British Columbia

ONTARIO SOCIETY

For

CRIPPLED CHILDREN

Requires Immediately

QUALIFIED PUBLIC HEALTH
NURSES

For

OTTAWA-HAMILTON-TORONTO

AND OTHER CENTRES

YOU WILL RECEIVE -

- GOOD SALARY RANGE (Schedule revised June 1959)
- A NEW AUTOMOBILE
- . PENSION PLAN
- FREE INSURANCE
- 5-MONTH TRAINING COURSE IN NEW YORK CITY AND OTHER CENTRES.

You will deal directly with children, their parents and service club members.

Join our expanding staff for a rewarding experience

Apply to:

MISS SARA E. OLIPHANT R.N.
SUPERVISOR OF NURSING
ONTARIO SOCIETY FOR CRIPPLED CHILDREN
92 COLLEGE ST., TORONTO 2

KINGSTON GENERAL HOSPITAL

KINGSTON, ONTARIO

requires

Head Nurse with special preparation & experience in psychiatric nursing, to take charge of a psychiatric unit at present under construction.

Assistant Head Nurse with similar training, also required.

Salary commensurate with experience & training will be set at time of interview.

Full details relating to hours, vacations & benefits supplied on application to:

DIRECTOR OF NURSING

KINGSTON GENERAL HOSPITAL

KINGSTON, ONTARIO

REQUIRES

IMMEDIATELY

Qualified Clinical Instructresses

Maternity (1) and Surgery (2)
General Duty Nurses (12)
Certified Nursing
Assistants (12)

Salary commensurate with preparation & experience.

Apply to:
MISS HAZEL I. MILLER,
DIRECTOR OF NURSING

PUBLIC HEALTH NURSES

for generalized program in Seaway Development Area usual benefits, pension plan, allowance for experience.

Apply to:-

DR. PAUL S. de GROSBOIS, M.O.H.
STORMONT, DUNDAS & GLENGARRY
HEALTH UNIT,
38 AUGUSTUS STREET,

38 AUGUSTUS STREET, CORNWALL, ONTARIO.

NURSING SUPERVISORS

required for

MENTAL HEALTH SERVICES,

ESSONDALE, PROVINCE OF BRITISH COLUMBIA

Salary: \$324 - \$389 per month

Duties are those of nursing supervisors in modern psychiatric & geriatric units.

Applicants must be British Subjects, registered nurses, with training in a mental hospital setting & supervisory experience.

For further information & application forms, apply to:

THE PERSONNEL OFFICER, B.C. CIVIL SERVICE COMMISSION, ESSONDALE, BRITISH COLUMBIA. IMMEDIATELY. COMPETITION NO. 59:152

WOODSTOCK GENERAL HOSPITAL Woodstock, Ontario

requires

- (1) Head Nurse, Medical floor (26-bed unit)
- (2) Clinical Instructor, Medical (26-bed unit)

General Staff Nurses

All Departments

APPLY: DIRECTOR OF NURSING, WOODSTOCK GENERAL HOSPITAL, WOODSTOCK, ONTARIO.

DIRECTOR OF HEALTH SERVICE

This position in a well organized health service for all staff & students is open in the early fall. Requirements necessary is experience in public health field with an appreciation & understanding of a referral system to community health agencies. Salary commensurate with experience & qualifications.

Apply to: The Director of Nursing McKELLAR GENERAL HOSPITAL FORT WILLIAM, ONTARIO

JEWISH GENERAL HOSPITAL

MONTREAL, QUEBEC

(400-BED HOSPITAL)

Has senior positions available in Nursing Service Administration & in the School of Nursing as well as vacancies for general duty nurses. Excellent personnel policies & salary.

For information, write to

DIRECTOR OF NURSING

JEWISH GENERAL HOSPITAL

3755 COTE ST. CATHERINE ROAD

VICTORIAN ORDER OF NURSES FOR CANADA

has Staff and Supervisory positions in various parts of Canada.

Personnel Practices Provide:

- Opportunity for promotion.
 - Transportation while on duty.
 - Vacation with pay.
 - Retirement annuity benefits.

For further information write to:

Director in Chief, Victorian Order of Nurses for Canada 5 Blackburn Ave., Ottawa 2, Ontario

DIRECTOR -- SCHOOL OF NURSING

For a School of 90 students, organized independently of Nursing Services. The school program follows the pattern of 2 years of nursing education plus 1 year of internship.

Salary: \$5,400-\$6,000 per annum.

Requirements: Degree & experience in the administration of a nursing education program.

Apply to: R. Buckner, Administrator,

Metropolitan General Hospital Windsor, Ontario

VICTORIA PUBLIC HOSPITAL

FREDERICTON, N.B.

requires

GENERAL DUTY STAFF
OPERATING ROOM STAFF
INSTRUCTRESS

Work in a University City.

Good personnel policies.

44-hr. week & increment for afternoon & evening duty.

Apply:

DIRECTOR OF NURSING

Are you a

General State Registered Nurse?

Do you enjoy
Nursing

which brings you into Closer Contact

with your

Patients

and their families?

Are you interested in Research, Medical Advancement & Rehabilitation?

Have you some or no experience in Neurological & Neurosurgical Nursing?

Do you want a

Short Term Appointment in a unique & useful sphere?

Have you also read the advertisement under Postgraduate Nursing Education?

Then write, giving particulars of your training, to:—

Matron,
THE NATIONAL HOSPITAL,
QUEEN SQUARE,
LONDON W.C.1., ENGLAND

SOUTH PEEL HOSPITAL

COOKSVILLE, ONTARIO

(12 miles west of Toronto)

120-bed General Hospital, opened May 15th, 1958.

- Head Nurse with experience for Medical Ward (33-bed unit).
- Head Nurse with experience for Obstetrical Ward (24-bed unit).
- III. Head Nurse with experience for Surgical Ward (32-bed unit).

Generous benefits, 40-hr. work week.

For further particulars apply: DIRECTOR OF NURSING, SOUTH PEEL HOSPITAL, COCKSVILLE, ONTARIO. APPLICATIONS ARE INVITED FOR THE POSITION OF

DIRECTOR OF NURSING

at the 625-bed Barton Street

unit of the

HAMILTON GENERAL HOSPITALS

The School of Nursing has a program of 2-years nursing education plus 1-yr. of internship, for approximately 300-students.

For further information apply to:

THE DIRECTOR OF HOSPITALS
HAMILTON GENERAL HOSPITALS
HAMILTON, ONTARIO

PEDIATRIC SUPERVISOR

for 20-bed Pediatric Unit

DUTIES TO INCLUDE ADMINISTRATION OF THE UNIT AS WELL AS TEACHING OF STUDENT NURSES. ESPECIALLY ATTRACTIVE SALARY OFFERED.

For details apply to: Director of Nursing

GENERAL HOSPITAL, CORNWALL, ONTARIO.

THE WINNIPEG GENERAL HOSPITAL

is recruiting

GENERAL DUTY NURSES FOR ALL SERVICES

Please send applications direct to:

THE DIRECTOR OF NURSING,
THE WINNIPEG GENERAL
HOSPITAL,
WINNIPEG 3, MANITOBA

IANIS TNUOM WAN

Toronto

Modern 400-bed Hospital requires

REGISTERED NURSES

and

Certified Nursing Assistants

40-hour week - Pension plan

Good Salaries and Personnel Policies

Residence Facilities Available

Apply

DIRECTOR OF NURSING
NEW MOUNT SINAI HOSPITAL
550 UNIVERSITY AVENUE
TORONTO

GENERAL DUTY NURSES

FOR ALL DEPARTMENTS

Gross salary \$255 monthly (\$117.50 bi-weekly) if registered in Ontario, \$235 monthly (108.20 bi-weekly) until registered. Annual increment \$10 monthly (\$4.60 bi-weekly) for three (3) years. Rotating periods of duty, 40-hr. per wk., 8 statutory holidays. 14-days vacation & 12-days leave for illness with pay after 1-yr. Pension plan available. Ontario Hospital Insurance with Blue Cross supplemental & Physicians' Services Incorporated, partial payment by hospital.

APPLY

DIRECTOR OF NURSING, GENERAL HOSPITAL, OSHAWA, ONTARIO.

REGISTERED NURSES

FOR THE OPERATING ROOM, OBSTETRICAL AND MEDICAL SURGICAL UNITS OF A 350-BED GENERAL HOSPITAL

Gross salary \$260 - \$290 per month if registered in Ontario.

Differential of \$10 for evening and night duty.

40-hour week. Sick leave cumulative to 30 days.

3 weeks vacation and eight statutory holidays.

Apply:

DIRECTOR OF NURSING SERVICES,
METROPOLITAN GENERAL HOSPITAL, WINDSOR, ONTARIO

THE PETERBOROUGH CIVIC HOSPITAL

REQUIRES

AN OBSTETRICAL INSTRUCTRESS,
NURSES FOR GENERAL DUTY IN ALL SERVICES.

For further information write:

THE DIRECTOR OF NURSING
PETERBOROUGH CIVIC HOSPITAL, PETERBOROUGH, ONTARIO

SUBURBAN TORONTO

GRADUATE NURSES & CERTIFIED NURSING ASSISTANTS

Are invited to enquire re: employment opportunities in a well staffed new 125 bed hospital in suburban west Toronto. General duty salary range: \$255-\$305 per mo. Certified Nursing Assistants \$190-\$210 per mo. Residence accommodation optional. Personnel manual forwarded on request. Enquire to:

DIRECTOR OF NURSING, HUMBER MEMORIAL HOSPITAL, 200 CHURCH STREET, WESTON, TORONTO 15, ONTARIO — CH 4-5551



NURSES WHO LIVE HERE NEVER STOP LEARNING . . . GROWING

... THEY WORK AT

COOK COUNTY HOSPITAL

... in one of the Largest Most Stimulating Medical Centers in the World

Residence, Cook County School of Nursing

Here's an opportunity to gain unique and valuable experience in a public hospital — world's largest for acute medical conditions. Cook County Hospital offers you the stimulation of working with more than 2,500 other doctors and nurses in one of the world's largest and most exciting medical centers. Housing is available at nominal cost. Salaries begin at \$340-\$372.50 for a 37½ hour week. And you're only minutes from Chicago's fabulous Loop and local universities.

Graduate Nurses! Write today to Director, Cook County School of Nursing, Dept. C., 1900 West Polk Street, Chicago 12, Illinois.

GRADUATE STAFF NURSES - YOU WILL LIKE IT HERE

Opportunities for men & women on the service of your choice. A 953-bed teaching hospital with a friendly atmosphere, well planned orientation program, active graduate nurse club, cultural advantages & excellent transportation facilities.

Starting salary: \$325 per mo., 6 holidays, sick leave, 3 wk. vacation.

For further details write:

Director — Nursing Service, University Hospitals of Cleveland, Ohio.

CALIFORNIA

REGISTERED NURSES

(General Duty with opportunity for advancement)

New modern 130-bed General Hospital in dynamic college city in beautiful San Joaquin Valley only 2 hours from Los Angeles

Starting salary for evening & night duty \$350 per mo. for general duty.

5-day, 40-hr. work wk. Progressive personnel policies.

Transportation costs to California will be reimbursed after 2-yr. satisfactory service.

Send full particulars immediately to:

DIRECTOR OF NURSING SERVICE, GREATER BAKERSFIELD MEMORIAL HOSPITAL P.O. BOX 26, BAKERSFIELD, CALIFORNIA

NEW! Swift's Balanced Meat Dinners-IN GLASS



So pure and fresh in sparkling glass, Swift's new Meat Dinners for Babies are a carefully balanced combination of Swift's lean, 100% meat, vegetables and a little cereal. Like Swift's well-known 100% Meats for Babies, they're prepared from only the very finest ingredients. The leanest, freshest meats . . . the youngest, freshest vegetables—all trimmed, cooked, and pureed with the greatest care—make Swift's Meat Dinners nutritious, easy to digest.

Swift's new Meat Dinners provide another fine way to include the important values of meat in the infant diet. You can recommend Swift's Meat Dinners for Babies with confidence. 5 varieties: Beef, Chicken, Ham, Veal and Lamb. (Most are also available in chopped form for Juniors.)

OTHER MEATS FOR BABIES FROM SWIFT . . . Beef • Lamb • Pork • Veal • Chicken • Chicken & Veal • Ham • Liver • Liver & Bacon • Beef Heart • Pork with Applesauce • Ham with Raisin Sauce • Lamb with Mint flavour • Egg Yolks • Egg Yolks & Bacon.



NEW! Swift's Balanced Meat Dinners-IN GLASS



So pure and fresh in sparkling glass, Swift's new Meat Dinners for Babies are a carefully balanced combination of Swift's lean, 100% meat, vegetables and a little cereal. Like Swift's well-known 100% Meats for Babies, they're prepared from only the very finest ingredients. The leanest, freshest meats . . . the youngest, freshest vegetables—all trimmed, cooked, and pureed with the greatest care—make Swift's Meat Dinners nutritious, easy to digest.

Swift's new Meat Dinners provide another fine way to include the important values of meat in the infant diet. You can recommend Swift's Meat Dinners for Babies with confidence. 5 varieties: Beef, Chicken, Ham, Veal and Lamb. (Most are also available in chopped form for Juniors.)

OTHER MEATS FOR BABIES FROM SWIFT . . .

Beef • Lamb • Pork • Veal • Chicken • Chicken & Veal • Ham • Liver • Liver & Bacon • Beef Heart • Pork with Applesauce • Ham with Raisin Sauce • Lamb with Mint flavour • Egg Yolks • Egg Yolks & Bacon.



Elastoplast

Airstrip





A waterproof, non-occlusive, adhesive first aid dressing that prevents maceration

Elastoplast 'Airstrip' is made from a specially developed plastic material, through which sweat and skin exudates evaporate at the same rate as they develop on the skin. The material is a micro-porous extensible filter, and is not perforated. It provides a barrier to water, grease, oil and infective organisms. Even after long application, Elastoplast 'Airstrip' does not cause maceration. The adhesive is specially spread in a lattice pattern so that micro-porosity is retained and firm adhesion not impaired. The surface of the wound and the surrounding skin remain dry beneath an 'Airstrip' dressing, which can be left on until the wound heals.

Elastoplast 'Airstrip' is available to the medical profession in cartons of:—

100 dressings 1½" x %" (Order No. 7950)

100 dressings 2½" x %" (Order No. 7951)

50 dressings 2¾" x 1½" (Order No. 7951)

50 dressings 2¾" x ½" (Order No. 7955)

50 dressings 2¾" x ½" (Order No. 7955)

50 dressings 2¾" x ¾" (Order No. 7955)

50 dressings 2 " x ¾ " (Order No. 7955)

Elastoplast 'Airstrip' First Aid outfit containing 120 dressings of assorted sizes (Order No. 7957).

SMITH & NEPHEW LIMITED

5640 PARE STREET, MONTREAL 9, QUE.

THE CANADIAN NURSE

VOLUME 55

NUMBER 10

OCTOBER 1959

876	Between Ourselves
878	New Products
880	RANDOM COMMENTS
889	Great Expectations
891	Basic Teaching in Surgical Nursing
893	CLINICAL TEACHING IN SURGICAL NURSING
896	PEDIATRIC SURGICAL NURSING
899	Perfection through Practice
902	Preparation for Nursing in Cardiac Surgery
904	Advanced Preparation in NursingSr. Rheault
906	Nursing across the Nation
908	Nursing Profiles
000	TORSING I ROPILES
	One Person's Nursing Care
912	One Person's Nursing Care
912 912	One Person's Nursing Care
912 912 914	One Person's Nursing Care
912 912 914 918 922	One Person's Nursing Care
912 912 914 918 922 928	One Person's Nursing Care
912 912 914 918 922 928 932	One Person's Nursing Care

The views expressed in the various articles are the views of the authors and do not necessarily represent the policy or views of THE CANADIAN NURSE nor of the Canadian Nurses' Association.

Subscription Rates: Canada & Bermuda: 6 months \$1.75; one year, \$3.00 two years, \$5.00.
Student nurses — one year, \$2.00; three years, \$5.00.
U.S.A. & foreign: one year, \$3.50; two years, \$6.00.
Single copies 35 cents.

Change of address: Four weeks' notice and the old address as well as the new are necessary.

Not responsible for Journals lost in mail due to errors in address.

Authorized as Second-Class Mail, Post Office Department, Ottawa.

Member of Canadian Circulation Audit Board.

Executive Director: Margaret E. Kerr, M.A., R.N.

Assistant Editors: Jean E. MacGregor, B.N., R.N.; Gabrielle D. Coté, M.A., R.N., Pamela E. Poole, B.N., R.N.

Circulation Manager: Winnifred MacLean. Production Assistant: Elizabeth M. Hanlon.

Advertising Assistant: Ruth H. Baumel

Advertising Representatives: W. F. L. Edwards & Co., Ltd., 34 King St. E., Toronto 1, Ont.

Walter Slack, 801 Public Ledger Building, Philadelphia 6, Pa.

1522 Sherbrooke Street West, Montreal 25, Quebec

946 EMPLOYMENT OPPORTUNITIES

Between Ourselves

By word of mouth, by letter, by telegram, even by cable there has been a most remarkable outpouring of appreciation, congratulations and good wishes ever since the first issue of L'Infirmière Canadienne made its appearance last June. Already a number of individual nurses, hospitals and libraries in France, in Italy and in the Far East have sent in payment for new, two-year subscriptions. By the end of July, Hôpital Notre-Dame in Montreal had received nine applications from nurses in foreign countries in response to their advertisement of employment opportunities available.

The space devoted to "Random Comments" does not permit us to publish even a fraction of these letters. Some we have shared with you already. The letters included in this issue will conclude this series. However, we are always delighted to hear from any subscriber at any time. When space permits the letters will be published.

Miss Margaret Allemang, whose article entitled "An Analysis of the Experiences of Eight Cardiac Patients during a Period of Hospitalization in a General Hospital" was published in the August issue, has asked us to draw your attention to a couple of corrections and an omission. Please turn to page 710 (Fr. 160) and change the figures in the first line of type from "3 hours and 38 minutes" to "3 hours and 18 minutes." This will give the correct total of 198 minutes noted in the table that follows, not the "information above" as noted in that same paragraph.

On that same page 710 (Fr. 159), Miss Allemang feels it would be easier for you to differentiate the four pie diagrams if you would write above each the category of nursing personnel that those graphs represent: Top row, left hand — general staff nurses, right hand — nurse internes; bottom row, left hand — student nurses, right hand — nursing assistants.

A very interesting symposium on several aspects of surgical nursing was presented in Montreal last spring. This presentation is most timely. There is so much that is highly technical, even spectacular, in the care of surgical patients that there is grave danger that many nurses will forget that their

most important contribution to the patient's recovery is the degree to which they have developed the art of nursing. To be sure the student nurse must perfect technical skills, the graduate nurse must practise those she has learned. Almost equally important, however, is the development of a nursepatient relationship that will soothe the terrified or overwrought individual. The patient's comfort, his confidence, the maintenance of his morale — and that of his relatives — are all wrapped up in what we understand as the art of nursing. In these respects the nurse's work is almost equal in importance to that of the surgeon.

Members of the Canadian Nurses' Association have known for the past 16 months that the next national convention is to be held in Halifax during the week of June 19th, 1960. Though there have been periodic mentions of this forthcoming event in the *Journal*, the volume of information will increase markedly as month follows month.

Consideration is being given at this time to the kinds of material that will be made available to convention registrants at the Journal booth. We believe that reference reading lists on a variety of topics would be our most useful contribution. Already, therefore, we have begun to prepare such lists based on articles that have been published in The Canadian Nurse during the past decade. We are working on these three now: Trends in nursing, teaching methods, community health and social needs.

What other reference reading lists would you like us to prepare? We would welcome your suggestions.

Once again we wish to thank all of you who have been moving from one address to another for the promptness with which most of you advise us of the changes. However, a great many of you forget to tell us your registration number and the province in which you are registered. It would speed up the work of the Circulation Department very considerably and avoid the possibility of changing the wrong plate if you would remember to give us your registration number, your old address and your new one. Also, please tell us your maiden name if you have been married.

He's happy!...he's on S-M-A!



S-M-A provides sound infant nutrition

- S-M-A protein is in physiologic proportion. The infant fed S-M-A receives a daily protein intake comparable to that of the breast-fed infant.
- S-M-A fat is high in essential fatty acids. S-M-A supplies 20 calories per ounce, the same as human milk.
- S-M-A provides *physiological* carbohydrate in the form of lactose in an amount (7%) closely adjusted to the average quantity in human milk.
- S-M-A supplies vitamins and minerals in amounts adequate to meet the recognized needs of health and growth.



Costs less than a penny an ounce

16 oz. tins.

New Products

Published Through Courtesy of Canadian Pharmaceutical Journal AND IN COOPERATION WITH THE PHARMACEUTICAL FIRMS.

ACTASE

Indications Venous thrombosis, thrombophlebitis, phlebothrombosis, pulmonary embolism

Administration—Best to institute treatment within 5 days of the thrombotic incident. Reconstitute contents of 50,000 unit vial with 10 cc. water for injection, add to 250 cc. of fluid for intravenous infusion such as Dextrose injection 5%. Infuse intravenously over a period of 2 hours. Repeat according to specific directions observing precautions.

Contraindications—Any hemorrhagic diathesis, major liver dysfunction, hypofibri-

nogenemia.

Should be used within 3 hours after reconstitution.

Description—Human fibrinolysin for dissolution of intravenous clots.

Manufacturer—Ortho Pharmaceutical Corporation (Canada) Limited, Toronto.

AOUARIUS

Indications—Treatment of conditions associated with edema caused by salt and water retention; congestive heart failure, edema due to nephritis and nephrosis, edema of toxemia of pregnancy, hepatic edema, premenstrual tension and hypertensive cardiovascular diseases.

Administration—25 mg. to 100 mg. once or twice daily after food. Maintenance

dosage should be determined by trial and error.

Caution: Fluid and electrolyte imbalance must be avoided. Such imbalance will be made manifest by symptoms such as dry mouth, thirst, weakness, drowsiness or restlessness, muscle cramps, decreased amounts of urine, anorexia, nausea and vomiting, and

tachycardia.

These untoward signs and symptoms occur rarely and may be avoided by close attention to dosage requirements. Excessive salt restriction should be avoided, and foods rich in potassium, such as meats and fruit juices, used freely, if not otherwise contraindicated. In the event of excessive potassium loss, 2 to 4 grams of potassium chloride daily for 2 to 3 days of each week should be prescribed.

Description—Hydrochlorothiazide is a potent, orally-active diuretic. Each tablet con-

tains 25 mg. or 50 mg.

Manufacturer—Charles E. Frosst & Co., Montreal.

Description-Contains, in a kit requiring 10 inches of shelf room, five colorimetric diagnostic urinary tests and work space for routine and follow-up testing:

CLINITEST Reagent Tablets for quantitative estimation of urine sugar. URISTIX Reagent Strips combination test for proteinuria and glycosuria. ACETEST Reagent Tablets for ketonuria and ketonemia. ICTOTEST Reagent Tablets for bilirubinuria.

HEMATEST Reagent Tablets for occult blood in urine, feces and body fluids.

Contained in white plastic rack with extra wells for any two additional Ames Diagnostics. Also 2 test tubes, 2 plastic droppers, water dropper bottle, Hematest filter papers, Ictotest test mats, etc.

Manufacturer—Ames Company of Canada Limited, Toronto.

EPITRATE

Indications—Uncontrolled chronic simple (open or wide angle) glaucoma — alone or preferably in combination with miotics. Should never be used in angle closure (wide angle) glaucoma as it may precipitate an acute attack.

Administration—Follow carefully detailed instructions.

Description—Sterile, stabilized solution containing: 1-epinephrine bitartrate 2%, chlorbutanol 0.5% and sodium bisulfite 0.3% as preservatives, in a vehicle of low surface tension.

DONNAGEL

Indications—In the treatment and alleviation of specific and non-specific diarrhea of organic or functional nature. Also effective in gastritis, enteritis, colitis and acute gastrointestinal upsets. It is helpful in the control of nausea which may accompany these conditions

Administration—Adults: for diarrhea, 2 tablespoonfuls at once and 1 or 2 tablespoonfuls after each stool; for other conditions, 1 tablespoonful every 3 hrs. as necessary.

Children: 2 teaspoonfuls at once and 1 or 2 teaspoonfuls thereafter as above.

Description—Each 30 cc. contains: Hyoscyamine sulfate 0.1037 mg., atropine sulfate 0.0194 mg., hyoscine hydrobromide 0.0065 mg., phenobarbital (1/4 gr.) 16.2 mg., kaolin (90 gr.) 6.0 gm., pectin (2 gr.) 130.0 mg., dihydroxy aluminum aminoacetate (7½ gr.) 0.5 gm. Manufacturer—A. H. Robins Co., Montreal.

The Journal presents pharmaceuticals for information. Nurses understand that only a physician may prescribe.

McMASTER UNIVERSITY School of Nursing

DEGREE COURSE IN BASIC NURSING (B.Sc.N.)

A Four-Year Course designed to prepare students for all branches of community and hospital nursing practice and leading to the degree, Bachelor of Science in Nursing (B.Sc.N.), It includes studies in the humanities, basic sciences and nursing. Bursaries, loans and scholarships are available.

DEGREE COURSE IN SCIENCE TEACHING FOR GRADUATE NURSES (B.Ed.N.)

A Two-Year Course designed to prepare graduate nurses to teach basic sciences in schools of nursing and leading to the degree, Bachelor of Education in Nursing (B.Ed.N.). It includes studies in the humanities, the physical, social and biological sciences, teaching and nursing education. Bursaries of Six Hundred Dollars each are offered in both years of this Course.

For additional information, write to:

School of Nursing, McMaster University, Hamilton, Ontario.

MEPRANE

Indications—Menopausal syndrome and other forms of hypoestrinism amenable to

estrogenic therapy.

Administration—Suggested dosage schedule; Initially 1 tablet daily. Increase to 2 or 3 tablets as required to relieve primary symptoms, then reduce to maintenance level suitable for individual case; or start with 3 tablets daily in single or divided dose, and reduce to one tablet daily when symptoms subside.

Description—Each tablet contains 1 mg. meprane (brand of Promethestrol) dipropionate. High oral estrogenic potency and minimal toxic side effects.

Manufacturer-Reed & Carmrick, Toronto.

MEPROSPAN CAPSULES

Indications—Anxiety and tension states, tension headache, insomnia, alcoholism, menstrual tension; rheumatic and related disorders, e.g., fibrositis, leg cramps in pregnancy; cerebral palsy, petit mal and related minor epileptic disorders; behavioral problems and as adjunctive therapy in any physical disorder with an anxiety component, such as allergy, hypertension, gastrointestinal dysfunction; psychotherapy, and pre- and postoperatively

night) Description—Each prolonged release capsule contains 200 mg. meprobamate.

Administration—Two prolonged release capsules every 12 hours (morning and

Manufacturer—Ayerst, McKenna & Harrison Ltd., Montreal

NADORMONE MITIS

Indications—Dysmenorrhea, functional uterine bleeding, menopausal and climacteric disorder.

Administration—As prescribed by the physician.

Description—Each tablet contains: Ethinylestradiol 0.02 mg., methyl testosterone 3 mg. Manufacturer-Nadeau Laboratory Limited, Montreal

NOZINAN

Indications—A neuroleptic for selective action in severe depressive conditions of the melancholic type.

Description-Levomepromazine, tablets of 5 mg., 25 mg. and 50 mg., 1 ml. ampoules containing 25 mg. and 2 ml. ampoules containing 50 mg. per ml. for i.m. injection.

Manufacturer—Poulenc Ltée, 8580 Esplanade, Montreal.

MONTREAL NEUROLOGICAL INSTITUTE McGILL UNIVERSITY

GRADUATE COURSE

in

NEUROLOGICAL AND NEUROSURGICAL NURSING AND OPERATING ROOM TECHNIQUE

Classes: Feb. 1 & Oct. 1

One half staff salary is paid during course. Students may live in or out.

For information apply:

MISS E. C. FLANAGAN, B.A., R.N.
Director of Nursing,
3801 University St.
Montreal, Que.

THE WINNIPEG GENERAL HOSPITAL

Offers to qualified Registered Graduate Nurses the following opportunity for advanced preparation:

A six month Clinical Course in Operating Room Principles and Advanced Practice.

Course commences in January and September of each year. Maintenance is provided. A reasonable stipend is given after the first month. Enrolment is limited to a maximum of six students.

For further information please write to:

DIRECTOR OF NURSING GENERAL HOSPITAL WINNIPEG, MANITOBA

Random Comments

Dear Editor:

Believe it or not, on July 26, 1959, the last day of my vacation, as I sit in the garden, my hair blown by the wind, I surprised myself by reading conscientiously, page by page, the June, 1959 issue of L'Infirmière Canadienne. After returning from a tour of Gaspé, with vivid memories of the ruggedness of Percé Rock and the softness of the cooing of the birds of Bonaventure Island, this is a good idea.

The effects of the cooling breeze and the image of the mountain of St. Anne, increased my interest line after line. I reproach myself for laziness, for skimming through the *Journal*. While throwing peanuts to the squirrels who are apparently starved, and with other distractions such as the rustling of leaves, with each gust a new melody, the pages of the *Journal* slip over one by one. There is page 32, "Writer's Cramp," a paragraph, two paragraphs, all of them. I stopped, experiencing reader's cramp, which, in a way, is appropriate to my situation.

Time has flown since I found relaxation

in the writing of my impressions on nursing under a pseudonym. Days slip by!

The spontaniety for writing goes back to 1942, and since with cramps of various kinds, I've been diverted. Nevertheless, a registered nurse for 14 years, who has travelled cheerfully on the road of happy spinsterhood, four years in hospital work, eight doing private duty, two years of which were nights and the rest divided between days and afternoons, in order to try to keep my nervous system on an even keel while looking after those of others; in between, cutting up discarded time sheets. And now, for the past 17 months in public health, where I walk, gropingly, towards progressive enlightment. In preventive medicine my assigned tasks are becoming expanded. Between you and me, institutional and private nursing are two strongholds, quite different from that of public health. At the same time, I must admit, they complement one another. It may come to pass, that I will feel occasional nostalgia for the hospital setting. But in proportion as the prenatals, mothers and infants, and

MOUNT HAMILTON HOSPITAL

offers a three-month Postgraduate Course in Obstetric Nursing to qualified Registered Nurses.

Additional lectures in Teaching and Administration will be given in conjunction with McMaster University.

FINANCIAL ASSISTANCE AVAILABLE.

Course to commence January, April, September.

For further information apply to:

MISS ELIZABETH FERGUSON, R.N., SUPERINTENDENT OF NURSING, MOUNT HAMILTON HOSPITAL, HAMILTON, ONTARIO.

the preschool and school children teach me, preventive medicine unfolds a charm for me which holds me spellbound.

Tomorrow, I will return to my work in the milieu of professionals and the vicissitudes of preventive medicine. The round of services will begin again: visiting, clinics, individual work, team functions. Without heavy showers and thick fog, without thunder and a rainbow and without the sun—all the friends of daily living—life would be most monotonous. The length of the hours, the joys, the pains, just one, then the other, will take hold of you.

Lord, simplify in our spirits and our hearts, the confused mass of necessary and customary questions: who, what, where, when and how? May our techniques be perfected with humanity and comprehension.

A. J., Quebec.

Dear Editor:

I read with much interest and pleasure the first issue of L'Infirmière Canadienne. This realization fills me with satisfaction, because you have not ignored the many times that I have lodged complaints so that we, French-speaking nurses, might be up to date on the activities and progress of our English-speaking colleagues.

The CNA has shown understanding and the executive deserve congratulations for having granted our requests. This is the best means, I dare say, for increasing friendly understanding, or national unity. Though personnally, I would have preferred a bilingual Journal, I was so happy to read in my own language interesting articles written by competent people whose experience is recognized. The format of the Journal is pleasing to the eye and I congratulate you. I would also like to congratulate you on the choice of Miss Gabrielle Côté, as assistant editor. She will, I am sure, support you in the arduous task of editing two journals.

Retired, though still interested in the profession, I am,

A. M. B., Quebec.

Dear Editor:

The first French issue was impatiently anticipated, and I found it very interesting; above all the article on renal transplantation. Moreover, this is also what the nurses whom I know in the district have told me.

I am awaiting my next issue.

G. L., Quebec.

Dear Editor:

We wish to commend you in presenting a French edition of the Journal. This is in-

NOVA SCOTIA SANATORIUM KENTVILLE N.S.

Offers to Graduate Nurses a Six-Month Course in *Tuberculosis Nursing*, including Immunology, Prevention, Medical & Surgical Treatment.

- 1. Full series of lectures by Medical and Surgical staff.
- 2. Demonstrations and Clinics.
- 3. Experience in Thoracic Operating Room and Postoperative Unit.
- 4. Full maintenance, salary & all staff privileges.
- 5. Classes start May 1st and November 1st.

For information apply to:

SUPT. OF NURSES, NOVA SCOTIA SANATORIUM, KENTVILLE, N.S.

PSYCHIATRIC COURSE

For

REGISTERED NURSES

THE NOVA SCOTIA HOSPITAL offers to qualified Registered Nurses a sixmonth certificate course in *Psychiatric Nursing*.

- · Classes in March and September.
- · Remuneration.
- Preference given to Nova Scotia applicants.

For further information apply to:

Superintendent of Nurses Nova Scotia Hospital Drawer 350 Dartmouth, Nova Scotia deed a step ahead in nursing journalism, and should be of great benefit to our French sisters.

M. C. F., British Columbia.

Dear Editor:

Never before have I written a "Dear Editor" letter; after Dr. Young's article in the July issue I feel I must.

As a banker's daughter I had travelled through most of this wonderful country of ours before I was old enough to enter nursing. Since graduation I have taken advantage of the freedom of travel which the profession offers, and have used it solely in Canada to revisit long-remembered and well-loved places, and venture into cities and towns missed previously.

I often wondered when my friends went overseas if I should not do the same. Now I know I have done the right thing in seeing my own country first.

I hope someday to return to Dr. Young's part of the country, to make it my permanent home.

M. M. K., New Brunswick.

Dear Editor:

I was delighted to read the article by Jessica Munro in the April issue, on "The Nurse's Life" as mirrored by Shakespeare, and wondered if the following might interest some of our Canadian nursing colleagues who take pleasure in reading Shakespeare.

A patient's reaction to hospital life

On admission: "O, that a man might know. The end of this . . . e'er it come" (Julius Ceasar)

The Ward Supervisor: "Tis a great charge to come under one body's head" (Merry Wives of Windsor)

Rest in Bed: "... starv'd for want of exercise" (Pericles)

The Hot Water Bottle: "Come let me clutch thee" (Macbeth)

"I have great comfort from this fellow" (The Tempest)

Doctor's Examination: "For mine own part it was Greek to me" (Julius Ceasar)

Medicines: "Put this in any liquid and drink it off" (Romeo and Juliet)

Blood Tests: "By the pricking of my thumbs something wicked this way comes" (Macbeth)

Hospital Gown: "You all do know this mantle" (Julius Ceasar)

Operating Room: "Diseases desperate grown, by desperate appliances are relieved, or not at all" (Hamlet)

Anesthetic: "It goes against my stomach" (As You Like It)



PROGRAMS FOR GRADUATE NURSES

Teaching and Supervision

To meet the needs of nurses wishing to prepare for positions of responsibility in either teaching or supervision in Schools of Nursing.

Public Health Nursing

To meet the needs of nurses wishing university preparation for staff work in public health nursing agencies.

Administration of Hospital Nursing Service

To meet the needs of nurses preparing for head nurse, supervisory or matron positions.

This program is supported by the W. K. Kellogg Foundation.

Diplomas are granted on successful completion of the above programs and credits earned may be applied toward the degree of Bachelor of Science in Nursing.

PROGRAMS FOR HIGH SCHOOL GRADUATES

Leading to the Degree in Nursing

Students with senior matriculation may pursue a combined academic and professional program leading to the degree of Bachelor of Science in Nursing. In the final year students will elect to study Teaching and Supervision or Public Health Nursing. This broad educational background followed by graduate professional experience enables nurses to progress rapidly into positions of responsibility.

Leading to the Diploma in Nursing

A three year hospital program is conducted for students meeting the entrance requirements of the University.

For further information or inquiries about scholarships, write to:

DIRECTOR, SCHOOL OF NURSING, UNIVERSITY OF SASKATCHEWAN, SASKATCHEWAN

THE MOUNTAIN SANATORIUM

HAMILTON, ONTARIO

TWO-MONTH
POSTGRADUATE COURSE
IN THE IMMUNOLOGY,
PREVENTION & TREATMENT
OF TUBERCULOSIS

This course is especially valuable to those contemplating Public Health, Industrial, or Tuberculosis Nursing.

For further information apply to:

Director of Nursing, Mountain Sanatorium Hamilton, Ontario.

THE NATIONAL HOSPITAL QUEEN SQUARE

London, W.C.1

and

MAIDA VALE HOSPITAL

London W.9, England

(Institute of Neurology, University of London)

Postgraduate Nursing Education for Medical Neurology & Brain Surgery One year courses are open to Nurses on the General Register with good educational background.

3 mo. full time instruction in the school under guidance of the Sister Tutor assisted by a teaching staff of senior neurologists & neuro-surgeons.

8-mo. clinical experience, 1 mo. vacation. Certificate & badge of the hospital awarded to successful students. Staff nurses' salary paid throughout the year. This work has a special appeal to nurses interested in research & the humanitarian aspect of nursing.

Apply, in writing, to Matron,
THE NATIONAL HOSPITAL,
W.C.1.

Dressings: "That was laid on with a trowel" (As You Like It)

Doctor's Notes: "Can you not read it ... is it not fair writ? (King John)

Occupational Therapy: "Though this be madness, yet there is method in it" (Hamlet)

Physiotherapy: "Imitate the action of a tiger, stiffen up the sinews and summon up the blood" (Henry V)

Special Diet: "Those palates . . . must have inventions to delight the taste" (Pericles)

Night-time: "... and sleep, that sometimes shuts up sorrow's eye, steal me awhile from mine own company" (Midsummer Night's Dream)

Discharged: "Beggar that I am, I am even poor in thanks" "Oh Lord that lends me life: lend me a heart replete with thankfulness" (Henry VI)

I find many articles of interest in your pages and look forward to each edition with pleasure.

L. R., Narborough, England.

Dear Editor:

Welcome and congratulations to L'Infirmière Canadienne, Number I, which has just arrived.

(By Wire from London, England.) E. G., Nursing Mirror.

CHILDREN'S HOSPITAL OF WASHINGTON, D.C.

OFFERS

Registered Nurses a 16-wk. supplementary program in pediatric nursing. Admission dates, January 5, May 3, August 30, 1960, January 3, 1961.

For complete information write to:

DIRECTOR OF NURSING
2125-13th STREET, N.W., WASHINGTON 9, D.C.



ONTARIO PLACEMENT CENTRE

For Professional, Supervisory and Administrative Nursing Staff DIRECTOR: MISS H. E. JONES, REG.N. SUITE 304, 97 EGLINTON AVENUE E., TORONTO, ONTARIO. HU. 1-6301 or HU. 1-6362

The New York Polyclinic

MEDICAL SCHOOL AND HOSPITAL • Organized 1881

The Pioneer Postgraduate Medical Institution in America

Announces the following Courses (Six Months Duration) for qualified Graduate Nurses

OPERATING ROOM NURSING

MEDICAL SURGICAL NURSING

OUT PATIENT DEPARTMENT NURSING

Courses include lectures by the Faculty of the Medical School and the Nursing Department

Stipend of \$50.00 per month and full maintenance is provided

For information address:

Director of Nursing Education, 345 W. 50th St., New York, 19, N.Y.



PRESERVE YOUR COPIES

for future reference

Available for the first time!

Specially designed to hold twelve issues of *The* Canadian Nurse the new stiff-board "Self-Binder" is finished in durable blue leatherette with the title in gold lettering.

Price \$3.00 each, postage paid.

To avoid delay, please remit the correct amount when ordering. For convenience, use this form.

885

THE CANADIAN NURSE JOURNAL

1522 Sherbrooke Street West, Montreal 25, Quebec.

NAME	
STREET	
	PROVINCE
NO. OF BINDERS	······

OCTOBER, 1959 • Vol. 55, No. 10

COURSES FOR GRADUATE NURSES

in various clinical fields.

Terms begin November 16, 1959, February 8, 1960, May 2, 1960, July 25, 1960 and October 17, 1960.

Room, meals, laundering of uniforms, and honorarium provided.

Apply to:

DIRECTOR,
COOK COUNTY SCHOOL
OF NURSING,
DEPT. C., 1900 WEST POLK ST.,
CHICAGO 12, ILLINOIS

REGISTERED NURSE INTERNSHIP

NEW YORK UNIVERSITY

Offers to registered nurses who meet admission requirements of the Department of Nurse Education, School of Education, a one-year Internship in Oncological Nursing at James Ewing Hospital of the Department of Hospitals, Memorial Center.

Experiences include cancer research, Chemotherapy, medicine, surgery, and radiation therapy. A monthly stipend, laundry, and two meals a day are provided. Students are assisted in securing desirable living facilities.

Classes are admitted in the Fall and Spring semesters. Applications for February 1960 should be filed no later than November 30, 1950.

For further information write to:

NORMA F. OWENS, DIRECTOR INTERN-SHIP IN ONCOLOGICAL NURSING, DEPT. OF NURSE EDUCATION, SCHOOL OF EDUCATION, NEW YORK UNIVERSITY, WASHINGTON SQUARE, NEW YORK 3.

WILLS EYE HOSPITAL Philadelphia, Penna.

The largest eye hospital in the United States offers a six-month course in Nursing Care of the Eye to Graduates of Accredited Nursing Schools. Operating Room Training is scheduled in the course.

- \$205 per month for the first four months. \$215 per month for the last two months.
- REGISTRATION FEE is \$20
- Course starts March 15 & September 15. Ophthalmic Nurses in great demand for hospital eye departments, operating rooms & ophthalmologists' offices.

For information write to:

Director of Nurses, Wills Eye Hospital, 1601 Spring Garden Street, Philadelphia 30, Penna.

THE JOHNS HOPKINS HOSPITAL

SCHOOL of NURSING

Offers to qualified Registered Nurses a 16-week supplementary course in

OPERATIVE ASEPTIC TECHNIC

with instruction and practice in the general surgical, neurosurgical, plastic orthopedic, gynecologic, ophthalmologic, urologic and ear, nose and throat operating room services. Maintenance and stipend are provided.

For information write to:

DIRECTOR, SCHOOL OF NURSING
THE JOHNS HOPKINS HOSPITAL
BALTIMORE 5, MARYLAND, U.S.A.

ROYAL VICTORIA HOSPITAL

SCHOOL OF NURSING MONTREAL, QUEBEC

Postgraduate Courses

1. (a) Six month clinical course in Obstetrical Nursing.

Classes - September and February.

(b) Two month clinical course in Gynecological Nursing.

Classes following the six month course in Obstetrical Nursing.

- (c) Eight week course in Care of the Premature Infant.
- Six month course in Operating Room Technique and Management.

Classes — September and March.

3. Six month course in Theory and Practice in Psychiatric Nursing.

Classes - September and March.

Complete maintenance or living-out allowance is provided for the full course.

Salary — a generous allowance for the last half of the course.

Graduate nurses must be registered and in good standing in their own Provinces.

For information and details of the courses, apply to:—

Miss H. M. Lamont, B.N.
Director of Nursing,
Royal Victoria Hospital,
Montreal, P.Q.

THINKING OF NEW UNIFORMS?

THEN SEND TO BLAND'S
AND YOU WILL ENJOY BOTH—
PLEASANT RELATIONS AND
WONDERFUL DRESSES.



Style No. 1664

New Catalogue Ready

Made and sold only by

BLAND AND CO. LTD. 2048 Union Ave., Montreal, Canada



prevents... relieves rough, dry skin



...ideal after "scrub-ups" • for "detergent hands" • for use after dermatoses • for babies' tender skin • powder base, chafing, chapping

VANZA CREME

Soothing, emollient Vanza Creme forms a thin, protective, non-greasy film which protects against dehydration . . . ''lubricates'' with a cholesterinized water-in-oil emulsion.

smooth-spreading . . . quickly absorbed $2\frac{1}{3}$ oz. tube, and 4 and 15 oz. jars.



MAIL COUPON FOR FULL-SIZE TUBE

COMPANION PRODUCT:

VANZA SUPERFATTED SOAP

for sensitive or dry skin, fine, also, for nursery use.

Vanz	Zant &	Co.,	Limit	ted,	Dept	. CN-3
357	Colleg	je St	reet,	Tor	onto,	Ontario

Please mail me free of charge a complimentary tube of Vanza Creme and guest size Vanza Superfatted Soap.

NAME

STREET.....

CITY...... PROV.....

THE CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA PUBLISHED
IN ENGLISH AND FRENCH BY THE CANADIAN NURSES' ASSOCIATION
270 LAURIER AVE. WEST, OTTAWA

VOLUME 55

NUMBER 10

MONTREAL, OCTOBER 1959

Great Expectations

The food you were served last night in a restaurant was appetizing and exactly what you had ordered; your sheets and pillow cases came back from the laundry spotlessly clean and properly ironed. These are two examples of services that you sought, paid for and with which you were completely satisfied. Patients seek and pay for services from nurses. Are patients equally satisfied?

The fact that you were satisfied with your meal and your laundry was not merely happenstance. What was it about these services that made you a satisfied customer? The service that you sought and paid for met with your

expectations for that service.

Here, then, is the key to the whole thing — expectations. Where did you get your expectations? They developed over a period of time as a result of many influences: what you saw, heard and personally experienced. You, as an individual, have a definite group of expectations about restaurant service, allowing for slight variation in the quality of the restaurant. Are your expectations the same as those of others whom you know? Have you

ever had lunch with someone who first. requested a dish that was not on the menu, then, proceeded to inform the waitress that it should be and that the service was really very poor? Was your meal completely spoiled by your companion's constant bantering of the waitress about one thing and another, to the point that you were so embarrassed, you were ashamed? You, no doubt, vowed that it would be a long time before you would enter a restaurant with her again! The most ridiculous part about the whole episode was that you were completely satisfied with the service that you received. Obviously there was some point of difference between you and your companion. Was it the different expectations of two individuals exposed to the same circumstances?

What of the waitress and her expectations respecting her customer? Did she think that all customers should act alike? If so, she has just had to change her mind! Can we surmise that because she has had this experience that henceforth she will be less or more tolerant of this type of customer?

Each of us reacts to a given stimulus

in terms of a multitude of factors that have impinged upon us during our life. Any new experience is assessed in terms of previous ones, and this assessment forms the resultant expectations of what the new experience holds. Likewise, each patient to whom we give care, has definite expectations about the service that a nurse will give. The patient's response to care will be determined by these expectations.

In the same way, each nurse has a set of expectations about patients. Patients may be grouped into several categories, that may be sub-divided many times, for example, female, aged, surgical, semi-private, white, Presbyterian, Canadian, English speaking, etc., etc.; each of these points has some significance for the patient and the nurse. Beyond all of these, there are so many more things that make up this human being—things that are of much greater significance, especially to the nurse as she attempts to give this individual patient the *individual* service she needs.

At first, the nurse will react to a patient according to a set pattern of expectations that she has used for a similar type of patient. If the nurse has developed an acute sense of observation, and is able to interpret her observations, her behavior will become individual for each patient. It is at this point that the analogy to the restaurant and the laundry breaks down. Those services were satisfactory but not personal; they did not need to be. Nursing deals in services, yes, but it is the nurse's mind, manual skills and dex-

terity, more than that, it is she herself, whom she offers to the patient.

Any service is only as good as the person or persons who render it. If you need the services of a professional person, such as a lawyer, you make enquiries until you locate the best one you can. Whatever your reason for needing him it is an important one to you.

How much more important to a person is the preservation of his health! Seldom does the individual who seeks health services have the same opportunity of selection. It is essential then, that nurses make sure that each patient receives the type of nursing care which is best for him.

With whom does the responsibility lie for providing this kind of nursing service? Few nurses function in isolation. Although the development and growth of the group is important to improve the service as a whole, it is with an individual nurse that the patient comes in contact. Self-development begins with self. Improvement in nursing service will be in direct proportion to the degree of self-development of each nurse who gives service. Likewise, the degree of satisfaction which she derives from this giving will rise in the same proportions. The confidence and trust that is placed in us by our patients should impel us to develop ourselves to our fullest individual capabilities. We owe this intangible debt to ourselves.

PAMELA E. POOLE

International Opportunity

The International Council of Nurses invites applications for the position of General Secretary to the Council.

Applicants must be nurses who are members in good standing of their National Nurses' Association and must give evidence of advanced professional qualifications, wide experience in administrative positions, and in the management of a nursing organization. It is hoped that the applicant appointed, can join the Headquarters staff in 1960 and assume the duties of General Secretary after

the ICN Quadrennial Congress in 1961.

Applications together with the names of three persons who have recent knowledge of the applicant's work, should be sent in duplicate to the President, Miss Agnes Ohlson, ICN Headquarters, 1, Dean Trench Street, Westminister, London, S.W.I., England, and should be received not later than February 28th, 1960. Further particulars and applications forms may be obtained from Miss Daisy Bridges, General Secretary, at ICN Headquarters.

Basic Teaching in Surgical Nursing

RITA DUSSEAULT, B.Sc.N.

In Addition to giving bedside nursing care, the modern nurse is called upon to help in the maintenance and restoration of health which requires her participation in the rehabilitation of the individual to society. With this in mind, the course in surgical nursing should have at its aim the preparation of the nurse as a health teacher as well as for bedside care.

As far as prophylaxis in surgery is concerned the nurse must possess an understanding of the normal state of health and methods in prevention of illness should form a considerable portion of her stock of knowledge. Student learning should be directed very early towards nature's ways of avoiding serious illness. For example, the diabetic person must concentrate on the care of his feet to help prevent possible leg amputation. In other cases, minor surgical repair at the right moment may counteract the need for a more serious operation. Once thoroughly familiar with the preventive aspects of surgery, the student can appreciate more fully the need for proper patient teaching.

However, in surgical nursing, the nurse is most often called upon to give postoperative nursing care and this she must be prepared to do intelligently and efficiently. Mistakes and technical imperfections will be avoided, and she will give quality nursing care if she knows the what, why, when and how of the duties required of her.

The scientific principles basic to surgical nursing care are trustworthy guides to attainment of high quality nursing care. Techniques and procedures, in spite of their importance, can vary slightly from one institution to another but the principles remain the same everywhere that a nurse is called upon to practise her profession.

Theoretical knowledge of and practical application of principles is an integral part of the learning process and must comprise an important part

Miss Dusseault is in charge of the educational program, Hôpital St. Jean, St. John P.O.

of the student's education to assure her complete understanding. Surgery is essentially an aseptic art, the exercise of which should disturb the normal physiology of the body as little as possible. This conception of surgery naturally demands pre- and postoperative nursing care of the best quality. Our teaching program must conform to these requirements.

After she has absorbed the principles of asepsis, the student will gradually reach the understanding that the nursing care given to the surgical patient must take into consideration and assist in vital body function to achieve the most favorable conditions before, during and after surgical intervention. The nurse first learns the role that she must play in the preoperative period in regard to diet and medications. Emotional preparation is equally as important as physical care and aseptic technique. To round out this stage of preparation, adequate instruction and explanation for the patient will assure his cooperation with the personnel to promote a prompt and complete return to health.

Postoperative nursing care is also influenced by our modern conception of surgery. It incorporates the following important principles:

 Maintenance of normal vital functions.

2. Prevention of complications.

Assistance in resumption of physical and mental activity as quickly as possible.

To carry out the above, the student must first learn:

a. To evaluate respiratory and circulatory function since the patient's life is directly dependent upon this.

b. To be familiar with the various complications that can arise postoperatively, the warning symptoms and the means available for counteracting the complication.

Each preventive measure produces results in a characteristic way which affords an excellent opportunity to develop the student's powers of observation.

For example, let us take the use of

gradual muscle exercise as a means of preventing venous thrombosis. The student can be told that flexion of the toes, feet and legs stimulates circulation in the extremities but an explanation of why and how these muscular movements produce such an effect will give her deeper and more significant understanding. In encouraging a patient to exercise following surgery, the young nurse will do so with a great deal more conviction in the value of such activity if she is aware of how flexion of the toes alone will increase venous circulation in the vessels of the calf.

Through such explanation the student develops appreciation of the physiological value behind a number of seemingly minor measures that we may use to ensure competent and intelligent nursing care. The student must also be made aware of the need for her whole-hearted cooperation with the doctor and the patient in promoting the latter's recovery. She must be helped to recognize the need for teaching the patient and his family in regard to the program of care to be continued after discharge from hospital.

The educational program in surgical nursing care and the place accorded to it in the basic course of study can vary but, in general, it occurs during the clinical period. It should not be

treated as an isolated subject but like diet therapy and pharmacology, should be presented as one phase in the treatment of a pathological condition. Surgical treatment and medical care are closely allied as a general rule. In teaching we should see to it that relationships between medicine and surgery, both in theory and practice, are clearly understood by the student. Surgery is seen in its proper context when its relationships to and its dependence upon other specialities are demonstrated.

In conclusion, regardless of the degree of perfection of our teaching methods, we can not ignore the influence exerted by the personality of the instructor. It is through contact with the expert that the student really learns that method alone is not enough. Love for her patients and a sincere desire to provide them with increasingly better nursing care is a necessity.

References

- 1. Shafer, K. N., Sawyer, J. R. McCluskey, A.M., Lifgren, E.E. Teaching Guide for Medical-Surgical Nursing. St. Louis: C. V. Mosby Co., 1958.
- 2. Thomeret, G.: Nouvelle orientation des soins postopératoires. Revue de l'infirmière et de l'assistance sociale. France, January 1958.

Isolation of newborn infants with thrush, a mild fungal infection of the mouth and throat, is unnecessary according to four New York researchers. Most city health regulations require the removal of infected infants from the regular hospital nursery to an isolated area. This is expensive, complicated and unnecessary.

Soft white patches appear in the mouth and throat in thrush. They are caused by the fungus *Candida albicans*, which also causes other human infections, including a vaginal infection during pregnancy.

Thrush has commonly been believed to be an air borne infection. However, the fungus has not been isolated from nursery and hospital air or from soil and air in general. The most common source of infant infection is maternal vaginal infection. Newborn infants may harbor *Candida albicans* in the mouth and intestine for five to six days before the disease becomes apparent and the patients are removed to the isolation nurs-

ery. Thus unsuspected foci of infection are always present in a nursery.

A study of the prevalence and spread of thrush among more than 1,600 infants in the nursery at Maimonides Hospital indicated that isolation had no effect on the prevalence of spread of the infection among infants. They concluded that isolation does not diminish the incidence of the disease among infants and that the expense of isolation is unnecessary.

— The Health Bulletin, North Carolina State Board of Health.

* * *

Ticks are unpleasant so-called insects that are often picked up in the woods. These pests attach themselves to humans or animals to suck blood. To remove the insect, do not pull it off so that the head is left in the skin. Dab vaseline or nail polish all over it and in a short time it can be removed. Use an antiseptic on the wound.

- Dept. of National Health and Welfare.

Clinical Teaching in Surgical Nursing

JACQUELINE OUIMET, B. Sc. N.

T is an accepted fact that the student nurse's first concern, as soon as she has been admitted to the school of nursing, is to come into contact with patients and learn how to give them nursing care as fast as possible.

Consequently, at the end of the preclinical period (which is the sole responsibility of the nursing education department), the student is rotated to the hospital wards and comes under the jurisdiction of nursing service. Her previous experience will have given her an understanding of normal health in the human being. She may have already started on a course of integrated lectures in microbiology, pathology, medicine, diet therapy and surgery. Ideally, these should be planned in conjunction with her practical experience. Such a program allows for immediate application of theoretical principles. This, then, marks the beginning of the supervised, gradual clinical experience necessary in the development of professional skills. The two entities, nursing education and nursing service, each in its own way, contribute to produce an environment conducive to professional experience.

The "raison d'être" of nursing service is to assure comprehensive nursing care for hospitalized patients - care adapted to meet individual needs. This is an acknowledged fact. To reach a more positive definition of nursing service, it goes without saying that the personnel of both nursing education and nursing service departments will participate in the clinical teaching program. This contributes to the student's understanding of her educational program and the personnel of both departments will have greater awareness of their individual responsibilities for the student and her practical experience. Constant close cooperation between nursing education and nursing service is necessary for the maintenance of a favorable environment.

Miss Ouimet is assistant visitor to the French schools of nursing in the province of Quebec.

Clinical Experience

In general, the school of nursing assumes responsibility for the bedside care given by the student nurse. However, it quite frequently happens that the nurses of that department may find themselves filling a dual role - team leader or head nurse and clinical instructor. Team leadership or head nurseship belongs to the field of nursing service. If there is an instructor on the floor, she alone has the responsibility for the teaching program but, depending on the organizational plan in the individual hospital situation, it often turns out that the instructor is also expected to assign patients to the students based on their level of experience. There must be a spirit of active cooperation between head nurse and instructor for the program to function successfully.

In the Surgical Unit

The student's rotation to the surgical unit must be organized to ensure that she receives a logical sequence of experience in the various areas within the department — for example, the central supply room, operating room, care of pre- and postoperative patients, outpatient clinics and home visiting.

In the central supply room the student applies her new knowledge of bacteriological principles, sterilization techniques and methods of disinfection under the direction and supervision of

the charge nurse.

In giving comprehensive preoperative care, consideration of the patient as a human being with physical, mental, emotional, spiritual, social and even economic needs enters into the picture to a greater extent than

formerly.

Let us take as an example a patient admitted with hematemesis who has a tentative diagnosis of peptic ulcer. His care is entrusted to a student completing her surgical rotation. In caring for this patient she will gain experience in the various aspects of surgical treatment related to pre- and postoperative care. The instructor uses this opportunity to

teach the student new material or to help her recall previously acquired knowledge. The student participates in teaching by explaining to her colleagues the symptoms presented by her patient prior to admission. These would include neryous tension, epigastric pain two hours after meals, pain relieved by food or an alkaline medication, vomiting, tarry stools, and finally hemorrhage - the immediate reason for admission. The student outlines her specific part in the care of the patient since his admission. As part of it, she attempts to develop a feeling of confidence, rest and peace of mind in her patient by resolving his worries and relieving physical pain.

Medication and general treatment form a topic for another clinic. Methods of administration and effects of medications are observed; blood typing by the hematologist, transfusion procedure, signs and symptoms of transfusion reaction, blood bank functions, the need to encourage blood replacement by relatives and friends to meet another emergency, are all included.

Another aspect of comprehensive preoperative nursing care is the explanations to the patient of routine procedures to ensure his cooperation. Under the supervision of the clinical instructor the student teaches the patient such things as leg and arm exercises and deep breathing. She emphasizes to him the value of such exercises in avoiding a number of complications and in hastening healing. As far as the spiritual, social and economic needs of the patient are concerned, the student finds out from her head nurse what must be done to remove or banish her patient's anxieties. This is a first step in rehabilitation.

Diet therapy is one of the most important features of the treatment of peptic ulcer. The dietitian can point out the aims of dietary treatment to the student and the means by which they are accomplished. The continuous need for neutralizing alkalines in the stomach to avoid stimulation and irritation of the mucous membrane is emphasized. The importance of having a high caloric, high protein and easily digestible diet must be explained.

In the Operating Room

It is highly advisable to try to arrange to have the student accompany at least one patient, to whom she has

given preoperative care, to the operating room. There she might possibly have an opportunity to be gowned for the case and examine the operative specimens before they are sent to the pathological laboratory. Until now it has not always been possible to free the student for such experience prior to her rotation to the operating room. Such a visit helps to clear up all the mystery surrounding the word "operation" commonly encountered in the patient's mind — the fear-producing unknown. The student is in a better position to appreciate the importance of reassurance and psychological preparation.

Postoperative Care

Now we come to the recovery room to which most patients are sent after surgery. Here, under her instructor's supervision, the student carries out intensive nursing care. Constant observation is necessary in order to spot the early signs and symptoms of postoperative complications.

Postoperative care gives the student nurse an opportunity to observe the steps related to surgical intervention, the possible complications and to receive her initiation into the routines of surgical treatment — in which learning to dress a wound aseptically has a marked place. Postoperative care provides wide scope for clinical teaching — intravenous therapy, the use of the Levine tube, the function of drainage equipment, establishment of diet, etc.

As soon as the patient regains his strength somewhat, the student has an excellent opportunity to pracise her duties as a health teacher. She teaches the patient the importance of following his diet closely, of moderate exercise, of personal cleanliness. She extends the boundaries of her health teaching as she meets the members of her patient's family and learns to identify him with his home environment and not only with his illness.

By carrying out the physiotherapist's directions, the student participates in the rehabilitation program. The medico-social worker who is also particularly concerned with this phase of the patient's care contributes to the student's learning. Through her, the student becomes aware of various social welfare groups in the community able to help her patient in particular and others in general — visiting nurses, the Red Cross Loan Cupboard, the Cancer Society and its provision of drugs and dressings free of charge, certain financial assistance available to the patient or his family. She notes the contacts established with the medical service in industry where the patient can be helped toward complete rehabilitation by work adjustments.

Outpatient Clinics

The student may see the same patient again or others in a similar operative category who return to the hospital for treatment. She has an added opportunity to study and gain an understanding of the social factors that contribute to or retard convalescent progress.

Family Environment

The chance to visit her patient or others in their homes in the company of the public health nurse is a valuable experience for the student. Seeing the patient in his home makes it easier to understand family problems — emotional, psychological and social — that hospitalization engenders. The health nurse's work in guiding the convalescent and his family toward health improvement and preservation, and prevention of illness reveals another important aspect of nursing generally.

Cooperative Planning

Developing an educational program for students such as the one outlined can be accomplished only if the principles initially mentioned are followed—that is, if there is close cooperation between those responsible for nursing education and nursing service, and between the heads of different departments. One of the objectives of such cooperative planning is to inform the head nurses about the educational

program for students while, at the same time, giving the former group a chance to express their needs and problems as related to the responsibilities of administration.

In order to promote this program in surgical nursing, as an example, a plan of student rotation must be formulated well in advance, that takes into account the individual levels of student experience, educational resources and the rotation plan for regular ward staff. It is obvious that any one department will have students at various levels of scholastic achievement. Consequently, in planning sequence of experience, the simplest and most fundamental tasks must precede the more complicated ones. The junior student to whom patients requiring only basic care are assigned has a chance to become accustomed to working with others, to handling special equipment necessary in postoperative care, to carrying out orders and to preparing charts. The more senior student is given an opportunity to develop initiative. She participates more actively in the duties of the professional team and gains greater awareness of her role as an educator.

Taking the different levels of learning into account, the clinical instructor must recognize the fact that a second-year student may sometimes be less efficient in pre- and postoperative care than a first-year student because of differences in instruction. These variations must also be considered when planning clinics in an attempt to avoid repetition and make teaching more dynamic. For more advanced students, seminars, forums, symposiums and conferences are indicated as well as initiation into simple research projects.

To attain its objectives, a clinical teaching program must be well organized. Nursing education and nursing service personnel must plan for it

together.

How quickly can you find out what is so unusual about this paragraph? It looks so ordinary that you would think nothing is. But it is unusual. Why? If you study it and think about it you may find out, but I am not going to assist you in any way. You

must do it without coaching. No doubt if you work at it for long it will dawn on you . . . who knows? Go to work and try your skill. Par is about half an hour.

Answer: The letter "E" does not appear in the paragraph.

Pediatric Surgical Nursing

MARIETTE DESTARDINS, B.SC.N.

THE STUDENT nurse's development in surgical nursing is entirely dependent upon her basic program of nursing education and a well-integrated, patient-centred plan of practical experience. To this must be added special principles related to surgical nursing. Care of the sick in this branch of medicine will vary accordingly to the particular surgical specialty in question or the individual characteristics of the case concerned. In pediatrics, surgical nursing procedures must be adapted to the child and his needs. There is a wide gap between the child and the adult in development and maturity. Each one has his own special physical and emotional needs, satisfaction of which assures comprehensive patient care. Nursing care of children requires not only special techniques but also adequate preparation of the persons engaged in it.

The orientation of the student nurse must encompass the special characteristics of pediatric surgical nursing so that her experience in this field may be as profitable as possible. What are the differences in the nursing care of a child on a surgical service as opposed to those of an adult? This question must be answered before we can fully understand the importance of the preparation of the student at this stage and how it may best be accomplished.

Understanding the Child

Pediatric nursing procedures are developed in accordance with the mentality of the child. Surgical nursing techniques especially must be sufficiently flexible to allow for individual adaptation since it is obvious that a child can not be cared for in the same way as an adult. The principal outstanding features of the constitution and reactions of the latter are summed up in certain signs and characteristics that the student must be taught to recognize if we want her to grasp the child's reaction to surgery. These special cha-

Miss Desjardins is assistant director of nursing education, Ste. Justine's Hospital, Montreal. racteristics are both physical and emotional.

The student nurse should understand that the hospitalized child is in the process of attaining his full physical growth and his body development must go on as efficiently as possible in spite of his illness. Consequently the care that he is given must respect the laws of human growth and should favor maximum physical development. This special adaptation of procedures, which is not required by the adult, must be incorporated into both the pre- and postoperative care of the young. That does not mean that the adult patient will not receive as much care but only that it will be of a different nature. For example, the student must learn through practice how to reconcile the child's need for activity with the rest required as a result of his surgery, relating it to the condition and age of the little patient. Feeding the postoperative child presents greater difficulties than in the case of the adult since the diet must be suitable for the postoperative period but must also satisfy the growth needs and food tastes of the child. The dietitian can help solve the problem but the nurse needs to use tact and firmness in gaining the child's acceptance of the diet.

The child has a heart and a mind as well as a body. The student nurse through her former experience with adults and her knowledge of the interaction of mind and body can readily appreciate that the child must develop emotionally in spite of surgery. To allow for this it is of vital importance that the child's basic need for understanding, affection and security be satisfied. Since the nurse is the person who is with the child most, she is largely responsible for fulfilling these needs. She must be able to prepare the child for operation or for various treatments in such a way that he has confidence in her care. This helps to avoid or diminish emotional shock.

In pediatric surgery, because of the short hospitalization period, we tend to forget that the parents have a role to play in the child's recovery. The student must remember this in her relations with them and accept their presence and their reactions as a completely natural state of affairs. The student must learn the advisability of reminding the child of his parents, especially of his mother, and of continuing their influence on the child through her contacts with them.

Orientation of the Nurse

Now, it is easy to understand completely the importance of preparation and orientation for the student nurse in pediatric surgery. Basic principles of asepsis, skill in pre- and postoperative techniques, emergency care, and the study of rules and regulations related to this special field are essential. To help the child emerge victorious from his trial, the nurse must have good basic understanding of the physical growth and emotional reactions of the child at each stage of his development from birth to adolescence. An understanding of the healthy child is necessary in order to understand the ill child. Towards this end, the student nurse during her basic course of studies must gain thorough knowledge of normal development and health, essential nutritional requirements and factors related to mental and emotional states. She must become familiar with all the common means of preventing illness and in particular with those directed towards preventing illnesses of a surgical nature. A good part of the learning process in pediatric nursing occurs not only at the bedside of the child but in contacts with the parents before, during and after surgery.

The student requires intelligent orientation and supervision to obtain maximum benefit from the educational resources offered by a pediatric surgical service. She must be guided through the maze of surgical conditions of childhood such as congenital anomalies and others in order to exact her full measure of learning in this area. The pre- and postoperative care of children and appreciation of the aseptic state requires special mastery of skills. To encourage this, the student must receive teaching on every possible occasion.

The Qualities of the Nurse

Among the professional qualities

acknowledged as necessary to the nurse in pediatrics is that of keen powers of observation. This quality, for a number of reasons, must be developed in the student during the entire period of her pediatric experience For example the child is often unable to identify the pain and physical discomfort that he feels. This is frequently because he can not express himself verbally. Sometimes the child exhibits his symptoms simply by a change in attitude e.g. the baby cries in a special way. We are fully aware of how much the surgeon depends on the nurse's observations since he can not remain at the child's bedside for long periods. Under the guidance of her clinical teachers, the student learns the value of constant observation — pre- and postoperatively — in order to prevent complications common to children; during treatments in order to avoid all possible accidents and, last but not least, for any indication of emotional upset.

The student herself must be a secure person in order to meet the child's needs. Sometimes she is troubled about this aspect of child care. This may be largely due to lack of contact with children in her previous experience. Under such circumstances, her orientation to pediatric nursing will need to be particularly thorough to help her avoid the pitfalls that might be injurious to herself or the child. A careful set of rules and regulations will be of immense help to the student in, for example, operative preparation of the child. She should know that a child's questions should be answered frankly and honestly in terms suitable to the child's age, intellectual and emotional development.

There is one aspect of child care where the student nurse requires particular guidance. Normally the child has great need for activity to burn up his youthful energy. In hospital he feels this same need which can be satisfied through occupations and games suitable to his condition. The nurse must be familiar with the activities open to the child who has had surgery. Games, reading, manual activities of various types will help to take the child's attention away from his illness, his enforced idleness and his separation from his parents. It helps him adjust more easily to the hospital milieu.

Toys are a good means of approaching a child and getting to know him since the child becomes more extroverted in play. This contact gives the nurse an opportunity to observe apprehensiveness in the child's behavior and to set his mind at rest, if possible. In passing, it has been noted that it is difficult to interest student nurses in play activities with children and to have them participate. Students must be made to realize that emotional factors are as much a part of nursing as medications and treatments. This point must be emphasized in the orientation of the nurse to pediatric nursing if she is to participate effectively in the care of the sick child.

This general discussion of surgical nursing care of the child and its importance in the professional development of the student nurse brings us to a consideration of the means most likely to assure her of the most complete experience in this field. From other lecturers she will have received the theory of general surgery and she will have had clinical experience in that field. Her experience in pediatric surgery rests on this foundation. It is of prime importance that she should have an understanding of the physical and psychological development of the normal child. She will be better prepared to care for the child who has had surgery performed if she is given an opportunity first to observe the healthy child. This orientation can be carried out through classroom instruction and discussion of the body structure in childhood, observation periods in clinics for babies and preschool children, school health programs, playground programs etc. Every well-organized pediatric centre can offer areas for observation that are very helpful in this early preparation of the nurse. It only remains for us to choose the ones that best suit our purpose.

Experience

The information she acquires in the classroom or at the patient's bedside during clinical teaching will help the student to solve the problems of the child who has had surgery. It is almost unnecessary to reiterate that experience in the care of the child after surgery must follow and not precede experience in the care of adult surgical patients.

Only then is the student equipped to adapt general surgical techniques to the needs of the child.

It is preferable to have practical experience closely correlated with lectures on pediatric surgical conditions and nursing care. It is also advisable to have the student give surgical nursing care after she has had experience in giving medical care. Several days of general orientation at the beginning of the pediatric affiliation, including the surgical service, will produce worthwhile results. This plan of action is conducive to better learning experiences for the student. It helps her to understand the necessity for continuity of care for the child by one person in order to meet the need for security. Surgery is, in short, only another way of dealing with a disease condition.

A careful choice must be made among the various possibilities within a pediatric surgical unit in order to assure a logical sequence of experience for the student. It is extremely important to have a well-organized program of clinical teaching. Learning must be active, not passive. The student must participate in the activities of the department. A well-prepared clinical instructor is indispensable so that the student can be guided towards the most profitable use of all educational resources in the department. Her responsibility is not only to teach a necessary body of information and to stimulate the student's powers of observation but also to see to it that the student takes an active part in the surgical care of the child.

Teamwork is an excellent method for orientation of the student to pediatric surgery and presents several advantages for the patient. It allows for more extensive practical experience since the student can profit from observation of the patients under the care of other team members. The student derives a greater sense of security from the presence of the team leader who carries on the work of the clinical instructor. There must be a great deal of understanding and cooperation between the team leader and the instructor. Team nursing means that the student spends more time in actual care of the child since she is not hindered by

tasks having no value for her.

In conclusion, we should remember one very elementary truth. To be successful in our contacts with children, we must love them. This is the magic key that reveals the child to us, that wins his confidence — an essential factor to the success of the care that we give. In pediatric nursing, the student must be helped to develop a sincere affection for children — an unselfish affection in which she loves the children for themselves, not just for the pleasure that they give her. Otherwise we will only succeed in passing on textbook knowledge about the child and his care and we will deprive the student of a fruitful experience.

References

1. Benz, G., *Pediatric Nursing*. St. Louis: C.V. Mosby Co., 1956.

2. Blake, F. G., The Child, his Parents and the Nurse. Montreal: J. B. Lippincott Co., 1954.

3. Brown, A., Clinical Instruction. Philadelphia: W. B. Saunders Co., 1949.

4. Cardew, E. C., Study Guide for Clinical Nursing. Montreal: J. B. Lippincott Co., 1954.

5. Jeans, P. C., Wright, F. H., Blake, F. G. Essentials of Pediatrics. Montreal: J. B. Lippincott Co., 1958.

 Lyon, R. A., Wallinger, E. M. Pediatrics and Pediatric Nursing. Philadelphia: W. B. Saunders Co., 1954.

7. Sellew, G., Pepper, M. F. Nursing of Children. Philadelphia: W. B. Saunders Co., 1953.

8. Shafer, K. N., Sawyer, J. R., McCluskey, A. M., Lifgren, E. E. Medical-Surgical Nursing. St. Louis: C. V. Mosby Co., 1958.

9. Vincent, E. L., Breckenridge, M. E. *Child Development*. Philadelphia: W. B. Saunders Co., 1957.

Nursing Journals

- 1. Bruk, M. V.: The Universal Language. Amer. J. Nurs. 58:682, May 1958
- 2. Faughnan, J. E.: The Child in Hospital. C.N. 56:957, December 1956.
- 3. Giroux, S.: Le soin des enfants. C.N. 56:968, December 1956.
- 4. Lynn, H. B.: Pediatric Surgery. Nurs. Outlook. 58:272, May 1958.
- 5. McCaskill, C. L.: Pediatric Surgical Nursing. Nurs. Outlook. 58:274, May 1958.

Perfection through Practice

THE practice of an art and the application of a science usually produce a certain degree of perfected skill in those who carry them out. We can not deny that years of experience in nursing result in a valuable accumulation of knowledge. How can graduate nurses exercising their daily round of activities achieve this perfection?

It used to be that we could be reasonably certain that graduate nurses employed in hospitals were well-informed concerning developments related to their work, without anyone going to any trouble about it. However, the increasing complexity of hospital administration, the profusion of scientific

Miss Tardif is director of the program for personnel education, Notre Dame Hospital, Montreal. discoveries in medicine and our modern, hectic way of life make it virtually impossible for nurses to assume complete responsibility for perfecting their knowledge and skills. That is why hospitals must assume the organization of inservice educational programs for graduate staff as one of their responsibilities. There are a number of advantages forthcoming from such a step. The quality of nursing service will be improved and the staff will be stimulated to continue their efforts in this direction.

Inservice Education

In discussing levels of skill within surgical nursing it seems appropriate to consider the opportunities for perfection through practice. An example of such a program will suffice to illustrate the way in which young grad-

uates with an interest in surgical care can be helped to achieve a high level of competency within this field. Senior students may express a desire to remain in their hospital to work and, not uncommonly, requests for employment follow completion of registration examinations.

We should encourage our young graduates to start their nursing careers by obtaining the greatest possible degree of skill in bedside care. The young graduates make up a valuable potential that requires our careful consideration. It would be a mistake to see these new recruits to hospital life simply as anonymous pairs of hands to be shifted around from one situation to another to meet demands for nursing service. Our modern hospitals should be beyond this stage. Now, the nurses who decide to remain in institutional work at the conclusion of their basic professional preparation must be assured not only of acceptable terms of employment but also of an environment conducive to work satisfaction and personal development. On the other hand, it would be equally wrong for the nurses to think only in terms of what they want from the hospital without being prepared to give the nursing service that the hospital has a right to expect from them. We need have no misgivings about these two aspects — one really complements the other.

Before discussing the structure of the inservice educational program, it is perhaps appropriate to list the conditions basic to the formulation of it. A project of this nature can not be started overnight, regardless of the need for it.

The first essential is a well-organized nursing service carrying out the following important functions:

a. Recruitment of an adequate and stable staff.

b. Coordination of nursing activities.

c. Continuous checking and revision of nursing procedures in common use.

A competent person to assume responsibility for directing the program is the second essential. The nurse who becomes director of this program must be thoroughly acquainted with all the intricacies of administrative organization, with the relation of nursing service to all other hospital department and she must also have a good background of teaching experience. Finally,

she must possess an understanding of human relationships. Without this, her other aptitudes would lose much of their effectiveness.

Before attempting to put the educational program into effect, we must have a well-defined plan of action. A thorough study of the local set-up as part of this plan will allow for evaluation of available educational resources, estimation of possible sources of assistance in implementing the program, and of the means of coordination of educational activities within the hospital as a whole. In offering this program, it must be remembered that the four main services in the institution medicine, surgery, pediatrics and obstetrics — will each have their own special pattern of organization including teaching within the specialty. Having established the setting, let us consider surgery specifically. Our aim is to develop a high degree of skill in surgical nursing through planned practice of it.

Who are the people who will benefit from such a program? What can we use as a guide in deciding to direct new graduates towards service in the surgical field? Selection and placement might be based on the following: the nurses who show a definite attraction for the specialty could be placed in this field. Ordinarily they will have corresponding aptitude for the work. Those who show a marked inclination will have a better chance to achieve special competency and to give maximum service.

Perhaps the new nurse will show a preference for the operating room, recovery room or surgical outpatient department. It will be up to the person conducting the initial interview to gain her acceptance of a period of general experience as a preliminary step.

Now we are ready to present our program for achieving professional competency in the care of the surgical patient. It is suggested that the program be divided into two parts:

a. Rotation through various departments to obtain varied and complete experience.

b. Systematic teaching of supplementary information.

Team Spirit

Present hospital practices have per-

haps tended to develop resistance to change. It is still quite exceptional for a nurse to accept transfer from one department to another without expressing discontent. On the other hand we are well aware of the fact that the organization of our hospitals demands great flexibility and a true spirit of

fellowship.

The rotation proposed for the young nurse during her first year of experience as a graduate is designed to foster this flexibility of personality. This is conducive to more rapid and easier adjustment to varying situations. However this part of the program should be presented to her as a way of developing a high level of professional skill. She should be convinced from the beginning that the succeeding months will afford her a review of all conditions requiring surgical intervention while emphasizing the importance of the nurse's role in pre- and postoperative care. She will also have an opportunity to obtain experience as a team leader.

To fully attain the objective of perfection through clinical experience, the nurse must be rotated through an adequate number of departments to become thoroughly familiar with all types of surgical categories. If care is taken in planning the rotation, a seemingly idealistic program can achieve reality. The nurse will develop the desired degree of competency without any disruption of patient care. A systematic teaching program must accompany the rotation to assure logical, complete experience. It is suggested that the teaching program be divided into four units:

a. Individual teaching carried out when the nurse first comes to the department.

b. The inservice educational program for nurses during their term of employment.

- c. Nursing service staff meetings.
- d. Surgical staff meetings.

Teaching Methods

1. The individual teaching on arrival would be partially accomplished through the *orientation program* developed for all new employees. Regardless of the method used, the new nurse should be familiarized as soon as possible with the aims, history, organization and administration of the hospital, the nursing

techniques in common use and the various rules and regulations that she will be required to observe.

One satisfactory method of carrying out this teaching is through small research projects, made under supervision. It is particularly effective if the nurse is given a definite plan of the study, adequate reference material and the assistance of a counsellor as required. Her working hours should be so arranged that she can plan to devote at least one hour every day to the project and finish it within a prescribed period of time. Following completion of the entire program the nurse could be given an examination, the results of which could be added to her official record as attestation to her professional skill.

2. The inservice educational program offered to all graduates will be of benefit to each one. This is essentially a continuous program with the exception of holiday periods. A wide variety of professional information is offered through films, conferences, etc.

3. Nursing service staff meetings offer another means of teaching. The new nurse will not be invited to these sessions immediately but she is made aware very early of their existence and their significance. She should be permitted to study the reports of these meetings and have the right to make comments upon them. Decisions arising out of the conferences and related to her work should be passed along to her. The young nurse must be made to realize that her participation in nursing activities is a necessity, as much for the general effectiveness of nursing service as for the maintenance of good relationships between nursing service and other hospital departments.

4. Combined meetings of the staff of the various specialty units within surgery comprise a final opportunity for teaching and learning. Meetings could be under the chairmanship of the chief of surgery. The study of local administrative problems or the presentation of scientific developments within the field as a whole could form the objective of such sessions. There would be a definite psychological value to these conferences exhibited in improved cooperation between departments and higher quality work in each unit.

The surgical nursing service staff will have the added benefit of special educational conferences. These may take the form of presentation of patient histories by staff members — doctors, nurses, dietitians and medico-social workers. Through her participation, the nurse will gain an excellent understanding of surgical conditions and the plan of care considered necessary and adequate in each instance.

This program for the education of the nurse in the surgical field must not be considered complete and ready for unquestioning acceptance. It may strike a responsive note in those concerned with institutional nursing and we may soon see such educational experiences being developed. Those institutions of a more progressive nature will take the first steps and then analyze the results, finally evolving a general but sure policy of action designed to obtain the greatest measure of well-being for the hospital, the nurses and consequently the care of the patients.

Preparation for Nursing in Cardiac Surgery

ADRIENNE PARENT

CARCELY a dozen years ago the activities of a nurse in cardiology could be summed up as follows: routine care and prevention of bedsores, watching the diet and fluid intake, ensuring adequate rest and administering cardiac medications. A nurse who had received a good basic education could more than adequately meet the needs of this group of patients for whom the prognosis, sooner or later, was death.

With the advent of rapid developments in and tremendous improvements of cardiovascular surgery, the activities of nurses in this field has of necessity undergone immense change. Even with the basic technical preparation received at a school of nursing, a nurse cannot approach a specialty such as cardiac surgery, without feeling the need to take a postgraduate course both in theory and practice, such as is now offered at only a very few of our hospitals.

A postgraduate course in cardiology seems essential if we want nurses to become competent members of the surgical team. If her participation is to be as a competent specialist, she will have to understand the meaning of her actions, and have a deep sense of duty

Miss Parent is the head nurse in the operating room of the Cardiology Institute of the Maisonneuve Hospital in Montreal.

towards activities which are of a highly technical and scientific nature.

There are five preliminary phases which one must go through before becoming a permanent member of the surgical team in cardiology. The phases of the program run concurrently with theoretical assignments. These are as follows:

- a. Pre-operative care team
- b. Cardiac catheterization team
- c. Experimental surgery team
- d. Operating room team
- e. Postoperative care team
- f. Outpatient department

In the pre-operative phase, the psychological aspects of the preparation of the patient for surgical intervention have an all-important place in the planning of examinations and treatments. Helping him to conquor and control the anxieties and fears which are always associated with a cardiac patient, is a large part of the nurse's responsibility. Teaching spirometric muscular exercises in order to prevent stiffening, and breathing exercises that will help to prevent respiratory complications postoperatively, is also the responsibility of the nurse. Finally, her ability to convince the patient that the chances of success, for prompt and complete healing, depend largely on his own determination and cooperation will carry him into the operative period with greater confidence.

In the cardiac catheterization room,

the postgraduate student learns, through theory and practice, the established classification of heart ailments: mitral, aortic and tricuspid valve stenosis; congenital anomalies: patent ductus arteriosus, trilogy and tetralogy of Fallot and others. The increased knowledge she gains through thorough study of physiology will enable her to have a better understanding and to participate with competence in the procedure of heart catheterization and to better understand the evaluation of the findings.

It is well to note that the appropriate phase preceding the operating room, is a stop of interest — experimental surgery — where practical experiments are done on dogs, or sometimes other animals. This helps the student greatly to understand the perfection of surgical skills by trying new and alternate methods, while separate from and then as part of the surgical team the nurse familiarizes herself with specific instruments, equipment and stages of the operations.

In the *operating room*, study of and practice in sterile procedures, and the rigorous technique of cardiac surgery, observation and later participation in the activities of the surgical team, clarifies the why, when and how of the absolutely exacting nature of the procedures and asepsis of this special-

It is necessary to be ever-conscious of the fact that cardiac surgery involves a greater risk than other types of surgery. When one realizes that the surgeon must place his fingers directly into the heart of the patient, the starting point of circulation the organ of life, one mistake in competence, one small error on the part of the nurse could add to the risk.

Next comes the *postoperative phase*. In the recovery room, there is close observation of oxygen therapy, circulation, blood pressure, and the frequency

and depth of respirations. Watching infusions, chest drains that were placed by the surgeon before closing the chest thus allowing for pleural drainage and ensuring pulmonary re-expansion. The amount of chest drainage and intake and output, observation and evaluation of voiding and perspiration are all of vital importance. "The nurse must therefore note all of these with care," and watch for signs and symptoms of difficulty which could occur. So much depends on the nurse's power of observation and her judgment in alerting the surgeon to questionable changes in the patient's condition.

The last phase, in the *outpatient* department, teaches the student the system of follow-up of patients which directs him for a period of time varying from several months to more than

a year after the operation.

In summary, any such period of instruction cannot be more than a period of initiation. An additional two months in the operating room would help the nurse to give good technical and scientific service that is more comprehensive from a humanitarian stand-

Certain personal qualities are demanded of the nurse who wishes to prepare herself for specialization in cardiac surgery. She must be of a calm nature, always capable and ready to use her presence of mind and to act with knowledge. She must have well-developed manual dexterity, and act at all times with deep personal and professional integrity. She must continue without slackening, to increase her knowledge and perfect her technical ability.

References

- 1. D'Allaires, F., M.D., Cardiac Surgery, Scientific Expansion, Paris.
- 2. Modell, Walter, M.D., Handbook of Cardiology for Nurses. New York: Springer Publishing Company, Inc., 1958.

In pioneer days in French Canada distances were computed by determining how far a man could walk while smoking a pipeful of tobacco — usually three-quarters of a mile.

There was a postal system in use in England at the time of Henry VIII. The practice of paying the messenger who delivered the letter was changed following the introduction of prepaid postage stamps in 1849.

Advanced Preparation in Nursing

SISTER CLAIRE RHEAULT, B.Sc.N.

UR PRESENT ideas in relation to nursing education emphasize the importance to the young graduate of good basic preparation in surgical nursing. This opens up new horizons, stimulating maximum development of teaching and clinical resources.

Basic professional preparation can be truly successful only if every person responsible for it has received adequate preparation herself. Idealistic but definitely attainable suggestions are being made to stimulate new graduates to achieve advanced preparation.

Our generation demands experts. If an educational institution assumes responsibility for the development of youth for the future it must first provide high quality preparation for those who will be in charge of instructing and guiding them.

The World Health Organization in discussing nursing care notes that: "Nurses entrusted with administrative functions, supervision and teaching, must have received advanced training in a university school of nursing."

This brings us to the conclusion that we will have to have a large number of highly skilled nurses who are also experts in teaching and supervision. Administrators, teachers, supervisors and head nurses are key persons in obtaining excellence in nursing care. Any attempt to separate one from another could sproduce a dangerous state of anarchy.

Nurses must keep an open mind towards research. The scope for action within nursing is broad and nursing activities are complex. Too often progress is hindered by tradition which must be broken down little by little in order to ensure better patient care. Three years ago a study of nursing duties was carried out at Notre Dame Hospital, Montreal. The results brought to light several functions considered the responsibility of nurses but very much open to question in this regard. The study also indicated a

Sister Rheault is a lecturer at the university school for nurses, Marguerite d'Youville Institute, Montreal.

number of other areas in which research is required.

To support our conviction that the graduate nurse needs advanced preparation is the fact that the nurse at the student level receives only the basic preparation for general nursing care. She can not be expected to stop in the midst of her chosen field of activity to acquire the necessary experience and skill that she needs.

The preparation of supervisors and instructors assumes a double aspect:

a. Increased range of knowledge through a planned course of instruction.

b. Study of methods of supervision and teaching and of related matters which complete the preparation to fulfill the new role.

The entire course of study must be at the university school of nursing level so that credits may be obtained towards a baccalaureate degree. The programs offered can be of varying lengths depending upon the experience and progress of the individual nurse. Practical experience alone can give the nurse a certain degree of competence that is not true or effective skill. A program of study arranged in a logical sequence with equal emphasis on theoretical instruction, clinical observation and practical experience ensures development of technical skill and intellectual discipline that can be directed towards research as well as towards teaching activities.

Clinical conferences during the period of practical experience will round out the theoritical course in advanced nursing. Group observation and discussion, personnel work, required reading and illustrative material all help in the retention and expansion of acquired knowledge.

Practical experience should have as its aims:

- a. To expand the experience acquired during the basic course.
- b. As related to surgical nursing, to place the nurse in a situation where she can observe advances in medicine and surgery at first hand as well as acquire additional nursing experience.
 - c. To help the nurse acquire or de-

velop an ability to analyze critically methods of work above the student level.

A choice of clinical services which affords the nurse an opportunity to apply the principles of theory and practice that she has been taught is necessary for accomplishment of the latter aim. The university school requires a number of affiliating hospitals for this purpose. The graduate student needs to be initiated into the resources offered by public health services as well, along the lines of sociology, prevention of disease, supervision and rehabilitation.

It is understood that the hospital offering clinical services must have sufficient, qualified personnel capable of maintaining the standards of such a program. The nurse should have an opportunity to practise clinical teaching and to acquire some experience in supervision in order to accustom herself to her future duties and to consolidate what she has learned. She must be aware of the attention being focused on her and should complete her experience with a sense of satisfaction, fulfillment and increased self-confidence.

Too much attention can never be given to the advanced preparation of

supervisors and instructors in surgical nursing. They bear the brunt of preparing the nurses of tomorrow — students and graduates. The hospital that cooperates in this preparation by providing clinical resources and practical experience assures itself of a reputation for high professional standards.

It is our wish to have as much and as good preparation as possible. When we speak of raising the requirements in general education, of widening the scope of basic nursing education, and of finding more and better opportunities for advanced preparation of graduate nurses, which will help us to make a better evaluation of ourselves and of our work, the reason is always the same. It is not a question of education for education's sake, but of better preparation in order to make a better contribution towards a healthier society.2

References

- 1. World Health Organization conference on the services of nurses in public health work. *International Nursing Review*. January, 1959. p. 44.
- 2. Northern Nurses' Conference. Ibid. p. 47.

A vaccine that will prevent from 60 to 70 per cent of all common colds will probably be available within the next 24 months, an expert in cold research has predicted.

Dr. Ward, Professor of virology at Notre Dame University, South Bend, Ind., said he does not believe that common colds will be wiped out, even with an adequate vaccine. "People are not going to take the vaccine, just as they are not taking polio vaccine. People are people and we have great difficulty in selling preventive medicine. The prevention of disease is not as glamorous or as consuming to the individual as his actual illness."

From 75 to 80 per cent of common colds are caused by a group of viruses or a group of ordinary bacteria of the streptococcus type.

Dr. Ward defined a common cold as one wherein the individual has a runny nose two days in succession. This is the nasal type of cold which causes the lining of the nose to become reddened and inflamed. No fever is associated with it. It is the kind that may be spread easily to other people.

There is no drug now on the market that could be termed effective against common cold viruses. Colds caused by bacteria may respond to antibiotics, and allergy-caused colds may respond to antihistamines.

— The Health Bulletin, North Carolina State Board of Health.

Discarded kitchen utensils often make good playthings for children but one item from the kitchen has already proved fatal in more than one case. The plastic bag that is used as a space helmet by Junior can cause suffocation if fastened tightly around the neck. Soft plastic used over a baby's carriage may lie across the baby's face and be pressed over the mouth with an indrawn breath.

- Dept. of National Health and Welfare.

Use of a spray for painting is safer done outdoors, if the object to be painted can be moved. Spraying should not take place in a closed room — doors and windows should be kept wide open.

- Dept. of National Health and Welfare.



PREPARED IN YOUR NATIONAL OFFICE, CANADIAN NURSES' ASSOCIATION, OTTAWA

Some Thoughts on I.C.N. and Finland

The week of July 6th to 11th, 1959, marked the ICN Board of Directors' meeting in Helsinki, Finland. Thirty-five member countries were represented by the president and executive secretary of the national nursing associations. Presiding at the sessions was Miss Agnes Ohlson, President.

Finnish Welcome

At the opening session in the College of Nursing the President of the National Council of Nurses of Finland, Miss Kyllikki Pohjala welcomed the delegates to Finland. Miss Pohjala, who is a member of Parliament and a representative of the Finland Government at the United Nations, expressed the warmth of welcome which was displayed by all the Finnish nurses responsible for details of planning for this gathering. Their efficiency and graciousness in handling all arrangements is to be highly commended.

Singing Nurses

On many occasions the delegates were greeted on visits to hospitals by groups of nurses singing songs of the country. These scenes will always leave a happy memory of the Finnish nurses with all who were privileged to hear them.

Luncheons were served at many of the hospitals where the nurses were guests of pharmaceutical and instrument companies.

Army of Finnish Nurses

It appears that a former patient in one of Finland's hospitals decided upon his recovery to establish a business of making little doll figures of nurses. Our General Secretary returned to Canada with a number of these little nurses — in fact, it was stated in one of the Helsinki newspapers that a Canadian nurse was returning with an "army of Finnish nurses."

These little figures have real personality. About four inches in height, they are dressed in traditional uniform. They hold in their hands a tray, a chart or other familiar object. Each with a different color of hair and hair style is most original. This is a novel idea and one which has become most popular in Finland.

"Canadian Nurses from Heaven"

A story was told by Miss MARIE BIHET, First Vice-president of the International Council of Nurses and Director of the Edith Cavell School of Nursing in Brussels, Belgium, while visiting in a tuberculosis sanátorium in the countryside of Finland. A few years ago, two Canadian nurses touring Europe were referred to Miss Bihet through the ICN since they wished to obtain employment in Brussels. It happened that a flu epidemic was rampant at the time, the hospital was overcrowded and many nurses were ill. The Canadian nurses and their friend who was a stenographer were welcomed to the hospital. The stenographer obtained employment in the business office. All were French-speaking Canadians and their help was so welcome. "We needed these nurses so much were such nice girls—they were really Canadian nurses from Heaven."

Sibelius Concert

The grand finale of the Board Meeting occurred on the last evening when a Sibelius Concert was held in honor of

the 60th Anniversary of the International Council of Nurses. The President of Finland returned from a summer vacation to attend, the symphony orchestra returned to the city for the performance and members of the diplomatic corps were in attendance.

Nurses in uniform formed a guard of honor, while others in native cos-

tume assisted as ushers.

Miss Pohjala gave an address of welcome and Miss Ohlson gave her presidential address "The I.C.N., Yours and Mine." Messages of greeting were presented by five national presidents representing the five continents of the world. Representing The Americas was Alice Girard, CNA president.

The all-Sibelius Concert was an unforgetable event with Finlandia being played as it never had been heard be-

fore.

Some Decisions of ICN Board

 International Nursing Review will now be published six times a year instead of quarterly.

- Approval given for the appointment of a full-time, highly qualified consultant on economic welfare to the ICN staff.
- Plans for the organization of the International Student Nurses' Unit were approved.

Its purposes will include the promotion of international friendship

and of understanding of professional organization.

— Twelfth Quadrennial ICN Congress will be held in Melbourne, Australia, April 17-22, 1961. The language of the Congress will be English with simultaneous translation into Spanish.

Sr. Lefebvre and Sr. Keegan

Two Canadian nurses are attending the World Health Organization Conference on Post-Basic Nursing Education for International Students, being held in Geneva this month. SISTER DENISE LEFEBVRE, Director of Nursing Education and SISTER FLORENCE KEEGAN, Professor, both of the Institut Marguerite d'Youville, Montreal, are attending on invitation of the WHO.

The School of Nursing, University of Montreal is the only institution on the North American continent where French-speaking students on WHO fellowships attend.

Expert to attend Curriculum Workshop

Miss Florence E. Elliott, Director, Curriculum Conference Project, National League for Nursing, will be the coordinator and consultant for the Curriculum Workshop to be held November 22-24, 1959, in Ottawa, preceding the meeting of the National Committee on Nursing Education.

Safety Signs for Mental Health

GEORGE S. STEVENSON, M.D.

- 1. A tolerant, easy-going attitude toward yourself as well as others.
- 2. A realistic estimate of your own abilities neither under-estimating nor over-estimating.
 - 3. Self-respect.
- 4. Ability to give love and consider the interest of others.
- 5. Ability to take life's disappointments in
- 6. Liking and trusting other people and expecting others to feel the same way about
- 7. Feeling part of a group and having a sense of responsibility to your neighbors and fellowmen.

- Acceptance of your responsibilities and doing something about your problems as they arise.
- 9. Ability to plan ahead, and to set realistic goals for yourself.
- 10. Putting your best efforts into what you do and getting satisfaction out of doing it. Bulletin, Ont. Dept. of Health

The earliest record of the use in Canada of ether as an anesthetic indicates the year 1847, the place Sherbrooke, Quebec.

Even if you are on the right track, you'll get run over if you just sit there.

— Canadian Hospital

Nursing Profiles

The Ontario Hospital Services Commission has announced the appointment of **F**. **Louise Jamieson** as consultant in the nursing services division. Formerly assistant registrar of the Registered Nurses' Association of Ontario, Miss Jamieson spent the past year studying at the University of Toronto for her certificate in hospital nursing service administration.

A graduate of Toronto's Wellesley Hospital, the new consultant has had a breadth of experience that equips her well for her present duties. The early part of her professional career was spent in general and private nursing but postgraduate study resulted in a certificate in nursing education from U. of T. and one in psychiatric nursing from the University of Western Ontario. In addition she holds a Bachelor of Arts degree from U. of T. The positions that she subsequently filled in nursing carried ever increasing responsibilities. Miss Jamieson was clinical instructor and supervisor at Kitchener-Waterloo Hospital for a time and assistant director of nursing at Toronto Western Hospital. During World War II, she served in South Africa and Italy with the South African Military Nursing Service, and she spent some time in India as a nurse educator under the Colombo Plan.



Louise Jamieson

The Montreal Children's Hospital recently welcomed **Roselyn Smith** as the new director of nursing. Born in Alberta, she received her early education in her home town of Drumheller and her preparation as a school teacher in Calgary Normal School. Rural school teaching occupied her interest for a few years and then she travelled further west to begin her career in nursing at St. Paul's Hospital, Vancouver, graduating in 1949.

Her professional life since graduation has been devoted to the care of children. She spent the years 1949-54 in the pediatric department of St. Paul's Hospital, working first as a staff nurse and then as assistant head nurse. The next two years were taken up with postgraduate study at the School for Graduate Nurses, McGill University where she obtained her Bachelor of Nursing degree in teaching and supervision in pediatrics. Miss Smith then returned to St. Paul's as instructor in pediatrics, but later became supervisor and head nurse of the children's unit. She left this position to take up her present duties at M.C.H.

An extensive record collection, good books and cooking are favorite off-duty interests. She also possesses a "green thumb" — her collection of plants testifies to this. Coming to a bilingual province and city, Miss Smith has set herself a specific goal for her first year — "to learn to speak French fluently."



MISS ROSELYN SMITH

This month we have an opportunity to introduce **Janet Cranston Ives**, the director of nursing education at the Prince Edward Island Hospital, to our readers.

"The Island" is home to Miss Ives and she is a graduate of the P.E.I. Hospital. However, since graduation her career has carried her far afield. Two years as a general duty nurse at Vancouver General Hospital were succeeded by postgraduate study at the University of British Columbia. Then she went on to Kitchener-Waterloo Hospital to become science instructor for a year. A few months of private nursing, one month as an industrial nurse in Vancouver and she was on her way to Denmark where she remained for a year of general duty in a Copenhagen hospital. In 1958, Miss Ives returned home to begin her present duties proving, perhaps, that after all her travels "The Island" was unsurpassed as a place to live and work.

After 32 years with the Victorian Order of Nurses, Alberta Creasor has retired from the Vancouver branch, where for almost half of her service she has been district director. Canadian by birth, Miss Creasor received her academic education in Saskatchewan and Ontario and her professional education at the Hamilton General Hospital. Postgraduate study at the University of Toronto gained for her a certificate in public health nursing. She engaged in further study at McGill University in supervision in public health nursing.

Prior to her appointment as director in



(Paul Horsdal Ltd. — Ottawa)
ALBERTA CREASOR

Vancouver, Miss Creasor was engaged in general and private duty. She has held staff positions with the V.O.N. as well as having been nurse-in-charge of the Regina and Victoria branches.

While employed in British Columbia, Miss Creasor took an active part in association affairs. She has held the positions of secretary and president of the Registered Nurses' Association, the latter from 1953-57.

Miss Creasor will now have more time for the reading, weaving and gardening that she enjoys so much. She has returned to Ontario, where she has taken up residence in Glencoe.

The problem of marking fabrics quickly, easily and indelibly has been solved with the development of the new **Textile Magic Marker.** It is applicable to any and all fabrics, textiles and coatings. The marker can not clog, leak or become gummy. Its marking is instantly dry and will stay on through innumerable launderings and drycleanings without bleeding, chemical reaction or obliteration. The marker employs the new Speedry Type "T" ink and is available in four colors — white, yellow, red and black. It is contained in a handy, squeeze bottle and is available from Speedry Products Inc., P.O. Box 97, Richmond Hill, Jamaica 18, N.Y.

How sickness enlarges the dimensions of a man's self to himself.

- CHARLES LAMB

We are a health-minded people. Almost invariably, the second thing we say to our friends and acquaintances is "How are you?" And in almost every community, a major concern of the local community fund is that the greatest number of people be able to answer, "Very well, thanks." Voluntary health organizations are helped by Red Feather gifts to provide clinic services for persons who cannot afford the full cost; they provide visiting nurse services, rehabilitation of the handicapped, prevention of disease. To all they bring the benefit of health research and education. Illness strikes all and is the concern of all. Maximum protection is achieved through the united way of planning, budgetting and financing voluntary welfare services.

- The Canadian Welfare Council.





One Person's Nursing Care

ISOBEL MACLEOD

Introduction

This is the story of Dick Luke who required care for over a year following an accident that resulted in extensive burns to his body. As this period of hospitalization came between Dick's 15th and 17th years, it was inevitable that he would have significant physical and emotional changes normal to his age. In addition, he was faced with a traumatic experience that involved extreme pain, profound injury which brought him very close to death many times, much loss of function, and the need for a long and comprehensive rehabilitation program. The skills of

many professional workers were brought into play. Dick's own courage and recuperative powers were drawn upon to the fullest extent. The record of combined effort presents a full and interesting picture of nursing care and the story has a happy ending.

Each person who contributed to Dick's care will describe her department's role in the following pages. The nursing care was so closely interwoven with the care given by the physiotherapists and occupational therapists that the picture would be incomplete without including the part played by these services in Dick's rehabilitation.

The Problem of Burns

Anna Christie

Burns cause a great many deaths annually. Many of the accidents which result in burns can be prevented. As nurses, we have a positive part to play in general health education by helping to promote legislation to control some of man's thoughtless practices thus making his working and living conditions as safe as possible. Public health nurses are in an unusually advantageous position to recognize unsafe practices in the home and to help families develop safe habits of living.

Burns are particularly distressing because of certain adaptive problems associated with this type of injury:

The threat to survival

The fear of permanent physical damage and disfigurement

Mrs. MacLeod is director of nursing and Miss Christie is associate director of nursing at the Montreal General Hospital. They acted as the chairman and narrator respectively for the panel that presented this study in nursing care at the nurses' section of the American College of Surgeons convention earlier this year.

A considerable amount of pain and prolonged physical discomfort

The need for frequent general anesthetics and surgical procedures

The long tedious convalescence

The expenditure of much money.

These primary problems may be complicated by the following secondary problems:

Emotional reaction that may be more distressing than physical discomfort;

Separation from family and friends an overwhelming feeling of loneliness and home sickness that may lead to depression and self-pity;

Effect of injury on future plans;

Feelings of inadequacy in comparison with other people;

Personal rejection and hostility.

The aims in the treatment of burns are outlined briefly and as the story unfolds you will be able to see how the care given to the patient revolved around them. The emphasis has been placed on the nursing care, but it is understood that the surgeon and his staff were very closely concerned with the patient and his treatment throughout and they set the stage for the nursing care.

"MOTHER" by A. Lewin-Funke

Courtesy of The Metropolitan Museum of Art

lassic therapy

for preventing and healing

diaper rash

excoriation, chafing, irritation

DESITI OINTMENT

- ... enduring in its efficacy
- ... pleasing in its simplicity
- ... exemplifying pharmaceutical elegance

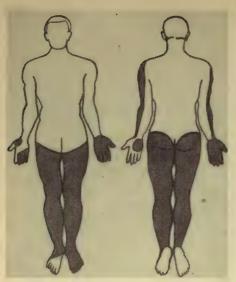
SAMPLES on request **DESITIN** CHEMICAL COMPANY

Sole Canadian Representative and Distributor:

LESLIE A. ROBB

54 Baby Point Rd., Toronto 9, Canada





Burned areas shown in black

In the order of their importance the aims of treatment in the care of patients with burns are:

- 1. To prevent or control shock and pain
- 2. To prevent fluid loss and to replace lost fluid
 - 3. To prevent infection
 - 4. To promote early healing
 - 5. To prevent emotional upset
 - 6. To prevent contracture formation
- 7. To achieve normal function if possible.

The nursing care consists mainly of assisting the surgeon with the above, observation of the patient, general hygienic care, maintenance of physiological function and support in times of stress and emotional upheaval.

Dick Luke was severely burned while destroying leaves at his home in the suburbs one September afternoon. He had attempted to speed up the process with the help of a small amount of gasoline. The wind blew the leaves against him and he suffered severe burns of both arms, both legs, feet and buttocks. He was admitted quickly to a hospital near his home. There he was treated for shock, and given local treatment to the burned areas. Three weeks later he was transferred to our hospital for further treatment. It was found that he was still suffering from shock.

Dick was the eldest of a family of three — two boys and a girl. His father was a salesman in a photographic agency. Dick's mother seemed to show preference for his brother who was active in sports and well adjusted socially. Dick was inclined to be shy, retiring and slow at his studies. He remained in hospital for well over one year. During this time he suffered from a number of complications that necessitated several operations and much reassurance and encouragement.

On the Ward

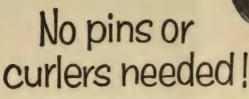
DOREEN LEPOT

Dick was suffering from second and third degree burns to 65% of his body. The areas involved included both arms, legs, feet and buttocks. On admission, he was found to be in a state of shock and immediate measures were taken to relieve this condition. Replacement therapy in the form of whole blood, saline, and electrolyte solutions was started. During the first six weeks of hospitalization Dick received 41 pints of blood.

A nutritional program of high pro-

Miss Lepot is a general staff nurse at the Montreal General Hospital.

tein oral feedings was attempted, but nausea and vomiting prevented an adequate intake. Eventually gastric tube feedings were used with 50 cc. of high protein fluids given hourly. Even after Dick was able to tolerate food and fluid orally, the tube feedings were continued to supplement his intake. Shortly after his admission a Foley catheter was inserted. An accurate record of intake and output was kept faithfully. The necessity for constant nursing care was recognized immediately. Special nurses were in 24-hour attendance for the entire period of Dick's initial hospitalization.



(slips on or off in a jiffy won't muss your hair)

JOHNSON'S

Jegp Trade Mark

FOR NURSES



- Professionally correct operating room cap.
- Hygienic not a hair out of place.
- Can be autoclaved without harming elastic.
- Sanforized against shrinkage.

Johnson Johnson

Made In Canada

Following this early systemic treatment, attention was turned to the burned areas. Four days after admission Dick went to the operating room—the first of many visits—for a change of burn dressing. Because of the extent of the injury, general anesthesia was unavoidable. For several weeks this method of changing dressings was repeated until the areas were ready for grafting. Occlusive dressings were used—pads soaked in Dakin's solution and held in place by flannel

bandages.

The nursing care was primarily concerned with the prevention of infection. Sterile bed linen and conscientious attendance to hygienic principles were prophylatic measures used to combat this threat. Frequent mouth care and twice daily irrigations of the indwelling catheter were two of the many responsibilities of the nurse. In spite of these efforts, and the use of antibiotics, clinical infection supervened. The site first involved was the parotid glands. Incision and drainage were carried out. Later staphylococcal infection was found to be present in the excretions of Dick's lungs, bowel and bladder. This complication was undoubtedly encouraged by his greatly decreased resistance and the expanse of the injured area. Fortunately, except for one leg, the burned areas developed minimal

While much of our attention became focused on means of preventing the spread of infection, the maintenance of normal body function was also a daily responsibility of the nurse. Shortly after admission Dick was placed on a Stryker frame which simplified his nursing care in many ways. The twohourly turnings which were necessary to prevent prolonged pressure on any one area and to improve general circulation could be done with the least possible discomfort. Correct posturing as a means of preventing deformities was extremely difficult because of the extent of the injury and the necessity for keeping grafted areas at rest. However, insofar as possible the anatomical position was maintained with the extremities kept in the position of normal function.

Meanwhile further complications continued to plague his recovery. During one of his visits to the operating

room, Dick suffered a cardiac arrest. A successful heart massage was done by the attending surgeon but three days later, hypostatic pneumonia developed. Drug therapy was intensive throughout Dick's hospitalization. Aside from antibiotics — of which several varieties were used — vitamins, sedatives, analgesics, and cortisone were employed as his condition warranted.

Skin grafting, which had been started about two months after admission began to show considerable progress. Both grafted areas and donor sites were responding well. Saline baths were ordered during which the old dressings were removed and after 20 minutes soaking, Jelonet was applied, covered with a Dakin's pad and held in place with flannel bandages. Three months after admission all dressings were removed from the arms and three months later, occlusive dressings on the legs were discontinued. They were replaced by alternate exposure to the air and the application of wet Dakin's dressings.

Staphylococcal infection continued to be a problem. A urethroscrotal fistula developed which required a suprapubic cystotomy. Still later a staphylococcal bronchopneumonia developed and was successfully treated. No further infection occurred after this.

Throughout his hospitalization every effort was made to anticipate and meet his needs, including sacrificing hospital routine when necessary. For example, Dick's nutritional intake was extremely important. He was encouraged to eat by observing his wishes about when and what to eat as far as possible. Apart from his grave physical condition the emotional aspects of his illness were of great concern. At the beginning he displayed obvious regressive behavior. His nurses noted that he was demanding, irritable, hysterical, apprehensive and uncooperative. All of this had to be understood as a normal reaction to his injury. The immediate threat to survival and the fear of permanent damage, disfigurement and dependence must have played a large part in this initial response. The pain associated with his injury could only add to these basic fears. While analgesics were employed to relieve physical suffering, reassurance and ex-

3 VERY IMPORTANT PEOPLE

benefit from Spansule* sustained release therapy



the PATIENT

who feels better because his symptoms are under constant control and who is happier because he is not required to swallow pills 3 or 4 times a day.



the NURSE

who finds that the time-consuming routine of drug administration has been greatly simplified because 'Spansule' therapy replaces 2, 3 and even 4 rounds of ordinary oral medication.



the DOCTOR

who knows that the patient is receiving prolonged, continuous medication, with less chance of symptomatic "break-through" between doses, and, where rest is important, with fewer annoying interruptions.

S.K.F. preparations which are available in 'Spansule' capsule form include:

CONTRACTOR OF THE STATE OF THE

COMBID†, DEXAMYL*,

DEXEDRINE*, ESKABARB*,

ESKASERP*, HYPTROL*,

and PRYDONNAL*.



Also available:

SUL-SPANSION* LIQUID



SUL-SPANTAB† TABLETS.

unique <u>sustained-release</u> forms of sulfaethidole, S.K.F.



970



Smith Kline & French • Montreal 9

*Reg. Can. T. M. Off. | Trade Mark

tra attention helped to ease emotional tension.

Typical of most people who have suffered burns, Dick felt that his accident was partly due to his own negligence and the guilt feeling associated with this had to be resolved. As his physical condition began to improve, attempts were made to relieve emotional stress and improve his morale. Dick was moved to the solarium on his floor. Here, surrounded by his personal belongings, a television set, books, and all manner of things of interest to young boys, he remained quite happily until his discharge.

Dick's relationships with the staff were extremely good throughout his stay. This was helped by the fact that as far as possible the number of doctors and nurses involved in his care was limited. Thus, the medical and nursing care remained consistent. This gave Dick a feeling of confidence in those caring for him. A rather natural result was that he developed a strong attachment for one of his special nurses. This dependency had to be gradually broken as plans for his dis-

charge began to form. With the help of supportive psychotherapy and intense occupational and physical therapy, Dick's emotional state improved rapidly. Gradually the mental well-being so necessary to a successful recovery was attained.

From his tenth month in hospital until his discharge, recovery medically was fairly uneventful. This time was devoted almost entirely to physiotherapy and occupational therapy with gradual improvement of impaired body functions. A few months after discharge Dick was readmitted for a successful repair of the urethroscrotal fistula and later for the removal of the suprapubic tube. Another residual complication, right drop foot, required three further admissions. Attempts to correct it, first by plaster cast and then by a splint were unsuccessful. On his third and final admission, a triple arthrodesis was performed.

Dick's complete recovery was a source of satisfaction to all who had cared for him. The sight of this healthy young man leaving hospital was our greatest reward possible.

In the Operating Room

PATRICIA SZMIDT

Dick first came to the operating room five days after admission to hospital. We saw a very anxious, badly burned boy, apprehensive of the surgical procedure and the anesthetic.

He was anesthetized and all his dressings were removed. The burned areas were cleansed with saline. They appeared clean and granulation tissue was much in evidence. Jelonet and pads saturated with 1:8 Dakin's solution were applied to the burns and held in position with flannel bandages. Dick withstood this treatment very well. The procedure was carried out six times more before skin grafting began, which was five weeks after admission to hospital.

Mrs. Szmidt is a head nurse on the staff of the operating room at the Montreal General Hospital.

During Dick's sixth visit to the operating room he had a cardiac arrest. The anesthetic had just been started when his heart failed. The surgeon made an intrathoracic incision in the left side, then through the diaphragmatic surface of the pericardium and the heart was "massaged" digitally. When the heart had resumed a regular beat for about 30 minutes, the incision was closed.

On his next visit we noticed that Dick was more apprehensive than he had been before his cardiac arrest. We did our utmost to have everything in readiness to prevent delay of any kind. The same nursing personnel received him in the operating room whenever possible, as this did much to reassure him. It was as though he felt that we had all been through this with him before and therefore all would be well.

Effective, Convenient Evacuations Without castor oil or enemas

Numerous clinical trials have been published wherein DULCOLAX has proved completely capable of replacing castor oil and enemas for radiological preparation. As effective as it is in this instance so is DULCOLAX equally effective for routine hospital use on all wards.

Wherever enemas are used they may be replaced by the use of this innocuous, self-eliminating evacuant. Use of DULCOLAX will result in great time-saving for hospital personnel through its ease of administration and through patient cooperation and acceptance.

DULCOLAX may be used safely, effectively and routinely wherever castor oil, enemas or any form of laxative is indicated in hospital use. There have been no specific contra-indications to DULCOLAX reported in the literature.

REFERENCES

Fraser, R. G., Journal of Canadian Ass. of Rad., Dec. 1958; Clark, A. N. G., British Medical Journal, 2:866, Oct. 12, 1957; Raymond, O., Nogrady, B., Vézina, J. A., Scientific Exhibit presented at the Twenty-Second Annual Meeting of the Canadian Ass. of Rad., Saskatoon, Sask., Jan. 1959.

AVERAGE DOSAGE:

Two tablets taken at bedtime for action the following morning, or taken before breakfast for action in one to six hours. One suppository is usually effective in from 15 minutes to one hour.

SUPPLIED:

5 mg. enteric-coated tablets, bottles of 30 and 100.

10 mg. suppositories, boxes of 6 and 50.

Under license from C. H. Boehringer Sohn, Ingelheim.





patient goal:

beautiful fingernails

physician Rx:

Knox Gelatine

Brittle fingernails are a real source of distress to women so afflicted. That's why it's important to be able to provide more than psychological support for such patients.

Knox Gelatine restores normal nail strength in approximately 80 per cent of patients with brittle laminating fingernails. This fact has been confirmed by four independent clinical studies involving 122 subjects. Dosage is one to three envelopes of Knox Gelatine per day and improvement usually begins within 30 days.

One point needs special emphasis. Research has established that the entire envelope of Knox Gelatine (120 grains) must be taken in a single dose to provide the dynamic effects necessary to correct the brittle nail defect. Consequently, fractional or divided doses are contraindicated. If you would like to examine the substantiating studies just use the coupon below.



@ 1959 Knox Gelatine, Inc.

KNOX GELATINE (CANADA) LIMITED Professional Service Department 140 St. Paul St. West, Montreal, Quebec, Dept. CD-109

please send reprints of the following articles:

- 1. Rosenberg, S., Oster, K.A., Kallos, A. and Burroughs, W.: A.M.A. Arch. Dermat. 76:330, September 1957.
- 2. Schwimmer, M. and Mulinos, M.G.: Antibiot. Med. & Clin. Therapy 4:403, July 1957.
- 3. Rosenberg, S. and Oster, K.A.: Conn. State Med. J. 19:171, March 1955.
- 4. Tyson, T.L.: J. Invest. Dermat. 14:323, May 1950.

 Your Name and Address

In the operating room Dick was considered a septic (contaminated) case. The burned areas were in poor condition and had obviously become infected. Dick's own skin had to be reserved for the final grafting and homografts were decided upon as a tempo-

rary measure. Before his next change of dressing, one of the doctors visited a local prison just off the Island of Montreal where two men had volunteered to donate skin. The homografts were applied to both arms and the left leg. The usual dressings of Jelonet and Dakin's pads were used. Eleven days after the homografting Dick came to the operating room again. He was anesthetized and all dressings were removed. The grafts were seen to be taking well with minimal infection of the left arm although the left leg showed marked infection. All areas were thoroughly cleansed and dressed in the usual manner. A transfusion of one pint of blood was administered as well.

Later more homografts were applied to the upper and lower extremities and 13 days afterwards they were inspected. The results showed that the grafts were taking well on the left leg and there was a 30% "take" on the

right leg.

Dick spent Christmas of that year in the hospital. With the coming of the New Year, we began using his own skin for grafting to the burned areas. Under a local anesthetic the skin was taken from the abdomen with the Padget dermatome. The skin was left on the dermatome, the adjustment

reset and the graft split. In this way we were able to have twice as much skin in one operation. The skin was placed in a sterile container and refrigerated for use at a later date. The donor site was dressed with scarlet red and a dry dressing.

On his next visit to the operating room, skin was taken from Dick's back and applied to both legs with the usual dressings. During the next 10 days, the scrotal abscess previously mentioned occurred and necessitated incision and drainage as well as a suprapubic cystotomy. Plastic surgery continued in spite of this. Skin was taken from Dick's chest and applied to both legs. All dressings were removed on the 16th visit. Again skin was taken from the chest, placed on Jelonet, cut into small squares and laid over the granulating surfaces on the legs. The Dakin's pad dressings were no longer required. The skin grafting was completed in two more sessions.

Two years elapsed before we saw Dick again in the operating room. During this time the physiotherapist continued to help him along the road to recovery, but the deformity of his

right foot did not improve.

He was readmitted to hospital by the orthopedic service. As exercises and the application of plaster casts were unsuccessful in treating his drop foot, a surgical procedure was necessary

During this last visit to the O. R. a spinal anesthetic was given, a triple arthrodesis of his right foot was performed, and a plaster cast was applied.

The Rehabilitation Program

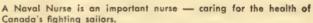
IRMGARD PAKALNINS

Four months after Dick's admission the Department of Physical Medicine and Occupational Therapy was consulted concerning rehabilitation of this very severely burned young boy. Five difficult months had passed since the accident. Now Dick was hopefully

Mrs. Pakalnins is physiotherapist-incharge at the Montreal General Hospital. looking forward to regaining the use of his limbs.

The dressings were removed from his arms and they were found to be almost healed, but movement was limited in all joints. Flexion of the elbows was limited to a useless range that did not allow him to feed himself. Pronation and supination of the elbows were practically nil, shoulder range





She leads an eventful life — with opportunities to engage in special fields, both medical and surgical and others — to travel — to serve her country — to enjoy the status and privileges of an Officer in Canada's senior service.

Our expanding Navy has openings now in its Nursing Service — for provincially-registered graduate nurses who are Canadian citizens or British subjects, single and under 35 years of age.

Apply today! Upon entry you will be offered a permanent or short service commission with officer pay, allowance for uniforms, full maintenance and other benefits including 30 days annual leave with pay and full medical and dental care.

As a Naval Nurse, you'll find real opportunity to advance in your profession! For full information apply to:

MATRON-IN-CHIEF,
NAVAL HEADQUARTERS, OTTAWA

YOUR NEAREST NAVAL RECRUITING OFFICE



CN-5-57

Royal Canadian Navy

was limited to about 90° in flexion, 75° in abduction as well as in rotation. His hands although only slightly burned, were practically useless. The grip was weak due to the prolonged

immobilization of the arms.

Dick's legs were still in dressings since grafting had been done and healing was not yet complete. His feet were exposed and appeared to be dropped. There was no active movement in the ankles or the toes. The right ankle was completely fixed. The left ankle had 30-40 per cent passive movement.

After a consultation between the surgeon and the doctor in charge of Physical Medicine, a program of physiotherapy and occupational therapy was developed. The aims were:

To improve the condition of the skin and correct contractures by daily mas-

sage to the arms.

To increase range of movement in joints and to strengthen the muscles of the arms. Active and active-resisted exercises were carried out daily.

Ankles and toes were exercised passively and active movement was encouraged

The occupational therapist taught Dick to knot a belt. The aims of this activity were:

To utilize the range of motion gained.

To check Dick's attention span.

The belt was mounted on an adjustable frame. As Dick's range of motion increased, the frame was arranged so that knotting the belt became correspondingly more difficult. To strengthen his grip he was taught to punch designs in leather belts. Dick worked Every hour of the day was spent constructively. His nurse and the therapists cooperated very closely. The nurse encouraged him to use his arms for all activities within his range of motion and strength. In about a month Dick had regained sufficient flexion, supination and pronation of the elbow and strength in his hand to enable him to feed himself.

When the dressings were removed from his legs we were faced with completely stiff and straight knees. Again massage and exercises were carried out, but during the next month very little progress in knee flexion was noted. Exercises were precribed for his back and hips which had become stiff

and the muscles weak from the pro-

longed bed rest.

Physical therapy treatments were discontinued for about three months when Dick developed the complications discussed previously. On resuming treatment, he progressed from bed exercises to exercises in the Hubbard tank. This kind of treatment has many advantages.

It increases the circulation and relaxes

the muscles

The buoyancy of water assists in training weak muscles

Exercising in the water helps to reestablish group movement of muscles

It is conducive to good morale.

The progress in the bath was very encouraging. Dick's skin tone improved; the range of motion in his knee joints slowly increased, and his

muscles became stronger.

In approximately one month it was decided that Dick was ready to attempt standing up in the Hubbard tank. His arms were very strong and by grasping the parallel bars in the tank's walking compartment he was able to support himself upright. This was a very happy moment after 10 months of hospitalization.

However, his left foot only touched the floor partially — the heel was still up. The right foot, due to the contractures of the Achilles tendon planta fascia, just barely touched the floor

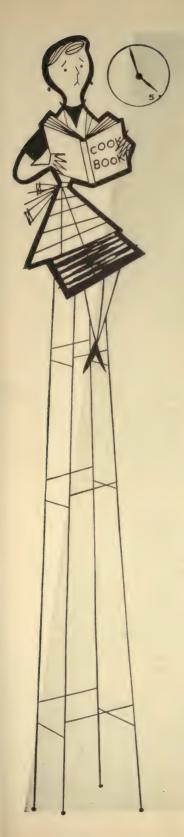
with the toes.

Gradually Dick started to take a few steps in the water with the therapist assisting him, and soon he progressed to walking. His walking was not satisfactory due to the contractures and deformity. Then, once more, treatments were interrupted for a

month by pneumonia.

When treatment was resumed, Dick went back to walking in the water again. Soon it was felt that he was strong enough to stand out of the water, using the "walker" as a support. Again, most of his weight was borne by his arms although his left heel now almost touched the ground. There was no change in the right foot.

Dick's difficulty in walking presented a real problem. An electrical test was done on the lower right leg. It confirmed the fact that active movement was not possible in the muscles controlling the toes, the ankle and the



This little housewife had a problem - sweet-tooth Hubby on a sweet-free diet. (And beginning to get nervous about it.) She tried everything. Fancy salads. Bigger helpings. But Hubby's frown darkened by the day. Then one day she read in a magazine about a discovery, a new non-caloric sweetener. One that she could actually cook and bake with - in any food, at any temperature. One which gave the perfect taste of sugar - with no bitter aftertaste in ordinary use. That night there were cookies, pudding, coffee - sweet coffee - and a big, big smile across the table . . . Abbott

... and so she started using

Sucaryl®

(Cyclamate, Abbott)

For samples and recipe booklets, write Abbott Laboratories Montreal.

foot though some muscles showed a

possibility of regaining strength.

To increase mobility in the right ankle, treatments to the contracted Achilles tendon and planta fascia were attempted. It was hoped that this would soften and loosen the scar tissue, thereby increasing the ankle range and allowing the heel to reach the ground. At the same time much effort went into increasing knee flexion. Assisted and resisted exercises with springs and slings were carried out faithfully.

The occupational therapist used a bicycle jig-saw as a means of exercising all of the leg muscles and to increase range in the knees as well as the ankles. Dick sawed wooden articles, his hands guiding the cutting blade while his legs, by bicycling, produced the power to operate the saw. Soon his knee flexion measured 76° in the left leg and 58° in the right.

In spite of all efforts to increase right ankle movement, there was little improvement. The doctors decided to order a built-up boot with ankle support. From then on walking became easier. Soon Dick was able to walk with two canes, and later with one.

By now he had spent 14 months in the hospital to achieve this degree of recovery. His physical rehabilitation had progressed favorably, but he had lost one year of school. Since he was not yet ready to be discharged, another year might pass before he would

be able to attend school again.

The occupational therapist undertook to tutor him in Grade IX subjects. She was in constant touch with the teachers at his school, receiving and delivering the completed problems. Dick had never been a good student. He had been much more interested in outdoor activities and had planned to be a land surveyor. Now, physically handicapped, he realized that he might not be able to pursue this vocation.

School work did not interest him,

Summary

This has been the picture of one person's nursing care. There is much

that has been left unsaid.

No hospital can function efficiently without the people who are behind the scenes doing the routine, unexciting, small jobs that comprise the whole picture of one person's nursing care. and he found it very difficult to pick up where he had left off when he was injured. It took much patience, coaxing and perseverance on the occupational therapist's part to guide him in his studies. After a few months, Dick's attitude towards study changed, and it became a challenge for him to complete the year successfully.

After he was first discharged from the hospital his father brought him to the department every morning and called for him late in the afternoon. Between treatments Dick continued his studies in a quiet corner of the busy department. At lunchtime his teacher took him to the hospital dining room where they ate together. After an hour of rest, Dick went on with more school work and physical exercises.

When he was finally discharged from the Department of Physical Medicine, his arms and legs were strong, his right knee flexed to 120°, his left knee to 130°. A very good result! His school work had been completed also. He wrote his examinations, passed them and was allowed to enrol

in grade X the next fall.

During the following winter Dick had to attend the orthopedic clinic occasionally for treatment of his right foot. The equinus varus deformity still existed and was being corrected by plaster. He always came to see us too — sometimes to be encouraged, other times to tell of his successes

and future plans.

Almost three years after his accident Dick was hospitalized once more and a triple arthrodesis was performed on his right foot. This has enabled Dick to discard the built-up boot, and to wear an ordinary shoe instead that has only an eighth of an inch extra lift on the right heel. He walks easily now and as much as he likes. He is extremely satisfied with the result and appears to be a happy and well-adjusted young man.

We have felt in reviewing Dick's illness that an important function of nursing illustrated by his care is to support and strengthen the resources within the patient and that extension of himself, his family. By so doing we help the patient to find his way back to health.



Fostex degreases the skin and helps remove blackheads



Fostex contains a combination of surface active agents (Sebulytic*) which:

◆ Completely emulsify excess oil so that
it is quickly washed off the skin.



◆ Penetrate and soften comedones, unblocking the pores and facilitating removal of sebum plugs.



Fostex dries and peels the skin

◆ The Sebulytic base of Fostex dries and promotes peeling of the skin . . . actions enhanced by the keratolytic effects of micropulverized sulfur and salicylic acid.

*(Sodium lauryl sulfoacetate, sodium alkyl aryl polyether sulfonate, sodium dioctyl sulfosuccinate.)

Fostex is easy for your patients to use

FOSTEX CREAM

for therapeutic washing of skin in the initial phase of acne treatment, when maximum degreasing and peeling are desired.

FOSTEX CAKE

for maintenance therapy to keep skin dry and substantially free of comedones.



◆ Patients stop using soap on affected skin areas. Instead they use Fostex for therapeutic washing of the skin. The Fostex lather is massaged into the skin for 5 minutes—then rinse and dry.

WESTWOOD Pharmaceuticals
Buffalo, New York

Canadian Distributor: John A. Huston Company, Ltd.
Toronto 10, Canada

The Manic-Depressive Psychosis

JOHN GIBSON, M.B., CH.B., D.P.M.

PERSON with a manic-depressive psychosis is liable to suffer recurrent attacks of depression or of mania or of both depression and mania. The characteristic features of this disease are: (a) a depression or an elevation of mood, and (b) a periodicity of attacks with return to normal between them. Attacks of depression are much more common than attacks of mania. Individual patients show a tendency to keep to a definite pattern of disease; some have attacks of depression only, some have attacks of mania only, some have attacks of both. The pattern of disease is often the same in a patient, who usually has the same depressive or manic ideas in each attack and is ill for the same length of time.

The cause of this illness is unknown. An inherited factor has been demonstrated, and the same type of disease may be handed down from parent to child. The incidence is higher in women than in men, and childbirth is often a precipitating factor. Adversity and rebuffs are not necessarily, even in predisposed people, likely to cause attacks, many of which come "out of the blue" for no ascertainable reason. Early symptoms of the disease are often mistaken for a cause, especially "overwork" which may be a symptom of mild mania. The physical build of the person who develops this disease is typically pyknic: a short, tubby person, of Napleonic build, with a broad chest and abdomen, and a lot of fat. In personality they may be: (a) constitutionally manic: cheerful, lively, sociable people, bubbling over with ideas and good intentions, but tending to be over-optimistic, mercurial and irresponsible; or (b) constitutionally depressive: quiet, self-absorbed and pessimistic; or (c) cyclothymic, with alternation of mood from mild depression to mild elation and back again. Generally they are very pleasant people and the salt of the earth. "The last

Dr. Gibson is a psychiatrist at St. Lawrence's Hospital, Caterham, Surrey, England. This is the second of a series of articles on psychiatric subjects.

person I thought would go insane" is often the comment of a friend.

Attacks of the disease usually occur for the first time in early adult life, but they are not unknown in childhood (where they may possibly be the cause of an otherwise inexplicable suicide) and old age. Having once happened they tend to recur at intervals which may be of several years' duration.

The attacks of depression may vary from very mild to extremely profound and even to stupor. An attack may begin slowly, or so suddenly that the day or hour of its beginning may be pinpointed. Depression is the typical feature. The kinds of ideas the patient develops are that he is wicked, has done no good in the world, has achieved whatever position he holds by fraud, deception or crime, and that his condition is absolutely hopeless. Out of these depressive ideas he cannot be argued. Suicide as the only way out is commonly in his mind, and attempts at it may occur at any stage of the disease. A patient may murder his family from a profound conviction of the hopelessness of their lot. During these episodes he is retarded in his mental processes and sometimes passes into stupor. He sleeps badly and is at his worst in the morning, the force of his misery abating a little towards evening. After an attack, which may vary in duration from weeks to many months, he recovers — sometimes with the same abruptness that had characterized the onset.

In mania the picture is different. The patient suddenly or in a few days passes into a state of great happiness and over-excitement. His brain works too quickly. Idea after idea passes through it in headlong flight. Words are recklessly uttered regardless of their logical connection. He may be too excited to eat or drink; he will sleep badly if at all; he may be wildly destructive or quite indifferent to ordinary decencies; he may wear himself out; at the worst he may pass into a delirium, which carries a risk to life. Typically an attack lasts for six weeks and fi-



TAY FRESH ALL DAY

n wrinkles...keep their crispness... automatic wash and wear for life!

Terylene' is easy to care for. Any way you wash it, it needs very little og. Keeps its neatness...stays forever white. Uniforms by LaCross of 'Terylene.' Right, style 2062, with convertible collar and pleated front. Style 2044, with dolman sleeves, set-in belt and rear kick pleat. Both back zipper. Sizes 10-20. About \$15. At stores everywhere.

this no



ERYLENE



nishes abruptly with a return to normal within a few hours. Longer attacks are known, and a few people, usually those who have had many attacks or who have their first attack over the age of fifty, may pass into a state of chronic mania, from which they do not recover. With this latter exception, return to normal is the rule, the patient being physically exhausted and ignorant of much or all that has occured during the attack.

In our treatment of both these conditions we must consider that we are dealing with self-limiting diseases from which recovery is the rule. In depressions, however, we are confronted with the fact that the disease is often a fatal one — that the patient may die by his own hand. The prevention of suicide should ever be in the mind of those responsible for the patient's care. For this reason admission to a mental hospital is often essential, and in the hospital adequate precautions must be taken. One form of treatment will often cut short an attack of depression electroconvulsive therapy (ECT). A few treatments given at the right time may abruptly terminate the illness and restore the patient to normality. It is known, however, that this treatment cannot prevent an attack, cannot be relied upon to cure a patient in the early stages of the disease, may be followed by relapse (dangerous because precautions may have been relaxed and an opportunity afforded for suicide), and is liable to produce loss of memory which though usually temporary, has been known to last for years and to be crippling to a business or professional man. Whenever the treatment is given, it should be discontinued if there has been no response to the first four treatments, and it should not be resumed until the illness has lasted for at least another two months. The treatment is most likely to be effective when the illness has lasted a long time and is drawing towards its natural termination.

The severity of the usual attack of acute mania necessitates care in a mental hospital, into which the patient may have to be entered compulsorily. There, in a single room, protected from his own excesses, he must be skilfully nursed, given adequate nourishment (if necessary, by tube-feeding), and sedated by paraldehyde or other sedatives or by tranquillizers. A prolonged bath is often particularly soothing and helpful. As recovery is the rule, ECT may not be necessary, except when the patient does not recover within six to eight weeks or when there is a danger of collapse following extreme over-activity.

Children born this year have an excellent chance to live through the first quarter of the 21st century — even if there is no further improvement in the average length of life. Two out of three white newborn boys and four out of five girls will live to reach age 65 in the year 2024, according to current mortality conditions as interpreted by statisticians.

These probabilities are in sharp contrast to those in force at the beginning of the present century. Boys born around 1900 had only two chances in five of living to age 65, while for girls born at that time the chances were only slightly better.

Now for young men of 18 - those just

reaching working age — the chances of attaining normal retirement are about 68 in 100. Somewhat more than 70 out of every 100 men in their late 30's and early 40's, when family responsibilities are generally at their peak, can expect to be alive at age 65.

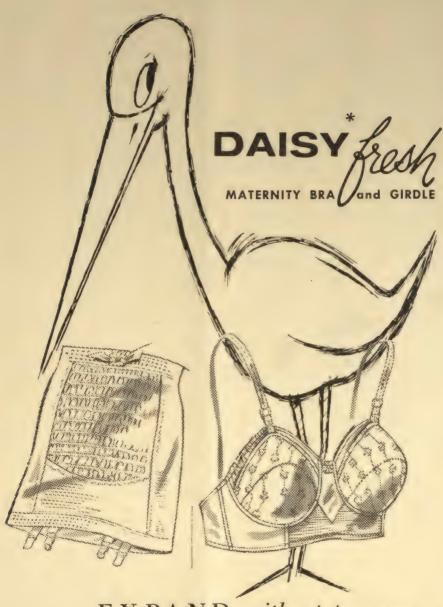
A considerable proportion of the men and women who attain age 65 can expect to be alive 20 years later to celebrate an 85th birthday — nearly 20 per cent of the men, and 30 per cent of the women. The average future lifetime of white people at age 65, according to current mortality conditions, is nearly 13 years for men, and 15½ years for women.

- Metropolitan Information Service.

A Swiss watch manufacturer is marketing a new wristwatch for use by doctors in automatically timing a patient's pulse rate. Graduations, viewed through a ring magnifier for accurate reading are set around the outer edge of the dial. A button starts, stops and returns the timer hand to zero position.

— A.M.A. News

THE CANADIAN NURSE



EXPAND without pressure...

When your heir is apparent, baby yourself with the sure, gentle support of Daisy Fresh. The all elastic pull on girdle expands as naturally as you do. Inner bands provide a cradle of comfort. The embroidered cotton bra is well elasticized and constructed to change to your exact size just as easily and pleasantly.

Naturally, being Daisy Fresh, they're doctor approved designs, At stores throughout Canada.

DOMINION CORSET CO., LTD., QUEBEC, MONTREAL, TORONTO, VANCOUVER

Teaching Community Aspects of Nursing

Their Inclusion in the Basic Curriculum

BEVERLY W. Du Gas, B.A., M.N., and BARBARA BLACKWOOD, B.A., B.A.Sc.

INHERENT in the philosophy of the school of nursing of the Vancouver General Hospital is the belief that the student should gain an understanding of the total nursing needs of the patient. In order to help the student develop the ability to meet these needs we have incorporated into the curriculum various aspects of community experience.

Former directors of the school of nursing saw the value of giving the students experience in community nursing. In 1943 an affiliation was arranged with the Metropolitan Health Committee, the official health agency of Vancouver. An affiliation with the Victorian Order of Nurses was started for the students in 1942. Various other affiliations were added over the years including a program with the Provincial Department of Venereal Disease Control; an observational period at the G. F. Strong Rehabilitation Centre; as well as experience in the hospital outpatient department. These affiliations were isolated rotations given at convenient times during the student's three year program, mostly in the senior year.

In February, 1958, it was felt that better advantage could be taken of the available community resources if a public health coordinator was appointed to the faculty of the school of nursing. Her task was to correlate these public health experiences and to help the student see the patient as a member of the community. The objectives

set up were:

Central objective: To provide opportunity for the student to develop an awareness of the role of the hospital in the total health, program of the community.

Concomitant objectives:

1. To help the student develop an

Mrs. Du Gas is A/Associate Director of Nursing Education, Miss Blackwood, Coordinator of public health nursing at the General Hospital, Vancouver, B.C. appreciation of the patient as a member of the community in order that she may gain an awareness of the cultural, emotional, social and economic factors which affect illness.

- 2. To help the student develop an awareness of the preventive health program in the community.
- 3. To help the student develop an awareness of the community facilities for the instruction and care of the patient before hospitalization, and his rehabilitation after hospitalization.
- 4. To help the student become aware of the interrelationship of community agencies, in order that she may be better able to help the patient utilize these services.
- 5. To help the student develop an awareneses of the role of the hospital nurse as a member of the community health team.
- 6. To provide opportunity for the student to develop an awareness of the total health, educational, recreational and welfare programs in the city.

Two blocks of community experience were set up: one, a four-week rotation in the students' intermediate year, the other four-week period is included in the senior year.

Public Health Nursing I

During the second year the students have experience in both obstetrical nursing and nursing of children. The public health rotation, therefore, has as its focus the maternal and child health programs in the community. The students are divided into three groups and rotated through the following:

- 1. Four days of observation with the Metropolitan Health Committee nurses. Here, the students see the preschool and school children's health programs, the mental hygiene program, the immunization clinics, the follow-up of tuberculosis patients as well as many other aspects of an official health agency's work.
 - 2. Four days of observation with one

Popular Mosby Nursing Texts... Consider Them for Your Classes!

Just Published! New 3rd Edition Lennon SOCIOLOGY AND SOCIAL PROBLEMS IN NURSING

Written in a simple, easy-to-read manner, SOCIOLOGY AND SOCIAL PROBLEMS IN NURSING will make sociology come alive for your students. It presents the basic principles of sociology and shows the nurse how she can apply these principles to patients of all ages. Emphasis is placed on the patient as a person and the importance of the nurse in making the nurse-patient relationship a personal and real one. You will find this book is a concise, logical and well documented presentation of social problems associated with illness and the methods and agencies the nurse can use to meet these problems. Included in this new edition are discussions of eugenics and sterilization.

By SISTER MARY ISIDORE LENNON, R.S.M., R.N., B.S. in Nursing, M.A., M.S.S.W. Director of St. John's Hospital School of Nursing, St. Louis, 1939 - 1945; Consultant in Nursing Education, St. Louis Province, Sisters of Mercy of the Union in the United States. Just Published. 1959, 3rd edition, 491 pages, $5\frac{1}{2}$ " x $8\frac{1}{2}$ ", 6 illustrations. Price, \$5.00.

3rd Edition McClain - Gragg

SCIENTIFIC PRINCIPLES IN NURSING

Rearranged in a more logical teaching sequence, this 3rd edition is a complete yet compact presentation of basic nursing principles. Written especially for basic nursing courses, this text fully develops the idea of total nursing care of the patient and uses procedures only where they classify certain principles for the student. It contains a wealth of information on the responsibilities of the nurse, an interpretation and philosophy of nursing and an orientation to the hospital (for beginning students). Included in the Appendix are such special teaching and study aids as tables of sulfixes, abbreviations, weights and measures and metric-apothecary equivalents.

By M. ESTHER McCLAIN, R.N., B.S., M.S.; and SHIRLEY HAWKE GRAGG, R.N., B.S.N. New 1958, 3rd edition, 535 pages, 51/2" x 81/2", 128 lilustrations. Price, \$4.50.

5th Edition Jessee

SELF-TEACHING TESTS IN ARITHMETIC FOR NURSES

Reorganized into three parts for greater usefulness, this 5th edition is a helpful and useful workbook for "Solution and Drug" courses. Part I helps the student improve her basic skills through self-grading problems and achievement tests. Part II contains tables, explanations, drills, problems and achievement tests related to systems of weights and measurements and equivalents. Part III can provide the student with an understanding of the preparation and administration of drugs and solutions. The addition of Imperial measures, problems on new drugs and the appended list of abbreviations used in prescriptions adds to the value of this revision.

By RUTH W. JESSEE, R.N., Ed.D., Chairman, Department of Nursing Education, Wilkes College, Wilkes-Barre, Pennsylvania. 1958, 5th edition, 137 pages, 7¾" x 10½", illustrated. Price, \$2.40.

Gladly Sent to Teachers for Consideration as Texts

Write to:

The C. V. MOSBY Company

3207 Washington Boulevard, St. Louis 3, Missouri, U.S.A.

Represented in Canada by

McAINSH and Co. Ltd. — 1251 Yonge St. — Toronto, Ontario

of the nursery schools in the community. Strathcona Day Nursery and the nursery school at Alexandra Neighbourhood House offer their facilities for our use. This experience gives the students the opportunity to study normal growth and development at close range. It also enables them to learn about the background of many of the children. Sociological and psychological factors are stressed at this time.

3. One week affiliation program with the Division of Tuberculosis Control. At this time the students receive a lecture series in the various aspects of tuberculosis nursing. They also have a field trip to Pearson Hospital where tuberculosis patients are hospitalized.

4. Four days with the Child Health Centre Outpatient Department, and the Adult Outpatient Department of the hospital. The students observe and work with the patients in these areas.

Four hours of classwork are given each week. Theoretical instruction includes:

- 1. Introductory lectures on the structure and function of official and voluntary health agencies.
- 2. The role of the various members of the health team as observed in these agencies.
- 3. Discussion of the child health programs in the community.

In addition, two field trips are arranged: the first is to the Workmen's Compensation Board Rehabilitation Centre, the second to the Canadian Arthritis and Rheumatism Society.

Each of these experiences in the community is preceded by a conference with the public health coordinator. Post-affiliation conferences are held when the students discuss how they can utilize what they have learned in the various agencies for the betterment of their hospital patients.

Public Health Nursing II

During the latter half of the student's third year, she is assigned to senior experience in the medical and surgical areas. Here, she assumes more responsibility for total patient care. Therefore, it seemed logical to offer her additional community experience so that she would be more aware of the various agencies to which she could refer her patients.

Our own outpatient department

serves as the hub of the students' activities. From here, the student goes out for various observational experiences as follows:

- 1. Three days of observation with the Provincial Department of Venereal Disease Control.
- 2. Three days with the Victorian Order of Nurses.
- 3. Occupational health nursing one day with the B. C. Electric Company; half a day field trip to the health clinic at the Hudson's Bay Company.
- 4. An afternoon field trip to the Glen and Grandview nursing homes with one of the hospital social workers.
- 5. A half day field trip with the Medical Services branch of the Vancouver City Social Service Department. This includes observation of home visiting with their public health nurses.
- 6. A half day visit to the Salvation Army's Harbor Light where rehabilitation work with some of our patients is provided.

Within the outpatient department, each student is given a carefully controlled rotation through the various clinics: surgery, including the general surgical clinics and the surgical specialties — proctology, orthopedics, urology, gynecology, neurosurgery, ophthalmology and otolaryngology; medicine and the medical specialties with such clinic service as: diabetic, arthritic, cardiac, dermatology, allergy, neurology, hypertension, and hematology.

Each student chooses one patient and with the help of the regular nursing staff in the department and the social workers, she prepares and carries out a supervised home visit. Following this the student presents her patient care study for discussion with the other students in her group and various members of the health team.

Four hours of classwork are given each week of this block also. Theoretical instruction given at this time includes:

- 1. Structure and function of public health work in Canada.
- 2. Patient teaching, interviewing and home visiting.
- 3. Community resources and how to use them, including the Community Chest and Council.
 - 4. Home nursing.
 - 5. World Health Organization.
 - 6. Occupational health nursing.

For relief of constipation

a gentle laxative that will not cause cramps, yet is effective for even the most severe cases

"PHENO-ACTIVE"



Available in handy tubes for your purse, and in economy sizes for home use.



Charles E. Frosst & Co. MONTREAL, CANADA

7. The role of the nurse in the community.

The Comprehensive Program

The two programs described above separate experiences in public health nursing. However, we do integrate community aspects in nursing throughout the entire curriculum. To introduce the concept of the patient as a person, we enlarged our course in social sciences in the preliminary term, bringing it up to the status of a major course. As an early assignment the students are sent to the wards during their first week in the hospital in order to talk with patients. Each student writes up her interview, outlining what she has been able to find out about her patient. This has proved to be a very satisfying experience for the students who see the patient as a person rather than as an obstacle who is in their way when they later have to practise bed-making.

We also make use of the case-study method of teaching, dividing the class up into groups of 10 to 15 students for the discussion of situations innurse-patient relationships. The students are encouraged to bring out the sociological and psychological factors behind the patient's and the nurse's reactions. This has proved to be a very interesting method of teaching. The students participate in a small group and attitudes and prejudices are brought out into the open. They begin to think about the patient as a member of the community with a job, a family, and responsibilities. The cases are chosen to present typical problems which the nurse may have to face. Further discussion of the sociological factors involved in patient care is introduced during this term by a worker from the Social Service Department

At this time, too, we start our course in Disaster Nursing with one lecture by a representative of the City Health Department, and another by the medical director of the hospital describing the disaster plan which has been developed for the Vancouver General Hospital.

At the end of the preliminary term,

the students start on their clinical rotations. The first areas to which they are assigned are the general medical and the eye, ear, nose and throat wards. While they are in the latter a field trip is arranged to the Jericho Hills School for the deaf and blind.

In their next term, while on the orthopedic unit, the students have experience with the physiotherapists in order to see some of the rehabilitative work being carried on in the hospital. They have two days at the G. F. Strong Rehabilitation Centre where they see a full rehabilitation program in action and where they may see some of the patients they have cared for in hospital. They also have an opportunity to observe in the orthopedic outpatient clinics.

During their intermediate year the students have their maternal and child health courses. Community experience integrated in these areas has already been described (Public Health Nurs-

ing I).

During the first half of the third year, the student has experience in psychiatric nursing either with the Provincial Mental Health Services or on our own psychiatric unit. In both instances, the student visits the Mental Health Services' Day Hospital for a case presentation by the staff there. If she has her psychiatric experience at V.G.H. she visits the Provincial Mental Health Services' Hospital at Essondale and the Crease Clinic.

During this term, also, the student has experience in our Emergency Department. Since we are a large hospital, this is a very active centre. Emergency nursing and disaster nursing are taught at this time by the instructor in

that department.

Summary

In the preceding paragraphs we have endeavored to show how we have integrated community aspects of nursing into our basic curriculum. We believe that this helps to fulfill the aims and objectives of the Vancouver General Hospital School of Nursing so that the nurse will be able to give better nursing care to her patients wherever she may work.

of the hospital.

new Kotex* ...softest ever...prevents suture irritation

NOW A COMPLETE PRE-PACKED LINE FOR MATERNITY CARE!



HERE'S WHY HOSPITALS ACROSS CANADA BUY AND USE

KOTEX* Maternity Pads

- leak-proof sides
- "WONDERSOFT" * covering
- CELLUCOTTON * absorbency...
- less nursing time greater economy
- fewer pads per confinement
 - T. M. of Kimberly-Clark Corp.

All add up to greater patient satisfaction, and greater hospital economy! Order KOTEX Maternity Pads . . . the complete and modern post-partum protection.

PRODUCTS OF KIMBERLY-CLARK CORP.

Distributed by

6068A

DIVISION OF THE KENDALL COMPANY (CANADA) LIMITED

Planning a Demonstration Night

I. COLVIN, S. JONES and D. MITCHELL

THE medical field is advancing rap-I idly and many nurses feel the need for mental refreshment in order that they may keep abreast, or at least not fall too far behind. This applies not only to the inactive nurse but, as shown by our attendance record, to the active nurse also. She may be intimately acquainted with her special field but has lost touch in other areas. In our local chapter of the Saskatchewan Registered Nurses' Association this need was recognized and action taken last year in the form of a refresher course for graduate nurses. We as a committee were fortunate in that we had recommendations and evaluations from that course, which we used as the basis for planning this year's activi-

Many people had stressed the need for demonstration of newer procedures and equipment. On the final night of a series of weekly presentations, we attempted to fill this need. The first half of the evening was devoted to a symposium by nurses on "Newer Concepts of Nursing." Then the audience was invited to view the demonstrations.

We felt that just showing a collection of equipment with people standing by to answer questions was not sufficient. But what was the answer? Together we planned different "life" situations in nursing care and asked nurses accustomed to nursing these conditions to take part in arranging and displaying them. Into each of these situations we tried to include the most appropriate and frequently used equipment. We wished to show as much as possible without duplication and this required cooperative planning. Nine situations and displays were arranged.

The demonstrations were held in the teaching department of our hospital,

All the authors are on the staff of Regina General Hospital. Formerly supervisor of the obstetrical department, Miss Colvin is now Assistant Director of Nursing. Miss Jones is nursing arts instructor; Mrs. Mitchell is surgical clinical instructor.

and we were indeed fortunate to have such an ideal location. We had separate rooms for all displays except two. This enabled the speakers to discuss and answer questions without too much

competition.

We are very appreciative of the work of the central supply supervisor and her staff who gave freely of their time in preparing our equipment, and the manual aid of the maintenance department of the hospital in delivering our equipment was invaluable. The facilities of the teaching department were all available to us. The demonstrations would have been impossible without the cooperation and services of these various people, and the committee are deeply in their debt.

The following demonstrations were

set up:

A. The place of the auxiliary staff in nursing: A nursing assistant, nurses' aide and the hospital supervisor for auxiliary staff were present with a blood pressure apparatus, T.P.R. trays, and other equipment that auxiliary staff can use. They answered questions on the place of the nursing assistant and aides, and distributed pamphlets from the Canadian Vocational Training program for nursing assistants.

B. Recovery room: This showed a postoperative patient strapped on a stretcher with intravenous running, and the availability of suction, oxygen and blood pressure apparatus. This display was a follow-up of a panel discussion previously held on anesthesia, fluid balance and postoperative care in the postanesthesia room. The use of emergency drugs was discussed thoroughly.

C. Public health and V.O.N.: This demonstration was located at the back of the auditorium and was thus available immediately to the audience upon completion of the symposium. The thought behind this location was that perhaps the audience might be diverted to the more dramatic aspects of the demonstration and thus miss the public health aspects. A public health nurse and a V.O.N. nurse were available to answer questions. They had a supply of



Carnation's Quality Meets Your Standards

More than any other form of milk, Carnation supplies the high quality and safe nourishment that infant-feeding specifications require. Carnation's quality controls provide:

- All the food values of pasteurized whole milk, in a more digestible form.
- · All the butterfat of whole milk, so important for normal energy.
- Increased Vitamin D-800 units per pint of Carnation.
- · Known bacteriological safety.
- · Safeguards of uniformity.

Carnation protects your recommendation—warrants your specification.





pamphlets to give to the audience on "Child Training," etc. A series of maps showed the widespread distribution of the public health nurses in the province.

D. Oxygen therapy: Our medical instructor concentrated on the proper use of the oxygen tent. So thoroughly convinced is she of the importance of the correct use of this tent that she captivated her audience and convinced them too. She also demonstrated the use of the oxygen analyzer in connection with the tent.

E. Neurosurgery: An outline of the nursing care of the unconscious patient was placed on a blackboard for quick reference on the part of the viewing audience. Trays associated with this nursing care, such as special mouth and eye care, were also displayed. The lecturer emphasized and demonstrated the purpose, mechanics and indications of a tidal drainage unit, and it actually worked! This demonstration was also a follow-up of a doctor's lecture on the care of the unconscious patient.

F. Water-sealed chest drainage: A live patient (spontaneous pneumothorax) with an authentic cough was present. We developed a clinical situation on the board and demonstrated the two-bottle water-sealed drainage in three dimension by the use of rubber catheters, chalk, microfilm and blackboard. For further emphasis, the Stedman pump connected to a water-sealed system was demonstrated. Copies of the hospital procedure and postoperative orders for chest surgery were available for anyone interested.

G. Care of burns: Many people came to the conclusion on first viewing this demonstration, that we had borrowed not only hospital equipment but a patient as well. Members of the St. John Ambulance Nursing Division by means of casualty simulation made the "patient" appear severely burned. Part of the body was wrapped in order that methods of treatment by occlusive dressing might be discussed, and other "burns" were left exposed. To make the situation complete, such equipment as intravenous, continuous catheter drainage and the Stryker frame were added.

H. Care of orthopedic patient: In this demonstration the proverbial Mrs. Chase had her left leg encased in a Thomas splint with a Pierson attachment. Our lecturer displayed intra-me-

dullary nails, the various hip prostheses and also discussed drug therapy in orthopedics.

I. Pediatric and newborn care: This consisted of an Isolette incubator, a portable Kreiselman resuscitator for newborn infants, a croupette and a Mistogen apparatus. There was also a table with a display of miscellaneous items used for infants and children, such as a safety I.V. set for infants, the plastic urine collector, plastic feeding tubes and suction catheters, literature available to mothers, etc. The croupette was displayed with a doll for a patient, and the Isolette was graced with a rather battered Wettums doll borrowed from a young friend of the demonstrator.

The audience was given evaluation forms to fill in and from these we have taken suggestions which we feel will be helpful in planning another such demonstration. We believe that we erred in trying to concentrate such a great diversity of material into the short time allowed. It was difficult for people to see all the demonstrations and absorb the information given by the nurses. We would suggest that the demonstration of an oxygen tent, for example, should accompany a lecture on related medical conditions. Another pattern would be for the group of demonstrations to have a longer time, perhaps an entire day instead of an evening. It is advisable to keep a more rigid control over the viewers than we did. Some people tend to wander at will and this makes controlled demonstrations much more difficult for the lecturer.

In summing up we feel that the essential elements in planning and conducting this demonstration night were as follows:

- (a) The expressed desire of a large proportion of our audience to see such demonstrations.
- (b) Planning which began early and was revised and polished at group meetings.
- (c) The cooperation of the hospital in lending space, equipment, and maintenance personnel to help in moving the equipment.
- (d) The willingness of nursing education and nursing service personnel of the hospital, the public health nurses, and St. Johns' Ambulance Unit to give freely of their time and experience.

Two new freedoms for the modern woman

"The menstrual function should entail no worthwhile discomfort and no interference with the normal activities." "The chief virtue of the tampon is that it gives complete freedom."

Freedom of action. "Tampons have the advantage of being wholly internal and much more comfortable than wearing a pad or a napkin." And Tampax can cause no perineal irritation or chafing—even for the most active woman.

Freedom from fear. Absorptive powers of Tampax have proved so effective "that women whose menstrual periods were normal could wear (Tampax) during the entire period." Knowing the Tampax 22-year clinical record for safety, the profession recommends it widely, to free women from the physical and psychical hazards of "those days," from menarche to menopause.



Canadian Tampax Corporation, Limited, Brampton, Ont. 1. Novak, E., and Novak, E. R.: "Textbook of Gynecology," 1952. 2. Bernstine, J. B., and Rakoff, A. E.: "Vaginal Infections, Infestations and Discharges," 1953. 3. Janney, J. C.: "Medical Gynecology," 1950. 4. Karnaky, K. J.: "Clin. Med." 3:545, 1956

In Memoriam

Marian (McAllister) Allingham, who graduated from Ontario Hospital, Orillia in 1932, died recently. She had engaged in private nursing.

Lt. N/S Sophia L. (Carr) Anderson died on August 12, 1959 in Toronto.

Gwendolyn P. (Simms) Appleby, a graduate of St. Paul's Hospital, Vancouver died on June 26, 1959.

Mary Joan (Mapplebeck) Barr, a graduate of Royal Victoria Hospital, Montreal in 1947, died in a car accident on August 5, 1959. She had engaged in institutional nursing and nursing education.

Kate Charnley who graduated from Brantford General Hospital, Ont., died recently in England. For many years she had served as supervisor in the Maternity Department of B. G. H.

Katherine (Keaney) Chipperfield, a graduate of St. Michael's Hospital, Toronto in 1914, died on March 12, 1959. She engaged in private nursing early in her career and later became one of the first public health nurses in Toronto.

Helga Grimolfina (Thordarson) Christopher, a graduate of Vancouver General Hospital, died on July 21, 1959.

Florence M. Fagan died suddenly on June 26, 1959 at Muskoka Hospital, Gravenhurst, Ont.

Florine Elizabeth Hagan who graduated from the General Hospital, Woodstock, Ont. in 1901, died on June 11, 1959. She had engaged in private nursing throughout her professional life.

Ruth M. (Coughlin) Henderson who graduated from St. Joseph's Hospital, London, Ont. in 1925 died recently.

Nellie (Williams) Jones, a graduate of Ontario Hospital, London in 1908, died on June 29, 1959. She had been on the staff there 31 years when she retired in 1953.

Elizabeth (Hanlon) Kelly, a graduate of St. Michael's Hospital, Toronto in 1914 died on April 11, 1959. She engaged in private nursing until her marriage.

Rosa Marie (Madsen) Lawrence who graduated from Chipman Memorial Hospital, St. Stephen, N.B. in 1927 died on July 9, 1959 after a long illness. During her professional life she had engaged in private nursing.

Elizabeth Josephine LePan who graduated from Toronto General Hospital in 1949, died on January 21, 1959. She was an inspector of schools of nursing with the Ontario Department of Health at the time of her death.

Yvonne Levesque, a graduate of Notre Dame Hospital, Montreal, died on August 13, 1959 after a long illness. Her professional life had been devoted to public health nursing with the City Health Department, Montreal. She had retired in 1958.

Catherine (Cameron) Mercer, a graduate of St. Joseph's Hospital, Glace Bay, N.S., died on May 28, 1959. For many years she had operated a nursing home in Montreal.

Geraldine (Foote) Merrifield who graduated from St. Paul's Hospital, Vancouver died recently after a short illness.

Katherine O. McNally, a graduate of Victoria Hospital, London in 1920, died on September 26, 1958. She had engaged in private nursing.

Jean (McDonald) Perry who graduated from St. Michael's Hospital, Toronto in 1943 died during 1958. She had engaged in private nursing during her professional life.

Barbara A. Robertson who graduated from Wellington Hospital, New Zealand died on June 22, 1959. Mrs. Robertson was a former president and nurse director of the Canadian Mothercraft Society — an organization founded by herself and her husband. During her lifetime, she gave over 30 years of voluntary service to nursing.

Mary Jane Ryan who graduated from the Homeopathic Hospital (now the Queen Elizabeth Hospital) of Montreal in 1899 died on August 30, 1958 after a long illness. She retired from active nursing in 1947.

Baby's Own Tablets

satisfactorily relieved

every one of 40 babies* with

constipation

and 34 out of 35 babies* with

teething

gastrointestinal upset and malaise

with complete easing of straining at stool, gas distress, disturbed sleep, restlessness, crankiness and anorexia.

REMARKABLY SAFE — "Throughout the study . . . in no instance was there any untoward reaction" whatsoever.

BABY'S OWN TABLETS provide Phenolphthalein 3/16 grain, mildly buffered with Precipitated Calcium Carbonate 3/2 grain, and Powdered Sugar q.s. Pleasant, convenient.

*2 months to 24 months of age.

For a sample supply and literature citing references 1-15 write...

Typical Case History

CASE #50. Baby R.S., age 12 months, weight 20 lb. 10 oz., had gastrointestinal discomfort and malaise associated with teething. Baby had no teeth as yet, but gums were tender, puffy and swollen. Baby was cranky, irritable, restless and couldn't sleep. Drooling was excessive; appetite poor.

BABY'S OWN TABLETS were given, one each night at bedtime.

Baby had satisfactory relief of symptoms. Appetite improved. First days, then nights, became more comfortable. Baby now has six teeth.

G. T. FULFORD CO., LIMITED, Brockville, Ontario

Helen Salem, a graduate of St. Joseph's Hospital, Toronto in 1958, died in a car accident on August 1, 1959. She had been engaged in institutional nursing.

Audrey Loretta (Tunks) Scanlon, a

graduate of Victoria Hospital, London in 1927, died recently.

Gina Vaillancourt, a graduate of Toronto General Hospital in 1918, died recently. She had engaged in private nursing.

In the Good Old Days

(The Canadian Nurse, October, 1919)

Self Governement in the Training School.

Extracts from an article by Elizabeth

Of course, the government of students has appeared first in college life; that was inevitable, as the residence problem there is so much simpler than that of the hospital. The question is, do we really want this system in our training schools? All the possible advantages that have been suggested by the students and the staff, can be summed up in three points:

- 1. Will discipline be better maintained than formerly?
- 2. Will the student nurses be better satisfied or have happier living conditions?
- 3. Is there any other less apparent, but more valuable gain brought by this new factor in the training school environment?

Let us consider now the disadvantages and difficulties that are going to confront us at once with this system.

- 1. The most ardent supporters of student government will agree that it is only in the experimental stage. Therefore, the undertaking may be a troublesome experiment that may have to be abandoned.
- 2. The disadvantage that will seem greatest to some is the placing of some student nurses in apparent authority over their fellows. Can that be justified? Can it be un-

derstood, or are you asking too hard a thing from those who accept office?

- 3. In any circumstance it is impossible to get our whole body of students for a meeting. Some must always be on duty.
- 4. In hospital life there is a unique situation. Work and sleep are always going on simultaneously. both day and night. Is it possible for the student body to appreciate the difficulties of the situation they are expected to control?
- 5. The student nurses are very busy and have very little free time. This student government means added work and responsibility which, according to some, they do not want.

Some conclusions: "There should be some type of student organization in the training school which should be given responsibility along certain lines. This responsibility should be very definitely outlined, and it should have to do only with such matters as affect the nurses off duty . . . There is no question in my mind that this provides the most satisfactory method of controlling a group of young people. It seems to me that it is markedly more efficient than our former system.

"It is quite true that I have been interested in student government for several years, and I have tried it out experimentally.

A community chest has two main functions. The first is to raise funds each year for affiliated social, health and recreation services and then to distribute the funds in accordance with a systematic budget procedure. The second is to promote, in cooperation with the community welfare council, the effective planning, coordination and administration of these services in the community.

- The Canadian Welfare Council.

The first charitable organization in Canada was established in 1688 after begging was prohibited by the Supreme Council of New France.

Not many sounds in life exceed in interest a knock at the door.

Speaking without thinking is shooting without aiming.

- English Digest.

Food Habits of New Canadians

Since World War II, thousands of men. women and children from European and Asiatic countries have come to live in Canada. The populations of most large Canadian cities are now made up of a variety of ethnic groups. Many of these new Canadians have learned English quickly, and have tried to adapt to our Canadian way of life. Others, because of the language barrier and the necessity of forming new living patterns to suit their newly adopted country, have encountered many problems. Not the least of these has been the regulation of their eating patterns. Foods which were common fare in their homelands may not be available here — or may be too expensive for normal use. Canadian foods tempt them, but they hesitate to try them, and often are unfamiliar with methods of preparation and cooking. Even ordinary kitchen equipment stoves with ovens, refrigerators, home freezers, electrical appliances — are unfamiliar. and they have little opportunity to learn how to use them.

Many government departments and other groups and organizations have established teaching programs, set up information centres and prepared instructional literature for the guidance of new Canadians, Because those who are responsible for these programs are often not familiar with traditions and customs in Europe and Asia, instruction and literature pertaining to food and nutrition have largely been based upon Canadian eating patterns which conform to Canada's Food Rules. It is recognized that too little emphasis has been placed upon encouraging new Canadians to retain traditional eating habits which are nutritionally satisfactory. even though they may not follow our familiar patterns.

Several years ago, members of the Toronto Nutrition Committee decided that a food habits guide was needed for public health workers, dietitians, teachers and others concerned with the welfare and nutritional status of new Canadians in the Toronto area. They agreed that such a guide should include the eating patterns of the various ethnic groups in their homelands, as well as details of new eating habits formed after they came to Canada. It was proposed that such information could be used to evaluate traditional eating patterns in terms of Canada's Food Rules, so that satisfactory habits could be encouraged and suggestions made to change unsatisfactory habits.

The report, "Food Habits of New Cana-

Matinée

SETS A NEW
HIGH STANDARD
IN SMOKING
SATISFACTION



- ... new, improved filter
- ... extra-fine tobaccos
- ... delightful mildness



CASH'S NAMES

Permanent, easy identification. Easily sewn on or attached with No-So Cement. From dealers or CASH'S Belleville 5, Ont.

CASH'S: 3 Doz. \$1.80; 9 Doz. \$3.00; NO-SO NAMES: 6 Doz. \$2.40; 12 Doz. \$3.50; 35¢ per tube

dians" has been compiled by the Toronto Nutrition Committee in an attempt to fill this need. It should be remembered that it is only a guide, and that it represents conditions in the Metropolitan Toronto area only. But, because this type of information is not available elsewhere in Canada, the Bakery Foods Foundation, the consumer research and educational organization of Canada's Baking Industry, is pleased to be able to make this important report available for the use of any nurse. Requests for copies (50c per copy) should be addressed to: Room 311, 20 Carlton Street, Toronto 5, Ontario.

Employment Opportunities

Advertising Rates — \$5.00 for 3 lines or less; \$1.00 for each additional line. U.S.A. & Foreign — \$7.50 for 3 lines or less; \$1.50 for each additional line.

Closing date for copy and cancellations: Six weeks prior to date of publication. All letters should be addressed to: The Canadian Nurse Journal, 1522 Sherbrooke St. W., Montreal 25. Ouebec.

ALBERTA

Supervisors \$3,840 - \$4,440 per annum. General Duty Nurses \$3,480 - \$4,080 per annum. 40-hr. work wk., Civil Service holidays, sick leave & pension program. Apply to: Baker Memorial Sanatorium, Calgary, Alberta.

Assistant Matron — maximum gross salary \$330. Must be a graduate of at least 5 years — preferably with a course or at least experience in administration of hospital nursing services. Operating Room Nurses — \$279.50 - \$309.50; additional \$10 for postgraduate course. General Duty Registered Nurses — \$269.50 - \$299.50 (Urgently Required) for a busy 45-bed hospital with program to start building this year, a completely modern 70-bed hospital. 40-hr-wk. as soon as sufficient staff available, 21-days vacation after 1-yr. service, 9 statutory holidays, \$30 per mo. deduction for room, board & laundry. Personnel policies will be forwarded on request. For further information, apply: Miss J. Wickett, Matron, Municipal Hospital, Peace River, Alberta.

Psychiatric Clinical Instructor to teach affiliating students in 8-wk. program for 1,500-bed active treatment hospital conducting an accredited school of nursing. Salary range: \$4,320 to \$5,160 per annum. 40-hr. wk., civil service holidays, sick leave & pension benefits. Residence with board, if desired, \$30 per mo. Apply stating qualifications & experience to: Superintendent of Nurses, Provincial Mental Hospital, Department of Public Health, Ponoka, Alberta.

Registered Nurses or Graduate Nurses (2) for General Duty in 16-bed hospital. Salary schedule according to the current A.A.R.N. suggested schedule. Basic salary \$255 for R.N. plus increment increases according to experience. Hospital is centrally located between two (2) lake resorts etc. Apply to: Mrs. J. Bergquist R.N., Matron, Municipal Hospital no. 43, Bentley, Alberta.

General Duty Nurses (4) for 64-bed hospital. Salary according to Alberta regulations, \$5.00 increase after 6-mo. for 6 increases. 4-wk. paid vacation after 1-yr. service, statutory holidays, sick leave. Transportation up to \$50. refunded after 1-yr. service. Apply Sister Superior, Providence Hospital, High Prairie, Alberta.

Graduate Nurses for General Duty in new 30-bed hospital 90-mi. from Calgary on Trans Canada Highway. 44-hr. wk., generous personnel policies. For particulars apply to: The Matron, Municipal Hospital, Bassano, Alberta.

General Staff Nurses (immediately) for new modern hospital of 243-beds, 37-bassinettes. School of nursing has a present enrollment of 58 students. Temporary residence available in new nurses' home. 40-hr. wk., with liberal personnel policies. Apply to: Director of Nursing, Municipal Hospital, Medicine Hat, Alberta.

BRITISH COLUMBIA

Operating Room Supervisor for modern 154-bed General Hospital. Please reply stating age, qualifications & experience. Salary based on above. General Duty Nurses. Generous personnel policies, nurses' residence. Apply to: Director of Nurses, Trail-Tadanac Hospital, Trail, British Columbia.

Head Nurses for Operating Room: 42-bed pediatric unit in 434-bed hospital with nurses' training school. Postgraduate or equivalent experience required, B.C. registration required; 40-hr. wk., statutory holidays, 28-days annual vacation. Credit given for past experience & postgraduate preparation. Salary \$295-\$354. Apply: Director of Nursing, Royal Columbian Hospital, New Westminster, British Columbia.

Registered Nurses (3) for 30-bed hospital in Central B.C. on the Jasper-Prince Rupert Highway, 70-mi from Prince George. Salary \$290 per mo., 10 legal days with pay per year; 1½-days sick leave per mo., 28-days vacation after 1-yr. Laundering of uniforms by hospital; modern nurses' residence \$50 per mo. Also Certified Practical Nurses (3) salary \$190 per mo., 1½-days sick leave per mo. 10 legal days with pay per year; 2-wk. vacation after 1-year. Kindly apply giving qualifications & references to: Sister Superior St. John Hospital, Vanderhoof, British Columbia.

Registered General Duty Nurse for 30-bed hospital. Starting salary \$270 per mo. with \$10 yearly increment. Board & room \$40, 1½ day sick leave per mo. 40-hr. wk., 11 statutory holidays & 28 days vacation after 1-yr. service. Comfortable nurses' residence next door to hospital. Rotating shifts. Please apply to: The Matron, Community Hospital, Grand Forks, British Columbia.

General Duty Nurses for small active hospital. Salary \$250 for unregistered. \$260 registered with yearly increments. Nurses' home available. For further particulars write, The Administrator, Lady Minto Hospital, Ashcroft, British Columbia.

General Duty Nurses for new 60-bed acute General Hospital on Vancouver Island R.N.A.B.C. contract in effect, new residence, good personnel policies. Further information from Director of Nursing, Campbell River & District General Hospital, Campbell River, British Columbia.

General Duty Nurses (all floors). Operating Room Nurse (1—experienced for new 125-bed hospital to be opened early in autumn. Commencing salary: \$280 per mo. or \$294 for 2-yr. satisfactory experience, plus \$10 per mo. additional for postgraduate certificate in any of the nursing fields. Supervisory Positions available, salary \$315-\$378. For further information write to: Director of Nursing, Prince George & District Hosp., Prince George, B.C.

General Duty Nurses for 110-bed General Hospital located in British Columbia's beautiful Northwest. Salary \$283 per mo. with \$10 increments for 3 years. Modern residence facilities available. For complete information apply to: Director of Nursing, General Hospital, Prince Rupert, British Columbia.

General Duty Nurses: starting salary \$288 if 2 yr. experience, \$275-\$330 in 4 yr. Non registered \$260. Maintenance \$50, 10 statutory holidays, 4-wk. annual vacation, 1½ day sick leave per mo. very active town, world famous Cariboo cattle country, annual stampede. Apply: Director of Nursing, War Memorial Hospital, Williams Lake, British

General Duty Nurses — Operating Room Nurses with postgraduate course or equivalent required for new 147-bed General Hospital. Personnel policies in accordance with B.C.R.N.A. Apply: Director of Nursing, General Hospital, Chilliwack, British Columbia.

General Duty & Operating Room Nurses for 434-bed hospital with training school; 40-hr. wk., statutory holidays. Salary \$280-\$336. Credit for past experience & postgraduate preparation; annual increments; cumulative sick leave; 28-days annual vacation. B.C. registration required. Apply: Director of Nursing, Royal Columbian Hospital, New Westminster, British Columbia.

Graduate Nurses for 70-bed acute General Hospital on Pacific Coast. Starting salary \$275 with regular increases. Board & room \$25 per mo., 5-day wk., 28 days vacation plus 10 statutory holidays. Apply: Matron, St. George's Hospital, Alert Bay, British Columbia.

Graduate Nurses for general duty (2) for 27-bed Community Hospital. Salary: \$280 per mo. with 3 annual increments of \$10 per mo. Room, board & laundry \$40. 28-days vacation after 1-yr. service. Graduate complement 6. Apply: Matron, Slocan Community Hospital, New Denver, British Columbia

Operating Room Nurses (4) to increase service in O.R. & emergency ward. Postgraduate preparation preferred but suitable experience accepted. Basic salary: \$280.80 per mo. plus allowance for preparation & experience. 10 mi. from Vancouver. Apply: Miss Ada George, Director of Nursing, Surrey Memorial Hospital, P.O. Box 190, North Surrey, British Columbia.

Operating Room Nurses with postgraduate training & General Duty Nurses for 450-bed hospital. B.C. registration required, salary & personnel policies in accordance with R.N.A.B.C. Apply: Director of Nursing Service, St. Joseph's Hospital, Victoria, British Columbia.

MANITOBA

Registered Nurse (for general floor duty). Salary \$290 per mo. less \$25 for full maintenance, yearly increments, 44-hr. wk. For further information apply to: John Hiscock, Secretary-Treasurer, Baldur Medical Nursing Unit, Baldur, Manitoba.

Registered Nurse (1—Immediately) for 11-bed hospital. Salary: \$300 per mo. with increments, less \$25 per mo. full maintenance, living quarters in hospital. Please apply to: Birch River Hospital Unit, Birch River, Manitoba.

Registered Nurses (2) Licensed Practical Nurse (1) for modern 20-bed hospital. Salary \$290 & \$195 respectively, 40-hr. wk., 4-wk. vacation per year. Apply to: Matron, Memorial Hospital, Deloraine, Manitoba.

Registered Nurse (1) Licensed Practical Nurse (1) for 30-bed hospital. Salary \$270 & \$195 per mo., respectively with \$5.00 increases every 6-mo. Excellent working conditions; 40-hr. wk., overtime pay; living quarters. Apply stating age & qualifications to: Mrs. R. Maiers, Superintendent, District Hospital, Roblin, Manitoba. or phone 180 collect.

General Duty Registered Nurse for 18-bed hospital, 70-mi. from Winnipeg. Daily bus service. Salary \$290 per mo. For personnel policies write or phone Vita No. 1, The Governing Board, Vita Hospital District No. 28, Vita, Manitoba.

NEW BRUNSWICK

Head Nurses & General Staff Nurses for new 26-bed psychiatric division opened July 1, 1959. Apply to: Director of Nursing, Saint John General Hospital, Saint John, New

NEWFOUNDLAND

Registered Nurses (4) Operating Room Nurse (1) for 120-bed General Hospital. Salary on Newfoundland Government scale plus \$150 bonus end each 6-mo. service, one (1) way transportation paid, customary vacation with pay after 12-mo. service, plus all statutory holidays. Interested persons apply to: Dr. J. M. Olds, Superintendent, Notre Dame Memorial Hospital, Twillingate, Newfoundland.

NOVA SCOTIA

Supervisor for Obstetrical & Surgical floor for small hospital situated on beautiful South Shore of Nova Scotia. Good personnel policies & salary. Applicant must have had supervisory experience. Apply to: Superintendent, Fishermen's Memorial Hospital, Lunenburg, Nova Scotia.

General Duty Nurses for modern 35-bed hospital situated on beautiful South Shore. Good personnel policies. Excellent living quarters. Apply Superintendent, Fishermen's Memorial Hospital, Lunenburg, Nova Scotia.

General Staff Nurses for 400-bed Medical & Surgical Sanatorium, fully approved student affiliation & postgraduate program. Full maintenance. Recreational facilities. Vacation with pay. Sick benefits after 1-yr Blue Cross coverage. Attractive salary; 40-hr. wk. For further particulars apply Supt. of Nurses, Nova Scotia Sanatorium, Kentville N.S.

ONTARIO

Assistant Director of Nurses, Registered Nurses for General Duty in new 50-bed hospital. Apply: Superintendent, Meaford General Hospital, Meaford, Ontario.

Operating Room Supervisor (Immediately) for 86-bed hospital. Good salary, employee benefits & statutory holidays, living accommodation available in residence. Locate in Collingwood & enjoy its many winter sports along with excellent swimming & other summer activities. Apply: Director of Nursing Services, General & Marine Hospital, Collingwood, Ontario.

Assistant Superintendent with X-Ray experience for 31-bed General Hospital. Apply: Supt., Louise Marshall Hospital, Mount Forest, Ontario.

Instructor (Qualified) for teaching of psychiatric nursing. Good salary & personnel policies. Apply: Director of Nursing, Victoria Hospital, London, Ontario.

Head Nurse for newborn nursery in new department. Previous supervisory experience essential. Good personnel policies. 5-day wk. For information apply to: Director of Nursing, The Doctors Hospital, 45 Brunswick Avenue, Toronto, Ontario.

Registered Nurses for 50-bed Hospital, Obstetrical & General Duty. Rotating shifts, 40-hr. wk. Apply: Director of Nursing, Ajax & Pickering General Hospital, Ajax, Ontario.

Registered Nurses (2) for small well equipped hospital, 30 miles from Ottawa. Liberal salary. Apply: Superintendent, The Rosamond Memorial Hospital, Almonte, Ontario.

Registered Nurses for 73-bed General Hospital on Lake of Woods. Tourist & industrial town of 10,000. General duty salary \$265-\$295 for nurses currently registered; \$245 for non-registered qualified nurses. Excellent personnel policies. Apply to: Superintendent, General Hospital, Kenora, Ontario.

Registered Nurses for 200-bed hospital for the chronically ill. Starting salary \$255, 5 day wk., 1-mo. annual vacation. Residence accommodation available. Apply to: Director of Nursing, Parkwood Hospital, 81 Grand Avenue, London, Ontario.

Registered Nurses (Several) for immediate & future vacancies in modern 42-bed hospital. Starting salary: \$265 per mo. plus shift allowance. 40-hr. wk. 4 wk. vacation after 1 yr. Apply: Superintendent of Nurses, New Liskeard & District Hospital, New Liskeard, Ontario.

Registered Nurses for Canadian Army. Officer status. Salary starts \$275 - 6-mo. \$375 - 3-yr. \$409. Regular Staff duties & opportunities for specialization; 30 day leave per year with pay, free medical & dental care; full pay when hospitalized; excellent pension plan for career officers, retirement 45-49. Opportunities for travel. For particulars apply: Army Headquarters, (D Man M2) Ottawa, Ontario.

Registered Nurses (Toronto Area) for 30-bed hospital for chronic illnesses. Salary \$12 per day; 5-day wk.; 3-wk. vacation per year. Apply: L. Mackie, Director of Nursing, The Villa Private Hospital, Box 490, Thornhill, Ontario.

Registered Nurses & Certified Nursing Assistants for 160-bed hospital. Starting salary \$255 & \$180 respectively with regular annual increments for both. Excellent personnel policies & residence accommodation available. Assistance with transportation can be arranged. Apply: Superintendent, Kirkland & District Hospital, Kirkland Lake, Ontario.

Registered Nurses & Certified Nursing Assistants for General Duty in modern 105-bed hospital on the shores of beautiful Georgian Bay, 40-hr. 5 day wk., residence available. Apply: Director of Nursing, St. Andrews Hospital, Midland, Ontario.

Registered Nurses & Certified Nursing Assistants for General Duty. Salary commensurate with experience & qualifications. Apply: Supt., Louise Marshall Hospital, Mount Forest, Ontario.

Registered Nurses & Certified Nursing Assistants for 26-bed hospital. R.N. salary \$290-\$335. 28-day vacation after 1-yr. C.N.A. salary \$210-\$240, 2-wk. vacation after 1-yr., 3-wk. after 2-yr. Credit for past experience \$5.00 increment every 6-mo. 44-hr. wk., 8 statutory holidays. Room & board residence \$28.50 per mo. 1-day sick leave per mo. Apply to: Mrs. G. Gordon, Superintendent, District Memorial Hospital, Box 37, Nipigon, Ontario.

Registered Nurses for Surgical Floor in 163-bed Sanatorium. Excellent personnel policies. Residence accommodation available. Apply: Director of Nursing, Sudbury & Algoma Sanatorium, P.O. Box 40, Sudbury, Ontario.

Registered Nurses for General Duty in modern 18-bed. Private Hospital in iron mining town. 180-mi. north of Sault Ste Marie, Ontario. Excellent accommodation & personnel policies. Starting salary \$268 minimum to \$303 maximum for experience, less \$20 per mo. maintenance. Transportation allowance after 6-mo. service. Operating Room Nurse, starting salary \$288 minimum with postgraduate course, \$323 maximum with 3-yr. experience or more. Apply: Superintendent, Miss O. Keswick, Lady Dunn Hospital, Jamestown, Ontario.

Registered Nurses (2) for General Duty in modern 90-bed hospital, salary \$255 per mo. 3 annual increments, accumulative sick leave. Excellent recreational facilities in town near cities & resorts. Room & meals at reasonable rates. Apply: Director of Nursing, Dufferin Area Hospital, Orangeville, Ontario.

Registered Nurses for General Staff & Operating Room in modern hospital (opened in 1956). Situated in the Nickel Capital of the world, pop. 50,000. Salary: \$260 per mo. with semi-annual merit increments, plus annual bonus plan. Recognition for experience. Excellent personnel policies. Assistance with transportation can be arranged. Apply Director of Nursing, Memorial Hospital, Sudbury, Ontario.

Registered General Duty Nurses for modern hospital, building expansion under way increasing to 100-beds this year. Starting salary \$250 per mo., \$215 for Graduates. 40-hr. wk., group life, accident & sickness insurance free to employees. Opportunities for advancement, pleasant community. Apply: Director of Nursing, Leamington District Memorial Hospital, Leamington, Ontario.

Registered General Duty (4) Certified Nursing Assistants (2) replacements for ones who have been married. For 105-bed hospital in a town of 15,000 population. Gross salary ranges from \$210-\$240 with annual increments. 3-wk. vacation, 7 statutory holidays, Blue Cross medical/surgical participation, 14-day sick leave, no night duty. except in Obstetrical Dept. 8-mi. from Camp Petawawa, 2-hr. from Ottawa & 4-hr. from Montreal with excellent train & bus service. Active, interesting community social life in the heart of the beautiful Ottawa Valley. Active Ski, Curling & Golf Clubs, also the home of the famous Pembroke Lumber Kings Hockey Team. 2 Theatres & a "Drive-In". Forward application to: The Director of Nursing, The Cottage Hospital, Pembroke, Ontario.

Registered General Duty Nurses & Operating Room Nurses (Immediately) for 100-bed active hospital located 25-mi. from Toronto. 40-hr. wk., good salary, modern residence available. Apply: Director of Nursing, Peel Memorial Hospital, Brampton, Ontario.

Registered General Duty Nurses for 28-bed General Hospital. Starting salaries \$255-\$270 according to qualifications, 40-hr. week, good personnel policies. Adjacent attractive residence available. Room & board \$40; recreation facilities. For further information please apply: Miss A. Burnett, Superintendent, Niagara Hospital, Niagara-on-the-Lake, Ontario.

General Duty Nurses for an accredited 64-bed hospital. Starting salary: \$250-\$260. Good personnel policies with sick leave benefits, holidays & paid vacations. Apply Director of Nursing, Douglas Memorial Hospital, Fort Erie, Ontario.

General Duty Nurses for 100-bed hospital. Salary \$260 per month with recognition for P.G. Courses, 44-hr. wk. at present. Up-to-date facilities in a beautiful location on the shore of Lake Erie. Residence available. Apply: Director of Nursing, General Hospital, Port Colborne, Ontario.

General Duty Nurses (all departments) for 350-bed General Hospital, gross starting salary \$255 per mo., 40-hr. wk. Apply to: Director of Nursing, the Doctors Hospital, 45 Brunswick Ave., Toronto, Ontario.

General Duty Nurses & Certified Nursing Assistants (Immediately) for 86-bed hospital, 40-hr. wk., 8 statutory holidays & other employee benefits. Collingwood is situated on Georgian Bay & is noted as a vacationland with 7-mi. sand beach along with great skiing on the Blue Mountains in winter. For further information apply: Director of Nursing Services, General & Marine Hospital, Collingwood, Ontario.

General Duty Nurses (2). Salary for Registered Nurses \$220 plus maintenance. 5-day wk. Please apply to: Superintendent, Saugeen Memorial Hospital, Southampton, Ontario.

McKellar General Hospital, Fort William, Ontario has openings in all departments for General Staff Nurses. Basic salary \$250 per mo., 40-hr. wk. Good personnel policies for other benefits. Residence accommodation available. Apply to: The Director of Nursing.

General Staff Nurses (\$255) & Certified Nursing Assistants (\$193). 5-day, 40-hr. wk. Generous personnel policies. Please apply Director of Nursing, General Hospital, St. Catharines, Ontario.

Graduate Nurses (Close to Metropolitan Toronto) for 120-active bed County Hospital with up-to-date facilities located in a friendly community, 1-hr. bus ride to downtown Toronto. Salary \$245-\$285, residence accommodation available. Adequate staffing & personnel policies. Apply: Director of Nursing, York County Hospital, Newmarket, Ontario.

Public Health Nurses (qualified) for generalized program. Salary \$3,390-\$3,990 based on experience. Good personnel policies, 5 day wk., superannuation, Ontario hospital insurance, Blue Cross & P.S.I. benefits. Apply to: Director of Public Health Nursing, City of Ottawa, Health Department, 111 Sussex Drive, Ottawa, Ontario.

Public Health Nurses (qualified) for generalized program. Salary schedule \$3,500-\$4 400; 5-day wk., allowance for experience in public health, increments \$150; 4-wk. vacation, pension plan, P.S.I. (complete) car allowance or car provided. Apply to: Director, St. Catharines-Lincoln Health Unit, St. Catharines, Ontario.

Operating Room Nurses for general operating room work which includes cardiovascular neurosurgery, genito-urinary & orthopedic surgery. Good salary & personnel policies. Apply: Director of Nursing, Victoria Hospital, London, Ontario.

Operating Room Nurses for eye, ear, & throat operating room. Good salary & personnel policies. Apply: Director of Nursing, Victoria Hospital, London, Ontario.

Operating Room Staff Nurses for modern well equipped department, gross starting salarry \$255 per mo., rotating hours of duty. Apply to: The Director of Nursing, The Doctors Hospital, 45 Brunswick Ave., Toronto, Ontario.

OUEBEC

Registered Nurses for modern 60-bed General Hospital, 40-mi. south of Montreal. Salary \$250 per mo., \$5.00 increase every 6-mo. for 5 increases. Monthly bonus for permanent evening & night shifts. 44-hr. wk. Board & accommodation available in new motel-style nurses' residence. Apply: Supt., Barrie Memorial Hospital, Ormstown, Quebec.

Registered Nurses (2) Immediately: to institute 40-hr. wk., for small General Hospital 40-mi. from North Bay, Ontario. Good salary in effect, 1-mo. annual vacation. Living accommodation \$15 per mo. in nurses' residence. Pleasant community life with variety of winter & summer recreational activities. Please apply to: Hospital Matron, I. Irwin R.N., Canadian International Paper Company, Temiskaming, Quebec.

Registered General Duty Nurses for 28-bed General Hospital in Huntingdon, Quebec, 45-mi. from centre of Montreal with excellent bus service. Gross salary \$235 with full maintenance in nurses' home at \$35; 3 increases at 6-mo. intervals to \$250; 44-hr. wk., 8-hr. rotating shifts; 1-mo. annual vacation; 7 statutory holidays; 2-wk. sick leave, Blue Cross paid. Apply: Mrs. D. Hawley, R.N., Huntingdon County Hospital, Huntingdon, Que.

Assistant Head Nurses: Afternoon Supervisor excellent personnel policies. Apply Director, Shriners' Hospital for Crippled Children, 1529 Cedar Avenue, Montreal, Quebec.

BERMUDA

Chief Dietitian for 140-bed hospital. Training school affiliated with Montreal hospitals. Fare paid. For particulars write Matron, King Edward VII Memorial Hospital, Bermuda.

Registered Nurses for General Duty Staff. Salary commences at £46-0-0 per mo. with full maintenance. Transportation allowance. For full particulars apply Matron, King Edward VII Memorial Hospital, Bermuda.

Registered Nurses for Operating Room with operating room postgraduate courses and/or experience, for 140-bed hospital. Travel allowance paid. For particulars, write Matron, King Edward VII Memorial Hospital, Bermuda.

SASKATCHEWAN

Registered General Duty Nurses for 25-bed hospital in progressive area. Salary \$290-\$320 per mo. gross, 40-hr. wk. 3-wk., annual vacation, accumulative sick leave. New nurses residence. Apply to: Sec.-Manager, Union Hospital, Leader, Saskatchewan.

Graduate Nurses (2) urgently required for 8-bed hospital in southern Saskatchewan. Salary \$260-\$290 less \$35 maintenance, 3-wk. vacation plus statutory holidays, 40-hr. work wk. & bonus after 1-yr. service. Travel fare advanced if necessary. Apply to: Mrs. D. L. Knops, Secretary-Treasurer, Union Hospital, Rockglen, Saskatchewan.

U.S.A.

Registered Nurses for modern 191-bed JCAH fully accredited General Hospital, expanding to 374-beds by 1960. Located on beautiful San Francisco Peninsula, 20-min. drive from the heart of the city. Openings in all services. Excellent personnel policies. Many extra benefits & opportunities for advancement. Top salaries. Apply: Personnel Director. Peninsula Hospital, 1783 El Camino Real, Burlingame, California.

Registered Nurses: Positions available in all areas & on all shifts. Ultra modern, new 254-bed General Hospital located in the heart of beautiful sunny Castro Valley, just 30 minutes drive from San Francisco. This is a busy residential community which offers casual California living at its very best. Many excellent schools & colleges within easy commuting distance. Progressive personnel policies include free hospital & surgical insurance, paid sick leave, paid vacations, 7 recognized holidays & other benefits. No split shifts, evening & night duty salary differential, also differential paid for operating room, delivery room & nursery service. Uniforms laundered free. Basic salary for general staff duty; \$345 per mo. Salaries for other positions commensurate with assignments. Please write: Personnel Manager, Eden Hospital, 20103 Lake Chabot road, Castro Valley, California.

Registered Nurses (Spend the winter in sunny California). Starting salary for graduates with no experience is \$375 per mo. Earn, learn & enjoy life — all at the same time. Send summary of experience & education. Give shift & service preference. We will send you full information about opportunities available. Write: Betty Hartwig, R.N., County General Hospital, 1200 North State Street, Los Angeles 33, California.

Registered Nurses General Duty for 230-bed approved teaching hospital, resort city. Salary \$330 plus \$22.50 shift differential, provision for housing allowance. Apply: Director of Nursing, Cottage Hospital, Santa Barbara, California.

Registered Nurses Salary \$325-\$390 or commensurate with experience differential on p.m. shift \$2.00, nights \$1.50. Openings in Obstetrical & Medical-Surgical areas. Must be eligible for registration in the State of Michigan. Apply to: Personnel Department, Woman's Hospital, 432 E. Hancock Avenue, Detroit 1, Michigan.

NURSING WITH INDIAN AND NORTHERN HEALTH SERVICES



OPPORTUNITIES REGISTERED HOSPITAL NURSES, PUBLIC HEALTH NURSES, AND CERTIFIED AUXILIARY NURSES

for Hospital Positions and Public Health Positions in Outpost Nursing Stations, Health Centres and Field Positions in the Provinces, Eastern Arctic Northwest Territories and the Yukon Territory.

SALARIES

- (1) Public Health Nursing Supervisors: up to \$5,220 depending upon qualifications and location.
- (2) Directors of Nursing in Hospitals: up to \$4,950 depending upon qualifications and location.
- (3) Public Health Staff Nurses: up to \$3,780 per year depending upon qualifications and location.
- (4) Hospital Staff Nurses: up to \$3,540 per year depending upon qualifications and location.
- (5) Certified Nursing Assistants or Licensed Practical Nurses: up to \$200 per month depending upon qualifications and location.
- Room, Board and Laundry in residence at reasonable rates.
 Statutory holidays. Three weeks' annual leave with pay. Generous sick leave credits. Hospital-Medical and superannuation plans available.
- Special pay and leave allowances for those posted to isolated areas.

For interesting, challenging, satisfying work apply to — Indian and Northern Health Services at one of the following addresses:

- (1) Regional Superintendent, 4824 Fraser Street, Vancouver, B.C.
- (2) Regional Superintendent, 11412-128th Street, Edmonton, Alberta.
- (3) Regional Superintendent, 735 Motherwell Building, Regina, Saskatchewan.
- (4) Regional Superintendent, 803-9 Confederation Life Building, 457 Main Street, Winnipeg, Manitoba.
- (5) Regional Superintendent, 4th Floor, Booth Building, 165 Sparks Street, Ottawa, Ontario.
- (6) Zone Supervisor of Nursing, Box 493, North Bay, Ontario.
- (7) Zone Superintendent of Indian Health Services, P.O. Box 430, Upper Town, 3 Buade Street, Quebec 4, P.Q.
- (or) Chief, Personnel Division,

Department of National Health and Welfare, Ottawa, Ontario.

Registered General Duty Nurses for modern accredited 76-bed hospital (South Central California near Sequoia National Park). Beginning salary: \$315 per mo., annual increases. Excellent working conditions. Ideal community. Winter & summer recreation. Transportation to hospital paid on suitable confirmation of employment. Must qualify for registration in California. For details write: Administrator, Memorial Hospital at Exeter, Exeter, California.

General Duty Nurses for 600-bed teaching hospital in central California. In-service educational program, college community, good fringe benefits. Salary range \$341-\$413. Apply: Personnel Director, 732 East Main St., Stockton 2, California.

Operating Room Nurse for large General Hospital in Central California. Salary range \$358-\$433. Liberal personnel policies, good fringe benefits, day duty, no on call. Require California registration or eligible plus 1-yr. of experience. Apply: Personnel Director, 732 East Main Street, Stockton, California.

Staff Nurses 600-bed general & tuberculosis teaching institution in central valley City. Accredited State & Junior Colleges in immediate vicinity, liberal personnel policies. Full maintenance available. Write — Director of Nursing Service, Fresno County General Hospital, Fresno 2, California.

Staff Nurses for 200-bed General Hospital; heart of Los Angeles cultural & educational center. General Duty: \$335 per mo. minimum-days. \$25 dif. for 3-11 & \$20 dif. for 11-7. Time & 1/2 over 40-hr. wk. Soc. Sec., State Dis. Ins. 2-wk. vacation end of 1-yr. 3-wk. after 5-yr. 7 paid holidays 12 day sick leave. Cotton uniforms laundered. Nurses' residence \$10 per mo. Graduates of accredited schools. California license obtainable immediately. Apply: Mildred Croddy, R.N. Director of Nurses, Santa Fe Coast Lines Hospital, 610 South, St. Louis Street, Los Angeles 23, California.

Staff Nurses for 300-bed General Hospital. Attractive personnel policies plus differential for specialties, afternoon & night duty. Opportunities for advanced education. Apply to: Director of Nursing Service, Kaiser Foundation Hospital, Oakland 11, California.

General Staff Nurses (Grow & develop with us) new 400-bed hospital under construction. Fully approved. Intern-resident program. Developing teaching center. Starting salary \$330 per mo., \$15 per mo. merit increases at 6, 12, 24 & 36-mo. 40 hr. wk., 2-wk. paid vacation, paid sick leave to 30 days; 7 paid holidays. One of Southern California's most outstanding locations. Apply: Director of Personnel, Seaside Memorial Hospital, 1401 Chestnut Avenue, Long Beach 13, California.

General Staff Nurses positions available in Medical-Surgical & Intensive Care units in modern 238-bed hospital. Starting salary \$335 per mo. with tenure increases; differential pay for 3-11 & 11-7 shifts of \$15 per mo. Liberal personnel policies, opportunities for advancement, social security, hospitalization insurance provided by hospital. Apply: Director of Nursing, Samuel Merritt Hospital, Oakland 9, California.

Emergency Room Nurse (3-11) for 154-bed General Hospital located in beautiful residential surburb along the north shore of Chicago. Starting salary \$340 for days, \$370 for evenings, \$360 for nights, 40-hr. wk. Modern ranch style nurses' homes with attractively furnished private bedrooms. Contact: Personnel Director, Highland Park Hospital Foundation, Highland Park, Illinois.

Registered General Duty Nurses for 154-bed General Hospital with expansion program under way. Along the shores of Lake Michigan, 25 mi. from Chicago. Salary: \$340 for days \$370 for evenings, \$360 for nights, 5 day wk. Good personnel policies. Apply Personnel Director, Highland Park Hospital Foundation, 718 Glenview Ave., Highland Park, Ill.

General Duty Nurses for 320-bed General Hospital. Only a few blocks from Lake Michigan Beach & Lincoln Park; near Chicago Loop. Hospital accredited by J.C.A.H. & school of nursing accredited by N.L.N. Apartments available close to hospital. Liberal personnel policies. Must be eligible for Ill. registration; openings on all shifts. Write: Director of Nursing, Augustana Hospital, 411 W. Dickens Ave., Chicago 14, Illinois.

Operating Room Nurses (Days & P.M.) 154-bed General Hospital located in beautiful residential suburb along the north shore of Lake Michigan just north of Chicago. Modern ranch style nurses' homes with attractively furnished private bedrooms. 40-hr. wk., attractive salary & other employee benefits. Contact: Personnel Director, Highland Park Hospital Foundation, Highland Park, Illinois.

Graduate Staff Nurses (Opportunities in the United States) for well equipped 400-bed nonsectarian General Hospital affiliated with Medical School. New salary rates: day shift \$340-\$370 per mo. afternoon & nights \$370-\$400 per mo. Comfortable low cost living accommodation in attractive residence building Write to: Director of Nursing Service, Dept. CJN, Mount Sinai Hospital, 2750 West 15th Place, Chicago 8, Illinois.

Registered Nurses: Applicants must speak & write proficient English. Starting salary from \$310 per month plus a differential for evening work. Apply to: The Personnel Director, The Gary Methodist Hospital, 1600 W. 6th Avenue, Gary, Indiana.



UNIVERSITY of MINNESOTA HOSPITALS

Large teaching and research center located on the University Campus in Minneapolis, "City of Lakes".

General Staff Nurse positions available at a salary of \$329 per month with liberal personnel policies.

Facilities include all clinical services and Excellent educational, cultural there are many opportunities for advancement.

and recreational activities available.

ROOMS AVAILABLE IN ATTRACTIVE CONVENIENT NURSES' RESIDENCE

Apply to: DIRECTOR OF NURSING SERVICES

UNIVERSITY of MINNESOTA HOSPITALS

Minneapolis 14, Minnesota

Registered Nurses for new 750-bed municipal hospital. Salary \$3,700 per year with \$100 yearly increments reaching maximum of \$4,200; 40-hr. wk., vacation, sick time & 12 holidays, 1 meal & laundry of uniforms provided. Apply to: Director of Nursing, Martland Medical Center, Newark, New Jersey.

General Duty Nurses (all shifts) for 106-bed fully approved rural hospital, located in beautiful Kittatiny Mountains, 1½-hr. out of New York City. Starting salary \$265 plus meals on job, laundry of uniforms, liberal shift differential, merit raise system & fringe benefits, living accommodations available. Contact: Director of Nursing Service, Memorial Hospital, Newton, New Jersey.

Registered Nurses (free transportation) Spend your winter in the Sunny Southwest, in New Mexico — "The Land of Enchantment". Vacancies for staff duty in Medicine, Surgery, Obstetrics, Pediatrics & Operating Room. Starting salaries \$300 per mo., \$15 differential evenings & nights. Free transportation via 1st Class Air to Albuquerque & return in exchange for 1-yr. employment contract. Apartments available at \$17 per mo., excellent job benefits, no shift rotation. Write or call: Director of Nursing, Presbyterian Hospital Center, 1012 Gold Avenue, S.E., Albuquerque, New Mexico, Phone CHapel 3-5611.

Graduate Nurses (Staff & Operating Room) for 88-bed modern accredited General Hospital. Liberal personnel policies, college town 30,000, 85% sunshine belt, altitude 3,860. Dry, mild, all year climate. Apply: Director of Nurses, Memorial General Hospital, Las Cruces, New Mexico.

Staff & Head Nurses for large modern tuberculosis hospital in suburban Cleveland. Nurses eligible for Ohio registration start at \$355 monthly with ½-yearly increments. Evening nurses receive \$1.50 extra daily & night nurses \$1.00 extra daily. Attractive completely furnished 2-bedroom homes available for 2 single nurses or a married nurse & family. 40-hr. 5-day wk., paid vacation & 6 holidays, liberal sick leave cumulative to 90-day. Excellent retirement plan. Approved by joint committee on accreditation of hospitals. Write: Director of Nursing Service, Sunny Acres Hospital, Cleveland 22, Ohio.

Registered Nurses (Scenic Oregon, vacation playground, skiing, swimming, boating & cultural events) for 295-bed teaching unit on campus of University of Oregon medical school. Salary to start: \$339. Pay differential for nights & evenings. Liberal policy for advancement, vacations, sick leave, holidays. Apply: Multnomah Hospital, Portland 1, Oregon

Staff Nurses (all services) for University of Texas Medical Branch, teaching hospital (air conditioned). Good personnel policies. Base salary, rotation: \$290 per mo. Evenings or night. \$304 per mo. Apply: Director Nursing Service, University of Texas Medical Branch, Galveston, Texas.

General Duty Nurses (2) for modern 17-bed hospital in beautiful country on west coast of Vancouver Island. Salary commencing \$275 with yearly increments of \$10, room & board in newly completed nurses' residence \$40 per mo. Apply to Matron, General Hospital, Tofino, British Columbia.

ALBERTA

Assistant Registered or Graduate Nurse for Doctor's Office. Good salary & personnel policies. Apply to: Dr. J. E. Bradley, Wainwright Clinic, Wainwright, Alberta.

General Duty Nurses (2) for modern 34-bed hospital. Salary \$230 per mo. plus full maintenance, 3 annual increments at \$10 per mo., 1-mo. per year holiday pay, 2-wk. sick leave. If employed for 1-yr. a refund of train fare from any point in Canada will be given. Apply to: Municipal Hospital, Two Hills, Alberta, Phone 335.

BRITISH COLUMBIA

General Duty Nurses for 200-bed General Hospital with School of Nursing. Salary \$275-\$327. Pre-planned shift rotation, B.C. registration essential. 4-wk. vacation after 1-yr. Apply: Director of Nursing, Royal Inland Hospital, Kamloops, British Columbia.

Dedicated Christian Nurses with a missionary vision desiring to witness for the Lord while working in the hospital, please write: Esperanza General Hospital, Ceepeecee, British Columbia. Remuneration adequate.

Laboratory Technician (1) Graduate Nurses (3) for 41-bed hospital. Starting salary for R.N.'s, \$265 per mo., \$255 till registered. 40-hr. wk., 10 statutory holidays, 28 days paid vacation after 1-yr. service, 1½-day sick leave per mo., uniforms laundered. Apply: Sister Superior, Providence Hospital, Fort St. John, British Columbia.

Graduate Nurses for 25-bed hospital, 35-mi. from Vancouver on the coast. For salary rates & personnel policies, apply to: Director of Nursing, Squamish General Hospital, Squamish, British Columbia.

General Duty Nurses for 32-bed General Hospital, 5-hr. from Vancouver; salary \$265 for unregistered, \$280 registered, \$10 increase after 1st & 2nd yr; less \$45 room & board; 40-hr. wk. uniforms laundered; nurses' home. Apply: Administrator, St. Bartholomew's Anglican Hospital, Lytton, British Columbia.

ROYAL PERTH HOSPITAL

WESTERN AUSTRALIA

NURSING TUTORS

See Australia on a working trip (with a travel grant)
Prior to the 1961 International Congress of Nursing
in Melbourne!

Temporary appointments are offered to qualified Tutors who can give at least one year's service. This scheme could be of assistance to Nurses from Canada who wish to attend the Congress in Australia but who might not otherwise be able to do so.

One year's service, with a travel grant (amount according to individual arrangements) would enable Tutor Sisters to visit Australia without breaking permanent appointments, and would provide generous annual leave provisions — ample to cover a trip to Melbourne, time at the Congress and for holidays. Successful applicants would thus have the benefits of actual experience of nursing conditions in Australia and could make Australian contacts in advance of the Congress — all of which would greatly enhance the value of attendance.

Royal Perth Hospital (650-beds) is the principal teaching hospital associated with the Medical School (University of Western Australia). The School of Nursing is well equipped and provides a modern training system. Normal School establishment includes 8 posts for qualified Tutors and at present there are vacancies for both temporary and permanent appointments.

Salary: £A796 per annum. This rate is under review and may shortly be increased. A year's service would earn 3 weeks' (teacher's leave) between School Terms, plus one month annual leave — all with full pay. Employer's share of Superannuation contributions can be maintained.

In addition to relevant personal details, applications must include full particulars of qualifications, experience, name of training school, a list of hospital appointments and names of two referees, and be addressed to the Matron.

Further information as to general conditions may be obtained from the undersigned.

JOSEPH GRIFFITH,
Administrator.

ONE (1) ADDITIONAL SUPERVISOR

- For Nursing Office
 - Interested in Medical and Surgical Supplies
 - Opportunity for an executive future in "Extended Illness"
 - Good salary-working conditions, pension.
 - Living-in residence optional.

Apply Administrator:

The Queen Elizabeth Hospital, Toronto, Ontario.

ONTARIO

Public Health Nurse for generalized program, including bedside nursing, 1-mo. vacation after 1-yr. Interest-free loan for purchase of car. Transportation allowance at 10¢ per mile. Apply to: The Director, Lennox & Addington County Health Unit, Napanee, Ontario.

Public Health Nurses (Qualified) for a generalized program in the City of Oshawa. Salary range \$3,500 - \$4,370, annual increment \$175, starting salary based on experience. 5-day wk., 4-wk. vacation, pension plan, group insurance, hospitalization & P.S.I. employer shared. Transportation provided. Apply: Dr. C. C. Stewart, Medical Officer of Health, 50 Centre Street, City Hall, City of Oshawa, Ontario.

Obstetrical Nursing Supervisor and Head Nurse for Delivery Room for active 133-bed maternity floor (including nursery). Modern Hospital beautifully located on Lake Ramsay. Operated by The Sisters of St. Joseph. Apply: Director of Nursing, Sudbury General Hospital of the Immaculate Heart of Mary, Sudbury, Ontario.

Clinical Instructress in Psychiatric Nursing (1) Salary \$3,900-\$4,200, 40-hr. wk., 3-wk. annual vacation. Apply to: Miss Pearl C. Graham, Director of Nursing, Ontario Hospital, New Toronto, Ontario.

QUEBEC

Nursing Superintendent for modern, accredited 60-bed hospital. Living accommodation available. Apply stating qualifications & salary expected to: Superintendent, Barrie Memorial Hospital, Ormstown, Quebec.

U.S.A.

Supervising Nurse \$371-\$439; Staff Nurse \$332-\$392 for California Hospital treating pulmonary & chronic diseases (rehabilitation), children & adults. Eligible California registration. Excellent working & living conditions, Sierra Nevada foothill area. Write: Director of Nursing, Tulare-Kings Counties Hospital, Springville, California.

General Duty Nurses (English Speaking) 500-bed General Hospital in sunny Southern California. \$330-\$375 base plus \$33 shift differential upon registration. Operating & Delivery Room Nurses \$340-\$385 upon registration plus \$33 shift differential. Employee health & pension plan. Generous holiday & vacation benefits. Nurses' residence. Apply: Director of Nursing, Cedars of Lebanon Hospital, Hollywood 29, California.

General Duty Nurses for 50-bed General Hospital located in college town in mountainous portion of Colorado. Salary \$300 per mo. with periodic increases. Fringe benefits include meals, uniform laundry, sick leave & vacation. Registration requires 3-mo. training in Psychiatry & Pediatrics on a segregated service. Contact: Superintendent, Community Hospital, Alamosa, Colorado.

General Duty Nurses with opportunities for promotion to Head Nurse or higher for new 748-bed hospital located on 128 acres of land in eastern suburb of Cleveland, Ohio. Starting salary \$4,140 with periodic merit increases to \$4,620 per year. Progressive personnel policies include 40-hr. wk., straight shifts, paid holidays, vacation & sick leave, nominal cost housing available on grounds. Registered Nurses licensure available through Ohio State Nurses, Board providing nurse meets requirements. Hospital affiliated with Western Reserve University School of Medicine. Positions available immediately. Additional information supplied upon request. Write to: Director, Personnel Relations, Highland View Hospital, 3901 Ireland Drive, Cleveland 22, Ohio.

NURSES REQUIRED AT

ROSEWAY HOSPITAL, SHELBURNE, N.S.

4 GENERAL DUTY NURSES
(Medical, Surgical, Obstetrical) \$2,400 - \$2,760

1 NURSING SUPERVISOR \$2,640 - \$3,120

2 GRACE HOSPITAL GRADUATES (Obstetrical) \$1,980 - \$2,340

Further information may be obtained from Superintendent of Nurses, Roseway Hospital

APPLY TO: NOVA SCOTIA CIVIL SERVICE COMMISSION, P.O. BOX 943, HALIFAX, NOVA SCOTIA

THE VANCOUVER GENERAL HOSPITAL

requires

PEDIATRIC & OPERATING ROOM NURSES

General staff positions also available for expansion program 1959-1960

Salary: \$280 - \$336 general staff.

Commencing salary \$294 for approved experience of 2-yrs.

Salary: Operating Room Nurses, \$286.25 - \$343.25.

A clinical differential of \$10 a month in addition for approved postgraduate courses.

4-week vacation per year.

Please apply to:

Personnel Department,
Vancouver General
Hospital,
Vancouver 9,
British Columbia



For

CRIPPLED CHILDREN

Requires Immediately

QUALIFIED PUBLIC HEALTH
NURSES

For

OTTAWA-HAMILTON-TORONTO
AND OTHER CENTRES

YOU WILL RECEIVE -

- GOOD SALARY RANGE (Schedule revised June 1959)
- A NEW AUTOMOBILE
- PENSION PLAN
- FREE INSURANCE
- 5-MONTH TRAINING COURSE IN NEW YORK CITY AND OTHER CENTRES.

You will deal directly with children, their parents and service club members.

Join our expanding staff for a rewarding experience

Apply to:

MISS SARA E. OLIPHANT R.N.
SUPERVISOR OF NURSING
ONTARIO SOCIETY FOR CRIPPLED CHILDREN
92 COLLEGE ST., TORONTO 2

CHILDREN'S HOSPITAL OF WINNIPEG

INVITES APPLICATION FOR POSITION OF

DIRECTOR OF NURSING

New 250-bed Pediatric Hospital and nurses' residence with own School of Nursing and affiliate program.

Assistance in both Nursing Service and Nursing Education.

Salary — according to qualifications and experience.

For further information apply to: SUPERINTENDENT, CHILDREN'S HOSPITAL OF WINNIPEG, WINNIPEG 3, MANITOBA.

THE GENERAL HOSPITAL OF PORT ARTHUR

has openings for

GENERAL STAFF NURSES

in all services

For further information apply to:

DIRECTOR OF NURSING, GENERAL HOSPITAL, PORT ARTHUR, ONTARIO.

REGINA GENERAL HOSPITAL SCHOOL OF NURSING

Requires:

— an Assistant Director, Nursing Education.

— and a Nursing Arts Instructor.

modern teaching facilities and progressive personnel policies.

Apply to:

ASSOCIATE DIRECTOR, NURSING EDUCATION, REGINA GENERAL HOSPITAL, SCHOOL OF NURSING, REGINA, SASKATCHEWAN.

REGISTERED NURSES NURSING ASSISTANTS

Required for all departments in new 160-bed hospital, centrally located between Toronto and Hamilton, in a very progressive community.

Good salary and personnel policies, pension plan, 40-hour week.

Apply stating age, qualifications to:

DIRECTOR OF NURSING,
OAKVILLE-TRAFALGAR MEMORIAL HOSPITAL, OAKVILLE, ONTARIO

PEDIATRIC SUPERVISOR

for 20-bed Pediatric Unit

DUTIES TO INCLUDE ADMINISTRATION OF THE UNIT AS WELL AS TEACHING OF STUDENT NURSES. ESPECIALLY ATTRACTIVE SALARY OFFERED.

For details apply to: Director of Nursing

GENERAL HOSPITAL, CORNWALL, ONTARIO.

OPERATING ROOM NURSE

For 32-bed hospital in Deep River, Ontario. R.N. Graduates with Operating Room training or postgraduate work.

Superannuation, insurance, medical and vacation plans.

Accommodation available in Staff Hotel.

State all particulars in first letter to

ATOMIC ENERGY OF CANADA LIMITED

CHALK RIVER, ONTARIO

SOUTH PEEL HOSPITAL COOKSVILLE, ONTARIO

(12 miles west of Toronto)

120-bed General Hospital, opened May 15th, 1958.

- Head Nurse with experience for Medical Ward (33-bed unit).
- II. Head Nurse with experience for Obstetrical Ward (24-bed unit).
- III. Head Nurse with experience for Surgical Ward (32-bed unit).

Generous benefits, 40-hr. work week.

For further particulars apply: DIRECTOR OF NURSING, SOUTH PEEL HOSPITAL, COCKSVILLE, ONTARIO.

THE B. C. CIVIL SERVICE

Requires

PUBLIC HEALTH NURSES GRADE 1

Positions available for qualified Public Health Nurses in various centres in B.C. Salary: \$324 rising to \$389 per month; car provided.

An opportunity for interesting and challenging professional service in this beautiful and fast-developing province.

For information and application forms, write:

THE DIRECTOR, PUBLIC HEALTH NURSING, DEPARTMENT OF HEALTH, VICTORIA, B.C. or THE CHAIRMAN, B.C. CIVIL SERVICE COMMISSION, 544 MICHIGAN STREET, VICTORIA, B.C. Competition No. 59:67

REGISTERED NURSES

\$3,150 - \$3,540

(According to Qualifications)

CERTIFIED NURSING ASSISTANTS \$2,040 - \$2,400

Sunnybrook Hospital, Toronto — Westminster Hospital, London Pension Plan; 3-wk. paid vacation, 3-wk. accumulative sick leave; 5-day wk.; low-cost living in staff residence.

FOR NURSES: APPLICATION FORMS AVAILABLE AT YOUR NEAREST CIVIL SERVICE COMMISSION OFFICE, OR MAIN POST OFFICE, SHOULD BE FORWARDED TO THE CIVIL SERVICE COMMISSION, 25 ST. CLAIR AVENUE EAST, TORONTO 7, AS SOON AS POSSIBLE.

REGISTERED NURSES, MALE OR FEMALE

SEQUOIA HOSPITAL in Redwood City, California U.S.A., has openings on its staff for Registered Nurses. Sequoia is a district hospital which was opened in 1950. With completion of a new wing in December of 1959, it will be a 355-bed hospital. Redwood City, with its population of 42,000, is located 25 miles south of San Francisco. Its slogan, "Climate Best by Government Test," is appropriate. This is a community of beautiful homes and gardens, fine schools and churches, and a hospital in which the residents take great pride.

SALARY: To start - \$335 per month with \$10 increase every six months to a maximum of \$375 (\$10.00 less for graduate nurses not eligible for registration in California); \$15 differential for 3-11 shift; \$10 differential for 11-7 and operating and delivery room services.

VACATIONS: After 1 year, 10 days (2 weeks); After 2 years, 15 days (3 weeks); After 3 years, 20 days (4 weeks)

Social Security - Group Insurance - Credit Union - Pension Plan.

Affidavits guaranteeing employment will be furnished qualified applicants.

For further information,

write PERSONNEL OFFICE, SEQUOIA HOSPITAL, REDWOOD CITY, CALIFORNIA, U.S.A.

FOR SALE

Ideal for Private Rest Home, spacious house & 3 chalets on 2 acres of beautiful riverfront property in British Columbia.

Very generous terms. Details & photos from:-

L. CUMMING - REAL ESTATE, CHASE, BRITISH COLUMBIA, OR PHONE, CHASE 12G.

CANADA'S CHEMICAL VALLEY

SARNIA, ONTARIO

REGISTERED NURSES

Required for all nursing services in this modern, fully approved (J.C.A.H.) hospital. Excellent benefits include — Regular rotation schedule with shift differential for evening & night shifts; 40-hr. wk; 9 statutory holidays; 3-wk. vacation on completion of 1-yr. service; generous sick leave policy.

Annual salary: \$3,055 with increments to \$3,757.

Sarnia is a growing industrial city of 50,000 population, bounded on the west by the St. Clair River & on the north by Lake Huron. It is a resort area, 60 miles from Detroit, Windsor & London.

For further information concerning the positions & Sarnia, write to:

THE PERSONNEL DIRECTOR, SARNIA GENERAL HOSPITAL, SARNIA, ONT.

OPERATING ROOM NURSES

opportunities are available

at

The Montreal General Hospital

for further particulars write to:

Director of Nursing, 1650 Cedar Avenue, Montreal 25, Quebec.

GENERAL DUTY & OPERATING ROOM NURSES

for 160-bed fully accredited
GENERAL HOSPITAL

Starting salary \$290 for new graduates, up to \$315 for experienced nurses. Regular increases to \$345. Surgery pays additional \$25 for call plus time on call. 40-hr. wk., 8 paid holidays, 2-wk. paid vacation, sick leave. Living accommodations available in nurses' home if desired. College town of 40,000 plus 10,000 students. Within day's driving distance of most scenic western parks. Excellent hunting, fishing, skiing. 1-hr. drive to Salt Lake City.

Write or wire:

DIRECTOR OF NURSING SERVICE, UTAH VALLEY HOSPITAL, PROVO, UTAH.

TORONTO GENERAL HOSPITAL

requires

NURSING STAFF

Variety of Opportunities, Valuable Experience in this large teaching centre. Attractive Personnel Policies. Five Day Week. The Toronto General Hospital has opened its new building which contains centralized Operating Rooms; Recovery Rooms; Surgical Supply Service; Obstetrics and Gynecology; Neurology and Neurosurgery; Admitting and Emergency; Rehabilitation and Physical Medicine; Urology and Ophthalmology.

For information write to:

Director of Nursing, Toronto General Hospital, Toronto 2, Ontario.

GENERAL HOSPITAL

is recruiting

GENERAL DUTY NURSES FOR ALL SERVICES

Please send applications direct to:

THE DIRECTOR OF NURSING,
THE WINNIPEG GENERAL
HOSPITAL,
WINNIPEG 3, MANITOBA

THE CENTRAL REGISTRY OF GRADUATE NURSES TORONTO

• at any hour
DAY or NIGHT

TELEPHONE WAlnut 2-2136

427 Avenue Road, TORONTO 7

JEAN C. BROWN, REG. N.

REGISTERED NURSES

AND

CERTIFIED NURSING ASSISTANTS

REQUIRED FOR

44-bed hospital with expansion program, to implement a 40-hr. wk. Situated in the Niagara Peninsula. Transportation assistance.

For salary rates & personnel policies.

APPLY TO: DIRECTOR OF NURSING,
HALDIMAND WAR MEMORIAL HOSPITAL,
DUNNVILLE, ONTARIO

TWO (2) REGISTERED NURSES

For a new modern, 57-bed hospital. — Salary \$260 - \$320 per month.

40-hour week, no split shifts, sick leave,
3 weeks vacation plus 8 statutory holidays,
New nurses' residence completed May 1959.
Meals, living accommodation in nurses' residence (single rooms)
and uniforms laundered for \$34.50 per month.

Apply:

MRS. T. WALLACE, SUPERINTENDENT OF NURSES, KAMSACK UNION HOSPITAL, KAMSACK, SASKATCHEWAN.

UNIVERSITY HOSPITAL

SASKATOON, SASKATCHEWAN

Requires

General Staff Nurses for Medical, Surgical, Obstetrical and Pediatric Services. Forty hour week. Salary \$250 to \$290 gross per month. Differential for evening and night duty. Residence accommodation if desired.

Apply to:

DIRECTOR OF NURSING, UNIVERSITY HOSPITAL, SASKATOON, SASKATCHEWAN

VICTORIAN ORDER OF NURSES FOR CANADA...

requires

PUBLIC HEALTH NURSES

for Staff and Supervisory positions in various parts of Canada.

Applications will be considered from Registered Nurses without Public Health training but with University entrance qualifications

SALARY, STATUS AND PROMOTIONS ARE DETERMINED IN BELATION TO THE QUALIFICATIONS OF THE APPLICANT.

Apply to:

Director in Chief, Victorian Order of Nurses for Canada

5 BLACKBURN AVENUE Ottawa 2, Ont.

CLASSROOM

2

CLINICAL INSTRUCTORS

required

OF PORT ARTHUR
SCHOOL OF NURSING

Salary schedule in conformity with R.N.A.O. recommendations. Partial fare refund after 1-yr. in service.

WRITE:

DIRECTOR OF NURSING,
GENERAL HOSPITAL OF PORT ARTHUR,
PORT ARTHUR, ONTARIO.

SUBURBAN TORONTO

GRADUATE NURSES & CERTIFIED NURSING ASSISTANTS

Are invited to enquire re: employment opportunities in a well staffed new 125 bed hospital in suburban west Toronto. General duty salary range: \$255-\$305 per mo. Certified Nursing Assistants \$190-\$210 per mo. 5 day week. Residence accommodation optional. Personnel manual forwarded on request. Enquire to:

DIRECTOR OF NURSING, HUMBER MEMORIAL HOSPITAL, 200 CHURCH STREET, WESTON, TORONTO 15, ONTARIO — CH 4-5551

THE SCHOOL OF NURSING, METROPOLITAN GENERAL HOSPITAL REQUIRES

HEALTH INSTRUCTOR

This is an opportunity to be a member of the faculty in a progressive school which emphasizes educational experiences for the student in a program pattern of 2-yr, of nursing education followed by 1-yr, internship, 1 class of 30 students is admitted yearly. Duties include being in charge of student health program and instructing in both classroom and clinical areas. Subjects: Health, Sociology, Microbiology and assist with Medical-Surgical Nursing. Requirements: university certificate in nursing education or public health. Salary differential for degree.

For further information apply to: DIRECTOR, SCHOOL OF NURSING, 2240 KILDARE ROAD, WINDSOR, ONTARIO.

GENERAL DUTY NURSES

FOR ALL DEPARTMENTS

Gross salary \$255 monthly (\$117.50 bi-weekly) if registered in Ontario, \$235 monthly (108.20 bi-weekly) until registered. Annual increment \$10 monthly (\$4.60 bi-weekly) for three (3) years. Rotating periods of duty, 40-hr. per wk., 8 statutory holidays. 14-days vacation & 12-days leave for illness with pay after 1-yr. Pension plan available. Ontario Hospital Insurance with Blue Cross supplemental & Physicians' Services Incorporated, partial payment by hospital.

APPLY

DIRECTOR OF NURSING, GENERAL HOSPITAL, OSHAWA, ONTARIO.

THE PETERBOROUGH CIVIC HOSPITAL

REQUIRES

AN OBSTETRICAL INSTRUCTRESS,
NURSES FOR GENERAL DUTY IN ALL SERVICES.

For further information write:

THE DIRECTOR OF NURSING
PETERBOROUGH CIVIC HOSPITAL, PETERBOROUGH, ONTARIO

GRADUATE STAFF NURSES — YOU WILL LIKE IT HERE

Opportunities for men & women on the service of your choice. A 953-bed teaching hospital with a friendly atmosphere, well planned orientation program, active graduate nurse club, cultural advantages & excellent transportation facilities.

Starting salary: \$325 per mo., 6 holidays, sick leave, 3 wk. vacation.

For further details write:

Director — Nursing Service, University Hospitals of Cleveland, Ohio.

REGISTERED NURSES

FOR THE OPERATING ROOM, OBSTETRICAL AND MEDICAL SURGICAL UNITS OF A 350-BED GENERAL HOSPITAL

Gross salary \$260 - \$290 per month if registered in Ontario.

Differential of \$10 for evening and night duty.

40-hour week. Sick leave cumulative to 30 days.

3 weeks vacation and eight statutory holidays.

Apply:

DIRECTOR OF NURSING SERVICES,
METROPOLITAN GENERAL HOSPITAL, WINDSOR, ONTARIO

DIRECTOR -- SCHOOL OF NURSING

For a School of 90 students, organized independently of Nursing Services. The school program follows the pattern of 2 years of nursing education plus 1 year of internship.

Salary: \$5,400-\$6,000 per annum.

Requirements: Degree & experience in the administration of a nursing education program.

Apply to: R. Buckner, Administrator,

Metropolitan General Hospital Windsor, Ontario

PUBLIC HEALTH NURSES

for generalized program in Seaway Development Area usual benefits, pension plan, allowance for experience.

Apply to:-

DR. PAUL S. de GROSBOIS, M.O.H.
STORMONT, DUNDAS & GLENGARRY
HEALTH UNIT,
38 AUGUSTUS STREET,
CORNWALL, ONTARIO.

NURSING SUPERVISORS

required for

MENTAL HEALTH SERVICES,

ESSONDALE, PROVINCE OF BRITISH COLUMBIA Salary: \$324 - \$389 per month

Duties are those of nursing supervisors in modern psychiatric & geriatric units.

Applicants must be British Subjects, registered nurses, with training in a mental hospital setting & supervisory experience.

For further information & application forms,

THE PERSONNEL OFFICER, B.C. CIVIL SERVICE COMMISSION, ESSONDALE, BRITISH COLOMBIA. IMMEDIATELY. COMPETITION NO. 59:152



NURSES WHO LIVE HERE NEVER STOP LEARNING . . . GROWING

... THEY WORK AT

COOK COUNTY

...in one of the Largest Most Stimulating Medical Centers in the World

Residence, Cook County School of Nursing

Here's an opportunity to gain unique and valuable experience in a public hospital — world's largest for acute medical conditions. Cook County Hospital offers you the stimulation of working with more than 2,500 other doctors and nurses in one of the world's largest and most exciting medical centers. Housing is available at nominal cost. Salaries begin at \$340-\$372.50 for a $37\frac{1}{2}$ hour week. And you're only minutes from Chicago's fabulous Loop and local universities.

Graduate Nurses! Write today to Director, Cook County School of Nursing, Dept. C., 1900 West Polk Street, Chicago 12, Illinois.

Are you a

General State Registered Nurse?

Do you enjoy
Nursing
which brings you into
Closer Contact

with your

Patients

and their families?

Are you interested in

Research, Medical Advancement & Rehabilitation?

Have you some or no experience in Neurological & Neurosurgical Nursing?

Do you want a

Short Term Appointment in a unique & useful sphere?

Have you also read the advertisement

under Postgraduate Nursing Education?

Then write, giving particulars of your training, to:—

Matron,
THE NATIONAL HOSPITAL
QUEEN SQUARE,
LONDON W.C.1., ENGLAND

WOODSTOCK GENERAL HOSPITAL Woodstock, Ontario

requires

Registered Nurses for Operating Room, Obstetrical, Medical and Surgical units.

For further information write:

THE DIRECTOR OF NURSING, GENERAL HOSPITAL, WOODSTOCK, ONTARIO.

GENERAL DUTY NURSES

Salary Range \$263 - \$301

Required by Metropolitan Toronto for the expanding geriatrics division. Positions open in the following Homes for the aged.

KIPLING ACRES — HILLTOP ACRES
RIVERDALE HOSPITAL

Benefits include statutory holidays, cumulative sick pay, pension, etc. Permanent positions, 40 hour week.

APPLY PERSONNEL OFFICE, 387 BLOOR ST. E., TORONTO 5, — WA. 4-7441

The Roosevelt Hospital

428 WEST 59th STREET . NEW YORK 19, N.Y.

APPLICATION FOR APPOINTMENT NURSING SERVICE DEPARTMENT

NAME (PRINT)				
ADDRESS				
******		•••••		
BIRTHDAY		MARITAL STATUS		
WHERE REGISTERED				
DATE AVAILABLE				•••••
	PROFESSIO	ONAL BACKGROUND	1	0.101.0.11.0
BASIC NURSING & POSTGRADUATE COURSE	s	ADDRESS	OR DEGREE	
*****************	-			
EVDEDI	ENICE (LICT A	AOST DECENIT DOCUTION	NI FIDCT)	
EXPERIENCE (LIST MOST RECENT POSITION FIRST)				
POSITION		HOSPITAL AND LOCATION		DATE
TRANSPORTATION	FPOM CAN	ADA PAID UPON APPO	OINTMENT T	O STAFE
COMMENTS:	TROM CAIN	ADA TAID OF ON AFT	OHAIMEIAI I	O SIAII
COMMENTO.				
PLEASE INDICATE	IN NUMERIC	AL ORDER, NURSING	SERVICE PR	FFFRRFD.
PLEASE INDICATE IN NUMERICAL ORDER, NURSING SERVICE PREFERRED: MEDICINE MEDICINE & SURGERY PEDIATRICS				
SURGERY OPERATING ROOM GYNECOLOGY				
SEND TO: DIRECTOR, NURSING SERVICE				
THE ROOSEVELT HOSPITAL				
	WEST. 59th			

NEW YORK 19, NEW YORK



Her mother might help, but

SHE'D RATHER TALK TO YOU ABOUT PIMPLES

Only two people easily available to the adolescent can offer advice with assurance that it will be gratefully accepted. One is the mother and the other is the nurse in school, doctor's office, or elsewhere. Actually, the nurse, because of her professional stature and knowledge, can help where a parent often fails.

There is now a clinically-proved medication for pimples* which you can recommend with confidence... CLEARASIL Medication. Many nurses do in fact suggest CLEARASIL—as a recent survey of readers of RN, A Journal for Nurses, indicates.

CLEARASIL combines sulphur and resorcinol in a new, scientific, oil-absorbing base. It works with a gentle, penetrating, drying action. And it's antiseptic, to stop

bacteria that can cause and spread pimples. Skin-coloured, too . . . hides pimples while it works.

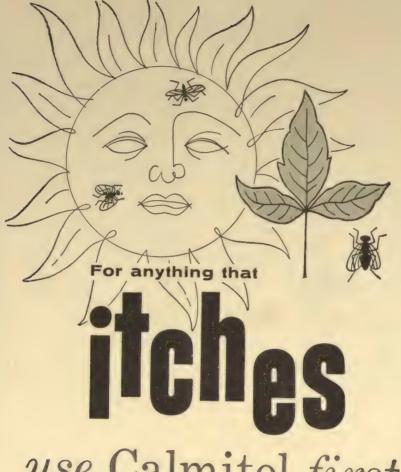
Each package of CLEARASIL contains an authoritative, helpful leaflet on general skin hygiene and living habits. CLEARASIL is guaranteed to help clear skin fast or money back. 69¢ or \$1.19 at all drug counters.

For FREE, PROFESSIONAL SAMPLE of CLEARASIL and copy of clinical report, write CLEARASIL, Dept. N1, 429 St. Jean Baptiste St., Montreal. (Expires Dec. 1, 1959).



*Original clinical reports in our files.

CANADA'S LARGEST-SELLING PIMPLE MEDICATION ...
BECAUSE IT REALLY WORKS



use Calmitol first

... for every type of pruritus, CALMITOL® is the fast acting conservative, low-cost, nonsensitizing antipruritic. Supplied: tubes, $1\frac{1}{2}$ oz., and 1-lb. jars of nonirritant, easy-spreading ointment. For severe itching, CALMITOL Liquid, 2-oz. bottles.

Write for Samples.

Thos. Leeming & Co. Inc. 286 St. Paul St. W., Montreal.

INDEX TO ADVERTISERS

NOVEMBER, 1959

Abbott Laboratories 1023	Lederle Laboratories 1020, 1021 Thos. Leeming & Co. Inc 969
Bland & Co	J. B. Lippincott Co Cover IV
Canadian Industries Ltd Cover II, 1041	C. V. Mosby Co 1047
Carnation Co. Ltd. 1072 Coca Cola Ltd. 1025 Thos. Cook & Son, Ltd. 1053	Ortho Pharmaceuticals (Canada) Ltd 1035
Cow & Gate (Canada) Ltd 1037	Parke Davis & Co. Ltd Cover III, 1016, 1017
Foster Parents Plan, Inc 1027 Charles E. Frosst & Co 1039	J. T. Posey Co 1053
Gerber Products of Canada Ltd. 1015	The Ryerson Press 1052
H. J. Heinz Co. of Canada Ltd 1029 Hollister Ltd	W. B. Saunders Co. 1045 Savage Shoes Ltd. 1031 Smith & Nephew 973
The Kendall Co. (Canada) Ltd. 1043 Knox Gelatine (Canada) Ltd 1048, 1051	Westwood Pharmaceuticals 1033 Wilder's Teething Lotion 1052

Subscription Rates: Canada & Bermuda: 6 months \$1.75; one year, \$3.00; two years, \$5.00.

Student nurses — one year, \$2.00; three years, \$5.00.

U.S.A. & foreign: one year, \$3.50; two years, \$6.00.

Single copies 35 cents.

In combination with the American Journal of Nursing or Nursing Outlook: one year, \$8.00.

Make cheques and money orders payable to The Canadian Nurse.

Change of address: Four week's notice and the old address as well as the new are necessary.

Not responsible for Journals lost in mail due to errors in address.

Authorized as Second-Class Mail, Post Office Department, Ottawa.

Member of Canadian Circulation Audit Board.

Advertising Representatives: W. F. L. Edwards & Co., Ltd., 34 King St. E., Toronto 1, Ont. Walter Slack, 801 Public Ledger Building, Philadelphia 6, Pa.

1522 Sherbrooke Street West, Montreal 25, Quebec

THE CANADIAN NURSE

VOLUME 55

979 RETWEEN OUDGELVES

NUMBER 11

NOVEMBER 1959

974	New Products
980	RANDOM COMMENTS
985	VISITING OUR NEIGHBORSJ. E. MacGregor
987	In Step with Modern Progress
990	SUPPORTIVE MATERNAL AND CHILD CARE
995	The Role of the Nurse-Midwife in Great Britain
999	WHY JUDGE THEM?Sr. Ste. Mechtilde
1003	PLANNING SENIOR EXPERIENCE IN OBSTETRICS
	PRE-ECLAMPTIC TOXEMIAK. Goos, M. Sellers and K. Antoniades
1009	In Memoriam
1010	Nursing across the Nation
1011	Registration form, 1960 Convention
1018	Revised Itinerary, Canadian Nurses' Association 1960 European Tour
1022	ERYTHROBLASTOSIS FETALIS
1026	Another Reason for Hope
1028	Involutional Melancholia
1032	Nursing Profiles
1038	DIABETIC KETOSISD. (Haave) Dahl
1046	Annual Meeting in Alberta
1049	Book Reviews
1055	EMPLOYMENT OPPORTUNITIES

The views expressed in the various articles are the views of the authors and do not necessarily represent the policy or views of The Canadian Nurse nor of the Canadian Nurses' Association.

Journal Board: Mrs. A. I. MacLeod, chairman, Sr. M. Felicitas, Misses H. Carpenter, R. Chittick, S. Giroux, E. Gordon, K. MacLaggan, A. Girard, president CNA; Misses M. P. Stiver, M. E. Kerr.

Editorial Advisers: Alberta, Miss Irene M. Robertson, 11831-87th Ave., Edmonton; British Columbia, Miss Marion E. Macdonell, 1807 W. 36th Ave., Vancouver 13; Manitoba, Miss Sheila L. Nixon, Children's Hospital, Winnipeg; New Brunswick, Miss Shirley Y. Alcoe, 180 Charlotte St., Fredericton; Newfoundland, Miss Isabel Sutton, 66a Mullock St., St. John's; Nova Scotia, Mrs. Hope Mack, P.O. Box 76, Hantsport; Ontario, Miss Jean Watt, R.N.A.O., 33 Price St., Toronto; Prince Edward Island, Sr. M. David, Charlottetown Hospital; Quebee, Miss Geneviève Lamarre, Hôpital de l'Enfant Jésus, Quebec City (French), Sr. M. Assumpta, St. Mary's Hospital, Montreal (English); Saskatchewan, Miss Victoria Antonini, S.R.N.A., 401 Northern Crown Bldg., Regina.

Executive Director: Margaret E. Kerr, M.A., R.N.

Assistant Editor: Jean E. MacGregor, B.N., R.N.; Gabrielle D. Côté, M.A., R.N., Pamela E. Poole, B.N., R.N. Circulation Manager: Winnifred MacLean. Production Assistant: Elizabeth M. Hanlon.

Advertising Assistant: Ruth H. Baumel

1522 Sherbrooke Street West, Montreal 25, Quebec

Between Ourselves

Last May when the throng of nurses assembled in Philadelphia for the convention of the National League for Nursing, several Canadian nurses joined with their American colleagues for the week's sessions. Jean E. MacGregor has given us a running commentary on many aspects of the meetings. Jacqueline Gagnon, who is on the professional staff of the Association of Nurses of the Province of Quebec has written a longer report on her observations. We are pleased to be able to share the impressions of these two able observers with you. We commend them to you.

The emphasis in this month's issue is on some of the problems occurring in obstetrics. One of the most controversial issues in this field is the question of the more effective use of highly qualified nurses in the delivery of women with child. In separate articles Norah E. Cunningham, who received her midwifery training in New York, and Alice C. Mills, who holds her certificate from the Central Midwives Board in Britain, point out the flaws in the present pattern so far as Canadian mothers are concerned.

In the popular mind, the term "midwifery" conjures up a picture of a slovenly, ignorant, usually untrained woman who looks after the mothers in her neighborhood who cannot afford or live too far from a doctor. There probably are a few such women in remote areas or in crowded tenement districts of the large cities. Some Canadians of foreign extraction prefer to have a woman of their own race come into the home and take complete charge of the delivery, the housekeeping and the other children.

Despite the fact the law of the land forbids qualified midwives to function, there is recognition of the fact that many women cannot be supervised through the prenatal period and given adequate delivery care by a medical practitioner, much less a qualified obstetrician. Our world-famous Mounties are given a brief training in obstetrics during their preliminary period so that they may assist in an emergency. The University of Alberta School of Nursing provides for graduate nurses a certificate course in "Advanced

Practical Obstetrics" — five months of study and supervised clinical experience in the care of the mother and the newborn infant. Is it not time that the nursing profession became actively interested in promoting the legalization and recognition of nurse-midwives?

SISTER STE. MECHTILDE, with long experience in working among these unfortunates, discusses some of the reasons why young women take the misstep that leads to unmarried parenthood. Her greatest stress is placed on the importance of providing the home environment and parent-child relationship that will act as a preventive, restraining influence. When, however, a young unmarried mother comes to our attention as nurses, Sister gives us sage advice as to how best we can help to restore her to a normal, happy life.

Last June we published the initial draft of the itinerary the CNA tour to Europe would cover. This program has been considerably revised as you may read. This is a wonderful opportunity for nurses to enjoy some new professional experiences at the same time that they are having a marvellous time sightseeing. Be sure you get your passage lined up in ample time!

Who will be the first nurse to register for the 1960 CNA convention in Halifax? Our wager would be placed on either one of two nurses - one resident in British Columbia, the other in Quebec, both of whom always attend. We have no intention of organizing a sweepstake around these possibilities but we do recommend that those of you who have been contemplating attendance at this interesting affair should use the Registration form on page 1011 now. Remember, there is provision for the return of your registration fee if next spring you find that you have to change your plans. Directors of nursing and student organizations should remember, too, that student registrations may be made on the basis of so many persons -- it is not necessary to specify the names of students who will be attending, at this early date.

The entire area of the Sahara desert is more than 3,500,000 square miles — about equal to the area of Canada.

Nothing prevents our being natural so much as the desire to appear so.

- LA ROCHEFOUCAULD



Elastoplast

THE POROUS ADHESIVE

Years of extensive clinical trial and successful use in Great Britain and Canada have shown that *only* Elastoplast Porous Adhesive provides all these advantages:

- Adequate Porosity throughout the entire surface of the adhesive that permits free sweat evaporation and reduces skin reaction.
- The proper degree of Stretch and Regain for correct compression and support.
- Fluffy edges to prevent trauma to devitalized skin.

Elastoplast The synonym for quality and reliability in the surgical field



SMITH & NEPHEW, LIMITED

5640 Paré Street, Montreal 9, Que.

New Products

Published Through Courtesy of Canadian Pharmaceutical Journal and in Cooperation with the Pharmaceutical Firms.

ESIDRIX TABLETS

Indications—All conditions requiring resolution of edema, including congestive heart failure, hepatic edema, renal edema (including nephrosis and certain types of nephritis), edema and toxemia of pregnancy, premenstrual tension, steroid-induced edema and obesity (if fluid retention is a complicating factor). Also of value in all types and degrees of hypertension, either alone or in combination with various antihypertensive agents which it potentiates. It may be safely used in hypertensive vascular disease with or without

associated congestive failure.

Administration—To initiate diuresis and saluresis, a single oral dose of 50 to 100 mg. is administered after breakfast. This dose may be repeated after lunch and once or twice daily thereafter until dry weight is attained. Maintenance doses ranging from 25 to 150 mg. daily, either daily or intermittently, may be required to maintain freedom from edema. In hypertension, the average dose for initiating therapy is 75 mg. daily (usually 50 mg. after breakfast and 25 mg. after lunch). When added to the regimen of patients receiving other antihypertensive agents, care must be taken to avoid excessive blood pressure reductions. Dosage must be carefully individualized and, as with any diuretic, patients must be regularly observed for early signs of fluid or electrolyte imbalance and corrective measures initiated should they be indicated.

Description-Hydrochlorothiazide, saluretic and diuretic compound with approxi-

mately 10 times the potency of chlorothiazide.

Manufacturer—Ciba Company Ltd., Montreal.

KAFOMA

Indications-Prophylaxis of dental caries and as an organic source of calcium and

phosphorus.

Description—Each chocolate-flavored tablet contains: Calcium 100 mg. phosphorus 46 mg., magnesium 0.5 mg., silica 0.03 mg., standardized fluorine content of 0.15 mg. as the organic salt of bone meal.

Manufacturer—Nordic Biochemicals Ltd., Montreal.

NEPTAZANE TABLETS

Indications—In the treatment of glaucoma. Neptazane has been found to be therapeutically effective in 50% of those patients who had failed to respond to Diamox; 50% of the patients who could not tolerate Diamox due to side effects were able to be controlled on Neptazane without side effects. Suggested that Neptazane be considered in those patients who either do not respond to Diamox or who cannot tolerate it.

Administration—The effective therapeutic dosage varies from 50 to 100 mg. 2 to 3 times

daily.

Description—Brand of methazolamide, a carbonic anhydrase inhibitor similar to Diamox (acetazolamide) in chemical structure but with certain different pharmacological properties which makes it a companion product to Diamox in the treatment of glaucoma.

Manufacturer—Lederle (Canada), Cyanamid of Canada Limited, Montreal

OLICIN

Indications—Treatment of common infections caused by staphylococci (including strains resistant to other antibiotics); streptococci (beta-hemolytic strains, alpha-hemolytic strains, and enterococci); pneumococci, gonococci, and hemophilus influenza. Experimental studies have also shown effectiveness against rickettsiae, large viruses and certain protozoa, notably amebae. Particularly for infections of the respiratory and genitourinary systems.

Administration—Dosage varies according to the severity of the infection. For adults, the average dose is 250 mg. to 500 mg. 4 times daily. For children 8 months to 8 years of age, a daily dose of approximately 15 mg./lb. body weight in divided doses has been found

effective.

Description—Triacetyl ester of Oleandomycin, antibiotic derivative therapeutically stable in gastric acid hence absorbed rapidly to yield higher blood levels than previously attained with other agents of the group.

Manufacturer—Pfizer Canada. Montreal 9.

MUREL

Indications—Gastrointestinal, genitourinary and biliary tract spasm; adjunctive therapy in peptic ulcer.

Administration—For severe spasm, 10 to 20 mg (1 to 2 cc.) intravenously or intramuscularly every 4 to 6 hours up to 60 mg. in 24 hours. For mild to moderate or chronic cases, and for maintenance 1 or 2 tablets 4 times daily.

Description-Valethamate bromide 10 mg. tablets; spasmolytic compound providing

anticholinergic, musculotropic and ganglionic blocking action.

Manufacturer—Ayerst. McKenna & Harrison Ltd., Montreal.

The Journal presents pharmaceuticals for information. Nurses understand that only a physician may prescribe.



SCHOOL for GRADUATE NURSES McGILL UNIVERSITY

PROGRAM FOR GRADUATE NURSES LEADING TO THE DEGREE OF BACHELOR OF NURSING

Two-year program for nurses with McGill Senior Matriculation or its equivalent. Three-year program for nurses with McGill Junior Matriculation or its equivalent. In the first year students elect Public Health Nursing or Teaching and Supervision in one of the following clinical fields: Medical-Surgical Nursing, Psychiatric Nursing, Maternal and Child Health Nursing.

In the second year students elect to study in one of the following fields: Nursing Education, Administration in Hospitals and Schools of Nursing, Administration in Public Health Nursing.

PROGRAM FOR GRADUATE NURSES LEADING TO A DIPLOMA

Students are granted a diploma on the completion of the first year of the degree program. All first-year students elect to study in a particular field as stated above.

PROGRAM IN BASIC NURSING LEADING TO THE DEGREE OF BACHELOR OF SCIENCE IN NURSING

Five-year program for high-school graduates who have passed in the required papers of the McGill Junior School Examination or their equivalents. This program combines academic and professional courses with supervised nursing experience in the McGill teaching hospitals and selected health agencies. This broad background of education, followed by graduate professional experience, prepares the nurses for advanced levels of service in hospitals and community.

For further information write to:

DIRECTOR, McGILL SCHOOL FOR GRADUATE NURSES, 1266 PINE AVE. W., MONTREAL 25, QUEBEC.



ONTARIO PLACEMENT CENTRE

For Professional, Supervisory and Administrative Nursing Staff
DIRECTOR: MISS H. E. JONES, REG.N.
SUITE 304, 97 EGLINTON AVENUE E.,
TORONTO, ONTARIO.
HU. 1-6301 or HU. 1-6362

CHILDREN'S HOSPITAL OF WASHINGTON, D.C.

OFFERS

Registered Nurses a 16-wk. supplementary program in pediatric nursing. Admission dates, January 5, May 3, August 30, 1960, January 3, 1961.

For complete information write to:

DIRECTOR OF NURSING 2125-13th STREET, N.W., WASHINGTON 9, D.C.

DALHOUSIE UNIVERSITY

School of Nursing

COURSES OFFERED

1959 - 1960

1. Degree Course in Basic Professional Nursing

Candidates for the degree of Bachelor of Nursing are required to complete 2 years of university work before entering the clinical field, and one year of university work following the basic clinical period of 30 months, On completion of the course the student receives the Degree of Bachelor of Nursing and the Professional Diploma in either Teaching in Schools of Nursing or Public Health Nursing.

2. Degree Course for Graduate Nurses

Graduate nurses who wish to obtain the degree of Bachelor of Nursing are required to complete the three years of university work.

- 3. Diploma Courses for Graduate Nurses
 - (a) Public Health Nursing
 - (a) Teaching in Schools of Nursing

For further information apply to:

DIRECTOR, SCHOOL OF NURSING DALHOUSIE UNIVERSITY, HALIFAX, N.S.

DESITIN ACNE CREAM

Indications—Acts to unblock clogged sebaceous gland openings and to remove excess skin oiliness helping to heal acne lesions. Combats local infection. Flesh-tinted to blend with average skin to provide an unobstrusive cosmetic cover that helps avert emotional upset. Pleasant to use, quick-drying, greaseless, water-washable.

Administration: Wash affected areas thoroughly with mild soap and water. Apply a

thin layer of cream once daily and at bedtime.

Description—A flesh-colored, greaseless, fast-drying cream containing superfine sulfur, zinc oxide, resorcinol and hexachlorophene in a cosmetically elegant and superior base.

Manufacturer-Leslie A. Robb, 5 Traymore Crescent, Toronto 9.

DESITIN BABY LOTION

Indications—Soothes, lubricates, acts to keep baby's skin healthy, pliant, smooth and soft. Protects against certain common skin bacteria. Cleanses thoroughly, gently (without mineral oil). Greaseless, stainless.

Administration—Apply after each diaper change. Smooth over baby's entire body after bath, making sure to reach folds where moisture may collect and cause irritation.

Description—A superbly smooth, free flowing, pleasantly scented emulsion containing a special liquid lanolin (Lano-Des), hexachlorophene, vitamins A and E, cleansing emulsifiers, wetting agents. Especially formulated for all-over care of the infant's skin.

Manufacturer—Leslie A. Robb, 5 Traymore Crescent, Toronto 9.

KENALOG

Indications—Many inflammatory skin conditions, including atopic dermatitis, contact dermatitis, eczematous dermatitis, neurodermatitis, seborrheic dermatitis, insect bites, pruritus ani, pruritus vulvae, lichen simplex chronicus, exfoliative dermatitis, stasis dermatitis, nummular eczema.

Administration—Cream or lotion is rubbed into affected area 2 to 3 times a day.

Ointment is applied lightly to the affected area 2 to 3 times a day

Description-Triamcinolone acetonide, (9-alpha-fluoro-16-alpha, 17-alpha-isopropylidene-dioxy-delta-l hydrocortisone) potent, topical corticosteroid. Often acts faster than hydrocortisone and is frequently effective in those instances where hydrocortisone and other corticosteroids fail to bring about a good or complete therapeutic response.

Manufacturer—E. R. Squibb & Sons of Canada Ltd., 2201 Côte de Liesse Rd., Montreal.



PROGRAMS FOR GRADUATE NURSES

Teaching and Supervision

To meet the needs of nurses wishing to prepare for positions of responsibility in either teaching or supervision in Schools of Nursing.

Public Health Nursing

To meet the needs of nurses wishing university preparation for staff work in public health nursing agencies.

Administration of Hospital Nursing Service

To meet the needs of nurses preparing for head nurse, supervisory or matron positions.

This program is supported by the W. K. Kellogg Foundation.

Diplomas are granted on successful completion of the above programs and credits earned may be applied toward the degree of Bachelor of Science in Nursing.

PROGRAMS FOR HIGH SCHOOL GRADUATES Leading to the Degree in Nursing

Students with senior matriculation may pursue a combined academic and professional program leading to the degree of Bachelor of Science in Nursing. In the final year students will elect to study Teaching and Supervision or Public Health Nursing. This broad educational background followed by graduate professional experience enables nurses to progress rapidly into positions of responsibility.

Leading to the Diploma in Nursing

A three year hospital program is conducted for students meeting the entrance requirements of the University.

For further information or inquiries about scholarships, write to:

DIRECTOR, SCHOOL OF NURSING, UNIVERSITY OF SASKATCHEWAN SASKATOON, SASKATCHEWAN

MOUNT HAMILTON HOSPITAL

offers a three-month Postgraduate Course in Obstetric Nursing to qualified Registered Nurses.

Additional lectures in Teaching and Administration will be given in conjunction with McMaster University.

FINANCIAL ASSISTANCE AVAILABLE.

Course to commence January, April, September.

For further information apply to:

MISS ELIZABETH FERGUSON, R.N., SUPERINTENDENT OF NURSING, MOUNT HAMILTON HOSPITAL, HAMILTON, ONTARIO.

LAUDOLISSIN

Indications—Spastic states of skeletal muscle; as a relaxant in surgical anesthesia.

Description—Synthetic curarizing agent, resembling d-turbocurarine in structure and properties. In man, its potency is about one half that of d-turbocurarine, but in equipotent doses the duration of action is slightly longer.

Manufacturer—Allen & Hanbury's Company Ltd., Toronto.

LOFENALAC

Indications—For use as the sole or main source of nourishment for infants and children with phenylketonuria (or phenylpyruvic oligophrenia) which is due to a congenital inability to metabolize the essential amino acid phenylalanine properly.

If the condition is allowed to progress, brain development is arrested, and severe mental deficiency develops.

Administration—Physician control must be exercised. Should not be fed to normal children.

Description—A balanced low phenylalanine food made from a special casein hydrolysate low in phenylalanine combined with fat (corn oil) and carbohydrate (Dextri-Maltose and arrowroot starch). Vitamins and minerals are included to provide amounts similar to those in the usual milk formulas.

Manufacturer—Mead Johnson of Canada Ltd., 5757 Decelles Ave., Montreal.

GRISOVIN

Indications—Experience to date indicates the activity of griseofulvin is confined to the dermatophytes, which are responsible for the superficial mycoses, tinea pedis, scruris, corporis and capitis. In particular Grisovin has produced good results in Trichophyton rubrum infections even in cases of many years duration.

Administration—I gram (4 tablets) daily by mouth. In more severe or extensive cases up to 2 grams daily may be given to adults at the beginning of treatment, reducing to

l gram when clinical response has occurred.

For children doses of 250 to 500 mg. daily, but as much as 1 gram daily has been

given without side effects.

Description—Scored tablets containing 250 mg. Griseofulvin, orally active antibiotic

for treatment of fungal infections of the skin.

Manufacturer—Glaxo (Canada) Ltd., Toronto,

McMASTER UNIVERSITY School of Nursing

DEGREE COURSE IN BASIC NURSING (B.Sc.N.)

A Four-Year Course designed to prepare students for all branches of community and hospital nursing practice and leading to the degree, Bachelor of Science in Nursing (B.Sc.N.). It includes studies in the humanities, basic sciences and nursing, Bursaries, loans and scholarships are available.

DEGREE COURSE IN SCIENCE TEACHING П FOR GRADUATE NURSES (B.Ed.N.)

A Two-Year Course designed to prepare graduate nurses to teach basic sciences in schools of nursing and leading to the degree, Bachelor of Education in Nursing (B.Ed.N.). It includes studies in the humanities, the physical, social and biological sciences, teaching and nursing education. Bursaries of Six Hundred Dollars each are offered in both years of this Course.

For additional information, write to:

School of Nursing, McMaster University, Hamilton, Ontario.

282 MEP

Indications—Pain accompanied by muscle spasm and anxiety, as in tension head-

ache, low back pain, menstrual stress, bursitis, arthritis, postoperative pain, cancer.

Administration—One or two tablets every 4 to 6 hours as required.

Description—Each tablet contains: Acetophen (acetylsalicylic acid) 200 mg., phenacetin 150 mg., caffeine citrate 30 mg., codeine phosphate 15 mg., meprobamate 200 mg.

Manufacturer—Charles E. Frosst & Co., Montreal.

PENTRAX

Indications—For preventive management of angina pectoris, coronary insufficiency, and coronary artery disease, particularly when aggravated by tension or anxiety.

Contraindications—Should be used cautiously in glaucoma.

Administration—Should be taken before meals and on a continuous dosage schedule. It does not take the place of nitroglycerin in treatment of the acute attack. Begin therapy with 1 to 2 yellow tablets 3 to 4 times daily. This may be increased for maximal effect by changing to pink tablets.

Description—Pentrax 10 — Yellow tablets: PETN (pentaerythritol tetranitrate) 10 mg.,

Atarax (hydroxyzine) 10 mg.

Pentrax 20 — Pink tablets: PETN 20 mg., Atarax 10 mg.

Manufacturer—Pfizer Canada, 5330 Royalmount Ave., Montreal.

SINUTAB

Indications-Sinus headache.

Administration—Adults, at first symptoms, 2 tablets followed by one every 4 hours. Children (6 to 12 years), one-half adult dosage.

Description—Each tablet contains: N-acetyl-p-aminophenol 150 mg., phenacetin 150, phenylpropanolamine HCl 25 mg. Phenyltoloxamine dihydrogen citrate 22 mg. Manufacturer—Warner-Chilcott Laboratories Co. Ltd., Toronto.

STERI/SOL

Indications—Bacterial and fungal infections of the mouth and throat.

Administration—Apply by swab to local lesions; for buccal and pharyngeal lesions, swish in mouth and gargle for 30 seconds, using 15 cc. morning and night.

Description—Hexetidine (bis-1, 3-beta-ethyl-hexyl-5 methyl - 5-amino hexahydro-

pyrimidine solution, a broad-spectrum bactericide and fungicide for topical application.

Manufacturer—Warner-Chilcott Laboratories Co. Ltd., Toronto.

PSYCHIATRIC COURSE

For

REGISTERED NURSES

THE NOVA SCOTIA HOSPITAL offers to qualified Registered Nurses a sixmonth certificate course in *Psychiatric Nursing*.

- Classes in March and September.
- Remuneration.
- Preference given to Nova Scotia applicants.

For further information apply to:

Superintendent of Nurses Nova Scotia Hospital Drawer 350 Dartmouth, Nova Scotia

NOVA SCOTIA SANATORIUM KENTVILLE N.S.

Offers to Graduate Nurses a Six-Month Course in *Tuberculosis Nursing*, including Immunology, Prevention, Medical & Surgical Treatment.

- 1. Full series of lectures by Medical and Surgical staff.
- 2. Demonstrations and Clinics.
- 3. Experience in Thoracic Operating Room and Postoperative Unit.
- 4. Full maintenance, salary & all staff privileges.
- 5. Classes start May 1st and November 1st.

For information apply to:

SUPT. OF NURSES, NOVA SCOTIA SANATORIUM, KENTVILLE, N.S.

Random Comments

Dear Editor:

May I comment on the general quality of our magazine? "It gets better all the time!"
G. L., Ontario

Dear Editor:

I enjoy the magazine so much, especially the way you handle articles on specific ailments. The series on heart catheterization was excellent. I even read the one in the research section!

J. M. S., Ontario

Dear Editor:

At present I am not in active nursing so my copies of *The Canadian Nurse* keep me abreast of the times. I have kept every issue since I started my training in 1950 and really enjoy running through my file.

B. C., Saskatchewan

Dear Editor:

I want to tell you how very much I appreciate and enjoy my copies of our journal that reach me regularly here in Africa. Not only am I aware of the marvellous new discoveries made in medicine and the advances in nursing but I feel so much less isolated for it keeps me in touch with the rest of the nursing world.

E. A., West Africa

Dear Editor:

You recently printed a letter that expressed disapproval of young graduates going "to rural areas, to the northland." I have lived and worked in this small northern community for several years. We have a nice hospital here, quite modern as to building and equipment, and the variety of nursing experience is unlimited. Our work has expanded so much that we need more nurses, more nursing assistants.

Incidently, there are many bachelors in the northland! I met my husband here.

A. I., Ontario

Dear Editor:

I look forward each month to the arrival of *The Canadian Nurse* and so, I may add, do my English colleagues! We particularly enjoy the numerous case histories which are so much more concerned with nursing care than many similar reports that are published over here.

I always turn first to the Nursing Profiles where I can occasionally read of friends and often of acquaintances.

A. G. N., England

ROYAL VICTORIA HOSPITAL

SCHOOL OF NURSING MONTREAL, QUEBEC

Postgraduate Courses

 (a) Six month clinical course in Obstetrical Nursing.

Classes — September and February.

(b) Two month clinical course in Gynecological Nursing.

Classes following the six month course in Obstetrical Nursing.

- (c) Eight week course in Care of the Premature Infant.
- Six month course in Operating Room Technique and Management.

Classes — September and March.

 Six month course in Theory and Practice in Psychiatric Nursing.

Classes — September and March.

Complete maintenance or living-out allowance is provided for the full course.

Salary — a generous allowance for the last half of the course.

Graduate nurses must be registered and in good standing in their own Provinces.

For information and details of the courses, apply to:—

Miss H. M. Lamont, B.N.
Director of Nursing,
Royal Victoria Hospital,
Montreal, P.Q.

OUR DAYS ARE SPENT IN
STRIVING TO MAKE THE
VERY BEST AND MOST
PRACTICAL UNIFORMS
FOR NURSES,
THAT CAN BE MADE.
DID YOU EVER TRY THEM?



OUR NEW CATALOGUE IS READY FOR YOU.

Made only by

BLAND AND COMPANY 2048 Union Ave., Montreal, Canada

THE MOUNTAIN SANATORIUM

HAMILTON, ONTARIO

TWO-MONTH
POSTGRADUATE COURSE
IN THE IMMUNOLOGY,
PREVENTION & TREATMENT
OF TUBERCULOSIS

This course is especially valuable to those contemplating Public Health, Industrial, or Tuberculosis Nursing.

For further information apply to:

Director of Nursing, Mountain Sanatorium Hamilton, Ontario.

THE WINNIPEG GENERAL HOSPITAL

Offers to qualified Registered Graduate Nurses the following opportunity for advanced preparation:

A six month Clinical Course in Operating Room Principles and Advanced Practice.

Course commences in January and September of each year. Maintenance is provided. A reasonable stipend is given after the first month. Enrolment is limited to a maximum of six students.

For further information please write to:

DIRECTOR OF NURSING GENERAL HOSPITAL WINNIPEG, MANITOBA

REGISTERED NURSE

NEW YORK UNIVERSITY

Offers to registered nurses who meet admission requirements of the Department of Nurse Education, School of Education, a one-year Internship in Oncological Nursing at James Ewing Hospital of the Department of Hospitals, Memorial Center.

Experiences include cancer research, Chemotherapy, medicine, surgery, and radiation therapy. A monthly stipend, laundry, and two meals a day are provided. Students are assisted in securing desirable living facilities.

Classes are admitted in the Fall and Spring semesters. Applications for February 1960 should be filed no later than November 30, 1959.

For further information write to:

NORMA F. OWENS, DIRECTOR INTERN-SHIP IN ONCOLOGICAL NURSING, DEPT. OF NURSE EDUCATION, SCHOOL OF EDUCATION, NEW YORK UNIVERSITY, WASHINGTON SQUARE, NEW YORK 3. Dear Editor:

I wish to extend my sincere congratulations to the Association of Nurses of the Province of Quebec for endorsing L'Infirmière Canadienne and to the Canadian Nurses' Association for making this publication a reality. Please send me the French copy from now on instead of the English.

A great many nurses here will benefit by the new Journal for rarely do you find one who can read English. L'Infirmière Canadienne will be of wonderful service in thus presenting such a high standard of work. It will be accepted with joy in an underdeveloped country such as this where French is the second official language.

S. S-M., Vietnam

Manitoulin Island in Lake Huron is the largest fresh water island in the world. It is nearly a hundred miles in length, from two to forty miles wide.

* * *

Over 9 million Canadians are served by federated appeals in 99 cities.

- The Canadian Welfare Council.

THE NATIONAL HOSPITAL QUEEN SQUARE

London, W.C.1

MAIDA VALE HOSPITAL

London W.9, England (Institute of Neurology, University of London)

Postgraduate Nursing Education for Medical Neurology & Brain Surgery

One year courses are open to Nurses on the General Register with good educational background.

3 mo, full time instruction in the school under guidance of the Sister Tutor assisted by a teaching staff of senior neurologists & neuro-surgeons.

8-mo. clinical experience, 1 mo. vacation. Certificate & badge of the hospital awarded to successful students. Staff nurses' salary paid throughout the year. This work has a special appeal to nurses interested in research & the humanitarian aspect of nursing.

Apply, in writing, to Matron,
THE NATIONAL HOSPITAL,
W.C.1.

COURSES FOR GRADUATE NURSES

in various clinical fields.

Terms begin November 16, 1959, February 8, 1960, May 2, 1960, July 25, 1960 and October 17, 1960.

Room, meals, laundering of uniforms, and honorarium provided.

Apply to:

DIRECTOR,
COOK COUNTY SCHOOL
OF NURSING,
DEPT. C., 1900 WEST POLK ST.,
CHICAGO 12, ILLINOIS

THE JOHNS HOPKINS HOSPITAL

SCHOOL of NURSING

Offers to qualified Registered Nurses a 16-week supplementary course in

OPERATIVE ASEPTIC TECHNIC

with instruction and practice in the general surgical, neurosurgical, plastic orthopedic, gynecologic, ophthalmologic, urologic and ear, nose and throat operating room services. Maintenance and stipend are provided.

For information write to:

DIRECTOR, SCHOOL OF NURSING
THE JOHNS HOPKINS HOSPITAL
BALTIMORE 5, MARYLAND, U.S.A.

WILLS EYE HOSPITAL Philadelphia, Penna.

The largest eye hospital in the United States offers a six-month course in Nursing Care of the Eye to Graduates of Accredited Nursing Schools. Operating Room Training is scheduled in the course.

- \$205 per month for the first four months. \$215 per month for the last two months.
- REGISTRATION FEE is \$20
- Course starts March 15 & September 15. Ophthalmic Nurses in great demand for hospital eye departments, operating rooms & ophthalmologists' offices.

For information write to:

Director of Nurses, Wills Eye Hospital, 1601 Spring Garden Street, Philadelphia 30, Penna.



the LINE-O-VISION bed sign by Hollister

meets your eye at any level Here's a new kind of bed sign you can read with eyelevel comfort in *any* location . . . high or low. Line-O-Vision's new *slanted slots* make the difference. Mount the sign low on a footboard. Or turn it upside down and attach it high on a wall or door. Just stand and glance. That's all it takes to read the sign quickly, easily.

Line-O-Vision's distinctive design and varicolored reminder cards attract staff attention to important orders for patient care. For complete information, write for free Line-O-Vision Bed Sign folder.





HOLLISTER LIMITED
160 BAY STREET, TORONTO

THE CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA PUBLISHED IN ENGLISH AND FRENCH BY THE CANADIAN NURSES' ASSOCIATION 270 LAURIER AVE. WEST, OTTAWA

VOLUME 55

NUMBER 11

MONTREAL, NOVEMBER 1959

Visiting Our Neighbors

PHILADELPHIA, PA. — City of Brotherly Love — was convention headquarters for delegates to the National League for Nursing biennial meeting May 11-15, 1959. Immediately prior to this the National Student Nurses' Association convention was held; the NLN board of directors, special committees and other groups met. To provide seating space for those expected to attend the general sessions, Convention Auditorium just across the street from Philadelphia General Hospital - the "Old Blockley" of earlier days - was used. Just around the corner was the University of Pennsylvania Museum with its exhibit of Nightingaliana. This was the setting for the all-time high registration of 4,285 delegates.

On the ground floor, 632 exhibitors' representatives were busy from early morning until late afternoon explaining, demonstrating, distributing samples, providing information. One of the busiest booths was the large one manned by the various members of the National League for Nursing staff. Nurses dropped by to ask about scholarships, to inquire about postgraduate

programs. The Nursing Outlook booth had a steady stream of customers looking for their daily copy of the news bulletin, Convention Outlook, or ordering full sets to be sent home or to friends. The publication of the convention newspaper is a much appreciated service and delegates particularly treasure the issues listing the names and hotels of all registrants. A quick and easy way to find your friends!

As a Canadian visitor, there were certain impressions that tended to remain uppermost in one's mind. One of the first was produced through sheer force of numbers. The impact of having several thousands of nurses suddenly converge on one spot on the map affected not only the city itself but apparently the transportation facilities. The train porter, who stopped to chat briefly, obviously did not expect to be contradicted when he said 'You are a nurse." The helpful policeman gave directions about streets and buses and added the symptoms of his head cold. Special displays in libraries and stores plus a huge bill-board greeted the delegates.

The growth in size and power of

the National Student Nurses' Association was equally impressive. Formed in 1952, the NSNA numbered 77,500 members at the end of 1958. Almost 3000 students attended this year's convention and some remained over to be present at the NLN sessions. These young women are receiving excellent preparation for future professional responsibilities.

The licensed practical nurse has very obviously attained a respected position on the nursing team. The Council on Practical Nursing stressed the "dynamic role" taken by the L.P.N. in relieving the nurse shortage. Discussions of the Council included the necessity for providing sound educational programs in practical nursing; the advisability of providing home nursing experience; the possible inclusion of mental health nursing in the basic programs for practical nurses. The most important decision reached for this group was the acceptance of the resolution requesting accreditation of schools of practical nursing by the National League for Nursing.

A constant concern at conventiontime is to find the most interestholding method of presenting information. The Department of Public Health Nursing drew a packed house for "3 Maple Street" — a play produced by the American Theatre Wing, with a cast of professional actors. The portrayal emphasized the fact that public health nursing is a family affair. It was a most successful venture and provided one of the main highlights of the entire convention.

The program planners had also arranged for a very extensive showing of films. The subjects thus covered touched upon a very wide variety of situations either in nursing or related to it. Each session drew a good representation of delegates. It was an excellent opportunity to see the films and to evaluate their possible use.

Many other aspects of these convention sessions could be mentioned but two final glimpses must suffice. The presentation of the Mary Adelaide Nutting Award to Miss Effic Taylor "for outstanding leadership and achievement in nursing" provided a touching few moments during the Keynote session. Miss Taylor, who was president of the International Council of Nurses for 10 years, was a member of the last class that Miss Nutting graduated from Johns Hopkins Hospital school of nursing. In her acceptance speech, Miss Taylor took her audience back to that day over 50 years before when a timid young probationer had her first meeting with one of the great ladies of nursing - and decided that maybe she really would like nursing after all.

And finally, there was the convention dinner in the beautiful Grand Ballroom of the Sheraton Hotel. The speaker for that evening was William J. Bishop, librarian and medical historian, London, England. For the past five years he has been engaged in an intensive study of the published writings of Miss Nightingale and has now almost completed the Nightingale Bibliography. It has meant, among other tasks, reading and cataloguing more than 12,000 letters. As a result, Mr. Bishop has an unequalled understanding of this remarkable woman, and his admiration for her was very evident. He spoke of her message for modern nurses and nursing, and his closing remarks give us the essence of this message.

"She had always seen to the heart of things — that the sick person must be treated and not the disease, that prevention is infinitely better than cure, that universal hospitalization will not give positive health or 'wholeness', and that nursing must hold to its ideals but must change some of its methods."

JEAN E. MACGREGOR

That reliable standby, the potato, was discovered by the Spaniards after the conquest of Peru early in the 16th century. They took it to Europe where its use as a staple dietary item for poor families reduced threats of starvation when grain crops failed. It was introduced into Canada in 1763.

Responsibility's like a string we can only see the middle of. Both ends are out of sight.

— WILLIAM MCFEE

A man is not idle because he is absorbed in thought. There is a visible labor and there is an invisible labor. — VICTOR HUGO

In Step with Modern Progress

JACQUELINE GAGNON, B.S.N., M.S.S.

We live in an era of change and invention against which it would be very stupid of us to rebel. In a country where techniques have reached a level far in excess of early estimates, it is not surprising to discover that everyone engaged in nursing is anxious to keep in step with the latest in scien-

tific progress.

The theme of the 1959 National League for Nursing convention, "Nursing for a Growing Nation," could be expressed even more precisely in the words of the title of this report for the same thread ran through all of the sessions. A listing of all the papers presented would read like a catalogue and would not be particularly useful to the readers of this Journal. I shall content myself with a discussion of four aspects of nursing that received marked attention, not only because of their own importance but also because they were presented by outstanding persons. These four points are:

a. education

b. hospital and school of nursing administration

c. public health and other nursing specialties

d. research in nursing

Education

The opening address was presented by Norman Cousins, editor of Saturday Review. He underlined emphatically that the greatest need of any nation is to ensure that all of its citizens may take full advantage of available

educational opportunities.

It is not enough to increase the number of schools. It is necessary, above everything else, to provide the kind of education that will be of benefit to the citizen of tomorrow — this citizen who is obliged to live in a world where unreasonable demands that are made on each individual are more pressing and more numerous than they have been ever

Miss Gagnon is assistant secretary of the Association of Nurses of the Province of Ouebec. before. It is equally necessary that our schools should provide such an education as will prepare people to adjust fully to the environment in which they find themselves.

Miss Marie Farrell, professor of education at Boston University emphasized the fundamental importance of a broad basic preparation for the nurse who wishes to secure advanced professional education. This requirement is essential since these nurses frequently are called upon to assume responsibility for the training of other nurses. If the teachers do not have well-balanced and flexible minds, if they do not enjoy reading, have a love of books, the capacity to evaluate their teaching methods periodically, to review the programs annually in order to keep them as up to date as possible, it is very obvious that they would be incapable of passing on the basic professional education that is absolutely essential for present-day nurses.

In his address, the president of Western Reserve University pointed out that nursing should be truly considered as a profession. The program that is essential to reach that point



JACQUELINE GAGNON

is based on a solid liberal education. Nursing is presently at the crossroads and the direction it takes will depend upon the quality of leadership and the preparation for their tasks that each nurse has. Nursing education should prepare people who have professional awareness and the will to raise the standards of the profession. Every nurse who occupies a key position in nursing should hold at least a certificate as evidence of postgraduate study. The opportunities for such study have been available ever since the first university program was established at Teachers College, Columbia University in 1899. That school still offers a wide variety of programs to meet all the various specialties in nursing.

Over and over again, when the question of specialization came up the speakers and panelists alike emphasized the absolute necessity of a sound preliminary preparation, on good basic education. Dr. Lulu Hassenplug, dean of the school of nursing of the University of California went so far as to declare that we have not been careful enough in examining the persons admitted to our profession. She thought that we have too much dead wood, too many poorly oriented nurses who do not possess the indispensable qualities that lead to success in this field.

Administration

Three specialists presented papers on the question of administration in hospitals and in the school of nursing. Dr. Hans O. Mauksch, of Chicago, noted that the nursing team, while it has a responsibility for a group of patients, does not necessarily reflect the organization and administration of the hospital. Mr. Solomon Gladstein described an experiment at Sinai Hospital, Baltimore where the nursing team and the administration team were organized separately, both being under the direction of the head nurse. He noted also that the team composed of the ancillary workers is under the supervision of a competent staff member, thus relieving the head nurse. The latter can then devote all her time to the well-being of the patients without having to spend precious hours counting pillows or kitchen utensils.

Miss Ruth A. Preston of Johns Hopkins Hospital painted a word picture of the ideal organization of nursing service. She analyzed the functions of everyone concerned directly or indirectly with nursing. On the basis of her analysis she proposed a new distribution of duties, relegating all of those functions not strictly related to nursing to auxiliary personnel.

A well-organized hospital ought to have on its staff a nursing educator who would have the title of consultant. Her role would be to analyze and evaluate the services, to suggest new approaches to problems and to recommend changes when necessary. This specialist, besides being an authority in her own field, should be able to present new ideas and techniques acceptably to the people who have the final responsibility for making decisions. The good administrator requires an orderly mind and a sense of values. Administration is a means to an end and not an end in itself. The end is to provide the best possible care for patients; the administrative staff should concentrate on achieving that goal.

Public Health and other Nursing Specialists

Miss Marion W. Sheehan of the National League for Nursing recalled two essential aims that nurses should not lose sight of in the exercise of their profession: to endeavor to secure the maximum health possible for individuals and their families; to provide the essential services in the least costly fashion, striving for efficiency and avoiding duplications that are costly and often useless. Five areas were considered to be of primary importance to nurses engaged in public health nursing:

1. Maternal and infant welfare:

In the development of public health there has been a trend to establish prenatal clinics where pregnant women could receive advice and appropriate care. It has been suggested that the nurse as well as the doctor should remind the mother that she is not ill, that she has a responsibility to her unborn infant to keep herself well and that she should accept all the help that is offered. This supervision does not stop with the birth of her baby. Throughout infancy and the preschool period the nurse will help to solve health problems of the child, both physical and mental.

2. Child hygiene and adolescence:

The nurse who sees the children during her school visits would find it a distinct advantage to have a sound understanding of child psychology.

3. Mental Hygiene:

Fully appreciating the important place that psychiatry occupies in modern treatment, it serves to emphasize the value of every nurse receiving sound preparation in this field.

4. Tuberculosis:

The nurse has a distinct contribution to make in the rehabilitation of these patients — not only through the care she gives but also through her moral support and optimism. She is one of the most valuable members of the team that is working toward the return of these patients to normal living.

5. Public health and the hospital:

Dr. Herbert Lewis of Yale University described the public health clinic established in a hospital in New Haven. This clinic was established to supervise the well-being of all the hospital personnel. The public health nurse attached to this service is expected to know each employee, the state of his health, his behavior on duty and the factors that affect his efficiency. So successful has this program been it is enthusiastically recommended as a pattern for all hospitals.

Research in Nursing

The problem of research brought together an imposing number of nurses. After considerable discussion, they were agreed that since nursing touches on so many other very active and dynamic disciplines there is a risk of our profession becoming stagnant if it is not constantly revivified by research. Three pieces of research, in particular, were presented. While none of them was designed to bring in a utopia, each could be regarded as a guide to better practices in nursing.

The first study, under the direction of a psychologist looked into the question of relations between the patient, the nurse, the doctor and the members of the family during the recovery period. The second presentation considered the nursing care given a patient with acute stomatitis. The provision of the best nursing care for premature infants was the basis of the third report.

Conclusion

This report, despite its length, scarcely pays full justice to all the valuable addresses that were presented. One of the most interesting was given by William J. Bishop, librarian and writer from London, who has nearly completed the enormous task of cataloguing the writings of Florence Nightingale, including her letters.

I cannot close without sharing some strictly personal thoughts with you. Perhaps there is a tendency to exaggerate the importance of the nurse having a broad background of knowledge in such related fields as psychology or sociology. On the other hand, is it not enough for her to be conversant with the lines of thought in these different disciplines, free to make use of the good offices of these specialists when there is need?

I believe it would be useful to note that the problems of nursing are the same in the United States as in Canada. If we wish nursing to be truly professional, it is important to be very careful in the choice of candidates because the nurse is being called upon more and more to occupy positions of exacting responsibility that demand a sound basic training and broad postgraduate studies.

One final word! I have been much impressed by the financial assistance that is available for nursing education in the United States. This assistance comes not only from the individual states but also from the federal government and from foundations. All of these substantial grants make it much easier for specialists to become qualified, for the services to be expanded for research projects to be undertaken. I wish that our public administrators and business leaders could become more interested in the problem of finding ways and means of preventing illness and safeguarding health.

A wise scepticism is the first attribute of a good critic.

Life is a wave which in no two consecutive moments of its existence is composed of the same particles.

— JOHN TYNDALL

⁻ JAMES RUSSELL LOWELL

Supportive Maternal and Child Care

NORAH E. CUNNINGHAM, M.A.

I UPPORTIVE maternal and child care is that care given to the mother, the baby, and the father too, during the obstetrical experience starting early in pregnancy — there is some thought that such care should begin before pregnancy. It should continue from as early a period as possible throughout the pregnancy, through the postpartum period, into the early adjustment of the family. Supportive care provides physical, instructional, and emotional care. These aspects are intertwined and interdependent.

Physical Care

Medical science is giving a great deal of thought and attention to the subtle causes of defect and death in the field of maternal and child care. We read of problems of neonatal and perinatal mortality, of congenital defects. Dr. Anderson, a researcher in this field at Johns Hopkins Hospital, uses the term "reproductive wastage" within which he includes not only the perinatal mortality, stillbirths, fetal wastage but also congenital defects or malformations compatible with life such as cerebral palsy, blindness, deafness, mental retardation. In this way he groups together not only infant deaths but children who will continue to be problems as they grow out of infancy. Dr. Anderson feels by bringing together data on the total picture of reproductive wastage a better perspective of the enormity of the problem is realized. In Ontario a study involving the large teaching hospitals is trying to come closer to the causes behind such wastage of life.

In the maternal health field there has been tremendous progress in giving improved physical care but there are still many women who appear to have a high pregnancy risk. The causes behind miscarriages, stillbirths and toxemia are not fully understood. The

Miss Cunningham is regional supervisor of maternal and child health with the Department of Public Health Nursing for Ontario.

problem of nutrition in pregnancy has not been fully explored.

A collection of facts about the physical care of the mother and infant is needed as a basis for discovering causes and preventing the present amount of defect and death. The studies, research and action will cut across many disciplines — obstetrics, pediatrics, endocrinology, psychology, chemistry, as well as public health and hospital services.

Dr. Anderson uses another term "cooperative understanding," in describing the needs in the field of reproductive wastage. This is a good phrase to keep in mind as we try to improve maternal and child care.

Another problem in providing good physical care is the need for continuity. Dr. Wilson G. Smillie, former professor of preventive medicine at Cornell University, states that this need for continuity is the outstanding one in medical care today. For example, a pregnant woman may deal with a public health nurse, several clinic nurses and a clinic doctor; in labor and delivery she meets other nurses, doctors; in postpartum with the postpartum nurse, and the nursery nurse. Even if each nurse, doctor and allied worker is trained and desirous of giving the best of care it is felt that the total care is weakened by segmentation — that there is little integration because of lack of coordination or follow through. There is lack of communication between co-workers so care suffers. The patient is confused and consideration of many of her needs is lost.

Hazel Corbin₂, Director of Maternity Center Association, New York, says,

We have reaped the many benefits of specialization. Now the time has come for communication, interpretation and integration for an interdisciplinary program designed not only to insure healthy mothers and babies but also to help parents achieve a happy home life and warm secure relationships.

Here are more key words to remember — communication, interpretation, and integration.

In maternal and child care we are

realizing that the goals of hospital and public health services are similar - perhaps closer together than care in other fields. Both are dealing with the normal process of birth - the healthy family, the healthy mother, the healthy baby. The too-common argument used in the past, that public health deals with the more or less well person and the hospital with the sick, does not apply in maternal and child care. It is perhaps easier in this area for us to realize the need of "cooperative understanding." Demonstrations of "communication, interpretation and integration" here will be helpful in pointing ways in other areas for much needed cooperation between public health and hospital.

Standards of care in maternal and child health services are receiving increasing attention in Canada. We are trying first to find out what conditions actually are. Manitoba is at work in this problem. Ontario has started with an assessment of premature care. We must look objectively at what we are doing. Principles as far as basic care and safety in obstetrical services should apply anywhere — in small centers as well as large. In some rural areas there are hospitals where the nearest blood bank is over 50 miles away, with no laboratory facilities, and with very limited facilities for premature care. There are the problems of costs but minimum standards of care should be maintained wherever service is given to the pregnant woman and wherever a child is born.

Dr. Jean F. Webb₃, chief of Child and Maternal Division, Department of National Health and Welfare has written:

There are indications in some parts of our country in terms of excessive maternal, neonatal and stillbirth rates that all women are not receiving adequate care. An objective study of maternity care in some of these areas would be very interesting in evaluating the relative importance of economic factors, the availability of services and of the mother's own attitude toward her need for medical and nursing care during pregnancy.

A first step toward setting standards is seen in the Guide for Study of Maternity and Newborn Nursing Service, prepared by Dr. Webb's de-

partment. This is interesting and useful because it outlines a plan for the survey of all public health and hospital services for prenatal, delivery, postnatal and baby care in a community.

Instructional Care

It is difficult if not impossible to entirely separate this from physical or emotional care, but let us try to do it. We know there are increased demands from parents for knowledge of child rearing - of how their babies are born, develop and should be cared for. Parents' classes have become increasingly popular. Consider the matter of natural childbirth. There is a great need for parents to understand and be guided to a sensible realistic viewpoint. Many articles have appeared in the popular magazines. Many of these lead me to wonder if too often parents feel doctors, nurses and hospitals are working against them. Certainly in this area there is a need for cooperative understanding, communication, interpretation, and integration. Nurses should listen carefully to parents' questions and plan their teaching to meet these demands for education.

Emotional Aspects

There is a trend to a more encompassing meaning of health — to tie in mental and emotional health with the physical. We use the term "the whole person," thus we must consider the individual's mental attitudes, the social, economic, racial and family background as being important to medical care and health promotion.

Life is made up of stresses. Pregnancy is one of these that may be complicated by the woman's fear of the unknown, her attitude to the pregnancy as an illness, and a fear of the hospital. Dr. Hans Selye₅ has given us greater understanding of these problems. We are gradually realizing the part that stress can play in sapping physical strength and nurses are becoming increasingly aware that they take a part in lessening or at least not adding to stress as they deal with persons under their care.

We know of the physiological basis for an emotional change in pregnancy because of the increase in hormone production. The expectant woman needs help, reassurance. During labor she has an almost childlike attitude. Her emotions are very close to the surface. She needs to know she is not alone — that she is doing a good job. She needs encouragement, friendliness, warmth. The T.L.C. we give to children is needed here as well.

Emotional care is essential for the baby. Early security and love are vital. Encouragement of family unity is important to this security and love. Father should not be forgotten either. It must be remembered he is under stress too. Especially if he is a new father he may be having difficulty adjusting to fear for the safety of his wife and baby as well as being under economic stress.

There is a problem in setting up standards of care that take into consideration emotional support. Physical care standards can use measurements of mortality and morbidity, life and death, infection or no infection, defect or no defect, amount of equipment and numbers of personnel, etc. But in setting up standards for emotional care, how do we measure well being? How do we measure satisfactions of mother, father, and baby and what these mean to health? This is a very difficult area for study because of the many variables, the nebulous aspects but perhaps we can set up criteria as we become more familiar with the needs of the families.

Nursing in this Program

What do the trends I have spoken about mean to nursing? Nursing is called upon from all sides. There is no lessening of demand. There are increased responsibilities, increased tasks.

Some of our critics say we have not accepted this philosophy of supportive care and that we are too apt to give physical care first importance. Dr. Goodrich, is one such critic. He

The evolution from home to hospital deliveries has made nurses excellent administrators, performing duties such as the recognition of complications, progress in labor, recognition of proper timing for medications, protection of the patients from injury, but no longer skilled in true obstetrical nursing.

By "true obstetrical nursing" I believe Dr. Goodrich is referring to what I have termed nursing that gives support in all its many and varied aspects.

Dr. Grantly Dick Read₇ criticized us for what appears almost worship of our mechanical devices — our wonderful delivery tables, our efficiency. He says we appear to have forgotten the "feeling side of care."

Presuming then that we accept the principle of supportive care and that each mother, baby and father receive the physical, instructional and emotional support they need, we take on the obligation of seeing that as far as possible this comprehensive care is given.

It is interesting if we look at the definition of nursing provided by the National League for Nursing: nursing is physical and emotional care, teaching and the promotion of health. It is very similar to what I have been describing as "supportive care." I am not suggesting something new or different. It appears that good support is just good nursing.

We may need to pay greater attention to our interpersonal relationships. Our contacts with people are more important than we realize. The humane, gentle, understanding contact is just as important to the patient as the medicine we see she gets. Too long we have geared our training and service to meet the abnormal not the normal. I read recently a plea to bring "compassion" back into nursing.

Assuming we are in agreement, that reassuring the mother in pregnancy, allaying her fears and apprehensions, is part of our nursing task then how do we do this? Do we do it by simply telling the woman not to worry or do we lead parents to tell us what they know, feel and think? Do we realize that sometimes support can be just as simple a thing as holding the mother's hand as she finds herself in the frightening bustle of the delivery room as an anesthetic mask is being placed over her face.

Nurses are thinking a good deal about their responsibilities in filling the needs of parents. I would also like to refer you to the research study — "Nurse-Patient Relationships in a Maternity Hospital₈." This is a research project of the type that has been and can be carried out by nurses. The study took place in a New York hospital and was designed to discover

what maternity patients felt was the nurses' role, to find out what nurses felt to be their role in relation to their maternity patients. In this particular situation priority was being given to the technical functions of the nurse. It is not surprising that the conclusion reached was "continuation of the present policies and practices holds little promise that the currently unmet needs of patients can be filled by nurses."

Always when we think of changes in nursing we must think of the education of the nurse, of her basic preparation for nursing. There appears to be an increased effort to give the nursing student knowledge, skills and appreciation that will assist her in her relationship with others. We have come through the phase where many of us thought all we had to do to instruct was to tell people the rules of health, to place these before them as on a platter to have them gobble them up. We learned the hard way that people do not learn in this way. That is not the way to change behavior. There are difficulties in conveying the principles of teaching, of counselling, of giving skills in communications to the young nursing student. There are many problems in producing students who are mature in judgment and able to guide people to their own solutions.

There are many advanced courses in obstetrical nursing but too many of them emphasize the surgical, physical routines, the preparation to deal with the abnormal and are lacking in a consideration of the broader aspects of which I have been speaking — the emotional and instructional support needed as well as the merely physical.

I became interested in maternal and child care when giving expectant parents classes. I wished to know more about this aspect and enrolled in the one year course given by Columbia University, New York. Midwifery University, New York. training was part of the program and I honestly felt this might be a waste of time. I was not preparing for the mission field and I could see no use for midwifery skills especially since my main goal was better understanding of prenatal teaching. However, far from this experience being a waste of time I found the midwifery the most stimulating, enlightening part of the course. I was brought close to the needs of

mothers, fathers and families as in no other way. We followed the normal mother through, giving support as needed prenatally, in the delivery, and

with the baby.

Inservice education is also an essential for nurses on the job. Conferences, educational programs, the opportunity to talk things over are all important. The Manitoba Provincial Health Department has developed an interesting educational project in their sponsorship of an on-going program to improve prenatal teaching. A significant aspect of this program is that it is for both hospital and public health nurses. This is an example of "cooperative understanding" and is one way of "communicating, interpreting and integrating." It shows a realization that public health needs the hospital, the hospital needs public health.

Important as it is to prepare ourselves to meet the supportive care needs of parents and family we must remember to check that needs are not ones we have decided upon but are ones we have discovered from parents — needs that are genuine, are valid.

Nurse-Patient relationships in Maternity Service

In this study 66 women were interviewed prenatally and postnatally in regard to what they expected from nurses in their obstetrical experience. The women appeared to expect physical support but not too generally to expect instruction or emotional support from the nurse. In many instances they seemed to see the nurse very busy with routines, getting patients in to the doctor, assisting the doctor. Rarely did they see the nurse as a person able to sit down and discuss problems. If this is the way patients consider us it seems very possible that we not only have to prepare ourselves for a changing nursing role but also to prepare our patients to accept changes in our role. We may have to guide mothers and fathers to expect and seek help from us more readily in the areas touching on their problems, their fears and worries.

Nursing Satisfaction

It has been said that many nurses do not like work in maternity services in hospitals. I wonder if nursing satisfaction in these services would increase if we came closer to our patients and families in this program of supportive care? Recently, in a hospital obstetrical department, I found myself puzzled, frustrated, and rather unhappy with practices that I was seeing and taking part in. Many times mothers were left alone in labor and appeared distraught and tense. In the delivery room with the extensive draping and positioning the mother so often seemed forgotten except as a uterus. There was little if any effort made to allow the mother to see and hold her baby. In a home delivery service the situation is so different that it is startling. The type of woman seen in the hospital and the home services are much the same but in the home atmosphere there was a feeling of nearness, helpfulness, a close working relationship.

Segmented care or a lack of continuity of care may be a factor in nursing dissatisfaction since such care is a barrier to coordinated support for families and so can lessen nursing satisfaction. In health services we find segmented care in many areas. The nurse who deals with the family prenatally does not follow through to see the result of her teaching. In the hospital maternity services so often there is a nursery nurse and a postpartum nurse. The one who looks after the baby so often appears to forget that the baby has a mother. The other looking after the mother, appears on the other hand to forget that the mother has a baby. Such arrangements lessen nursing satisfaction.

As an example of what might be done to improve continuity of care and so to increase nursing satisfaction, consider the obstetrical services at Johns Hopkins Hospital, Baltimore. There, nurse-midwives follow through with mothers from their prenatal clinic. These nurses are on call when these mothers come into the hospital, are with them during labor and delivery and then give postpartum care in hospital and again at the clinic.

By increasing nursing satisfaction in maternal and child care we should start a chain reaction. If nurses were more satisfied in services designed to give supportive care, then the service would be improved and in turn nurses would be increasingly satisfied.

There is no question that if we are

going to give supportive care time with the mothers will be needed. Proper counselling or guidance cannot be hurried or left. Time must be arranged. This means changes in routines finding out what routines are strictly nursing, and which of the routines that keep us so busy we can give to others. It has been suggested that a technician instead of a nurse could help the doctor in his delivery room procedures. This is the type of review of routines that will be needed to decide what nurses should do. Can we relieve them from some routines in order that they may take on other tasks that bring them closer to the patient — closer to true supportive care?

If, in thinking of support for our maternity patients, we accept the idea that mothers should not be alone in labor, how do we revamp our work or train others to take over this needed care? Can the fathers be prepared and used in this situation? What is the role of the nurse? Does a nurse have to be with the mother in labor constantly in order to give support? Are there auxiliary workers who might help? Should we think of a supportive nursing care team — in the labor room, the nurse working with auxiliary help and the father in filling the needs of the mother, in the postpartum period the nurse realizing that the mother and father can be members of the team in the care of the baby?

There will have to be a revaluation of our nursing role and of what we want patient care to be. We will have to try fitting our routines to the patients not the patients to our routines. The Canadian Conference on Nursing brought up the same point when the question, "Is a nurse performing duties which should be the responsibility of others?" was asked. Many of us are reluctant to give up many routines.

We will have to study our day-to-day activities. The emotional and instructional supportive care might not take as much time as we think. In some instances it may mean only a reorganization. I am reminded of the example of the ward supervisor on a maternity floor who, when the student nurses came to her while the babies were out with their mothers asking her what they should do now, set them to cleaning bed pans. To refer again to the

suggestion that a technician might assist the doctor in the delivery, we need to look at and decide what the nurse should be doing. Is having the nurse hand sutures, forceps, swabs more important than having her relieved of this routine at the foot of the delivery table to stay at the head to give reassurance and help to the woman?

Maternal and child care is a fascinating area for study with numerous interwoven aspects that take our minds off in all directions. Most if not all of our problems, can come nearer a solution if we foster cooperation and under-

standing among all involved.

I would like to close on what I feel is an appropriate and optimistic note, a remark made by Dr. John Whitridge, associate professor of Obstetrics and Gynecology at Johns Hopkins University. He was speaking about the problem of reproductive wastage but his statement applies to the whole field under discussion.

We have only to push open the door to cross the threshold and enter a new era that will vitally affect the lives and future well being of at least one hundred million potential new human beings each year throughout the world. This means that we probably hold the key to survival and happiness for more people in the world than any group

except those who control the trigger of nuclear weapons.

References

- 1. Geo. W. Anderson, M.D. "Research in Reproductive Wastage," American Journal of Public Health, Dec. 1957.
- 2. Hazel Corbin, "Meeting the Needs of Mothers and Babies," American Journal of Nursing, Jan. 1957.
- 3. Jean F. Webb, M.D. D.P.H., "Observations on Maternity Care Overseas."
- 4. Child and Maternal Health Division, Dept. of National Health and Welfare, "Suggested Guide for Study of Maternity and Newborn Service," Jan. 1956.
- 5. Hans Selye M.D., "Stress of Life," Published by McGraw-Hill, 1957.
- 6. Frederick W. Goodrich, "Modern Obstetrics and the Nurse," American Journal of Nursing, May 1957.
- 7. Grantly Dick Read, M.D., "Childbirth Without Fear." Published by Harper Bros., 1944.
- 8. Lesser and Keane, "Nurse-Patient Relationships in a Hospital Maternity Service," Published by C. V. Mosby Co., 1956.
- 9. John Whitridge, M.D., "Reproductive wastage," American Journal of Public Health, Jan. 1958.

The Role of the Nurse-Midwife in Great Britain

ALICE C. MILLS

IDWIFE!!! What does that word mean to you? Does it call to mind a Sarah Gampish figure or does it make you think of a nurse who has specialized knowledge and skills in the obstetrical field? When lay people ask me what I did in England and I say I took a course in midwifery, I know they think I am a relic from the dark ages.

is a woman who assists other women

Midwife means "with wife." She in childbirth; a female accoucheur or

Miss Mills is Regional Nursing Supervisor, Health Region No. 12, Saskatchewan Department of Public Health, Prince Albert, Sask.

obstetrician. Midwifery is defined as the art or practice of assisting women in childbirth. Even though the meaning of words is most acceptable, the words in themselves are not used in Canada. Before the role of the midwife is conceded by the medical and nursing professions as well as lay people, I believe that the name must be changed. Would "obstetrical assistant" be appropriate and acceptable?

The practice of midwifery is as old as time. Originally, the midwife was any woman who assisted a mother during labor and delivery. Such women gained their knowledge from experience. For the most part they were uneducated and untrained according to our standards. This is not so in civilized countries today. As the practices of medicine and nursing education have advanced so has the specialized field

of midwifery.

To practise midwifery in Britain one must be a State Certified Midwife which requires one year's training after obtaining nurse registration and entails two sets of examinations. The training is divided into two sixmonth periods. Part I is spent in a hospital and includes theory and experience in prenatal care, prenatal classes, outpatients' clinics, care of the prenatal patient requiring hospital care, postnatal and newborn care and the nursing care of the premature infant. In order to qualify for the Part I examination a nurse must have conducted at least 12 normal deliveries, having cared for these patients during their labor. During the whole period one works under the supervision of a qualified midwife. The pupil must pass Part I examinations before taking Part II. All examinations are arranged for by the Central Midwives Board. Part I examination includes a written and an oral examination. In the latter each pupil is questioned individually by a midwife and an obstetrician.

Some hospitals are just Part I schools: others are Part II schools: and some have facilities for both. Part II can be spent in domiciliary or district midwifery or three months in hospital and three months in the district, depending on the facilities and policy of the Part II school. One gains further experience in nursing care in the whole maternity field. One becomes more adept at spotting abnormalities prenatally, during parturition and postnatally. All abnormalities are immediately reported to the patient's doctor. The midwife is trained to cope with the normal, and with the abnormal only when a doctor is unavailable or until medical care is procured. In Part II the pupil midwife writes case studies on 12 of the patients she has delivered. Each case study includes the patient's obstetrical history, prenatal examinations, a detailed account of the labor and delivery, the postpartum period, including the care of the newborn, birth weight, gain, care of the cord, method of feeding and so on.

In the Part II examination the pupil

is given a prenatal patient whom she has never seen before. In 10 minutes she has to find out her medical and obstetrical history, history of this pregnancy, take her blood pressure and do an abdominal examination to determine the gestation period, position of the baby, whether or not the head is engaged, etc. The midwife and obstetrician then ask questions on her findings and also about the case studies she has prepared.

Ninety-six per cent of all babies born in Great Britain are delivered by midwives either in hospital or homes. This means that ninety-six per cent of the births are normal or a midwife would not be attending them. Sixty-five per cent of all births are in hospital, the

remainder at home.

There are 17,000 practising midwives in Britain; of these 7,500 are in domiciliary or district practice. Every practising midwife must have a refresher course every five years. Her practice is governed by the Rules of

the Central Midwives Board.

In 1957, 264,200 births took place in homes with the lowest maternal mortality rate ever recorded — 39 per 100,000 live births. The most recent figure for Canada is 70 per 100,000 live births. Wise selection of patients who may have their babies at home is essential to good maternal care. If an emergency does arise in a home confinement, an ambulance is called to take the patient to hospital. In the event of a postpartum hemorrhage, when a patient cannot be moved, the "Flying Squad" is called. There is at least one doctor and a midwife on the Squad and they have the equipment to give emergency care and blood transfusions. In the six months I was practising midwifery I did not have occasion to call them nor did I hear of any such calls being made.

There are definite criteria for patients who shall have their babies in hospital: any patient who has had a Caesarean Section; primiparas, particularly elderly primiparas; a primipara breech; patients with poor obstetrical histories, e.g. forceps delivery, postpartum hemorrhage, toxemias, anemias (hemoglobin 65% or under). When a patient refuses to go to hospital it brings a whole gamut of problems, but the midwife is obliged to attend her.

In district midwifery the patient must book her doctor as well as the midwife who will attend her. She must be seen by her doctor at least twice during pregnancy, once quite early and again at 36 weeks. In fact, most of the patients see their doctors more frequently as well as going to the county clinic conducted by a county doctor and the county midwife. Most midwives are now county employees; there are very few in private practice; even in private practice these rules apply.

I wish to make some comments on the differences in obstetrical care in Britain and Canada from my own observations. In Britain, labor and delivery are treated as normal processes. Here it is almost a surgical procedure. A patient is scrubbed with an antiseptic solution and sterile towels and instruments are used. There, everything was clean and we did not get infections. Of course, in the home situation one seldom gets any infections, because, as we know, patients are immune to the bacteria in their own homes. Unless it is a forceps delivery with the doctor in attendance the patient is conscious and she is never, never restrained. I found that maternity patients did not need to be restrained. I have worked in several hospitals in this country and for some reason most of us feel better if the patient's hands are fastened. They can't get into trouble. If we have many mothers who require restraint, there is something amiss in their care either before or during labor. In the prenatal classes we hold in Prince Albert we try to prepare the mothers for what will happen in labor. Several of them have a real fear of having their hands tied.

In normal deliveries in Britain the patient is given either gas and air or Trilene which she administers herself. The machines are set so they cannot take enough to become completely anesthetized. In some of our hospitals the patients who have normal deliveries are unconscious when their babies are born. This is becoming less common with the use of Trilene. A mother is deprived of the meaningful experience of childbirth if she is unconscious. Normal deliveries are conducted with the mother in the left lateral or dorsal position, not in lithotomy. The patient

in Britain is almost never left alone in hospital and never in the home. We know this is not the case in this country. We have the pressure of work which makes it impossible for someone to stay with the patient in labor. Primiparas in particular are afraid to be left alone and understandably so.

There, maternity patients have tub baths up until the time they are delivered. Often when a primipara was having an extended first stage of labor, we would give her an enema and warm tub to stimulate uterine contractions. Enema and a tub bath are routine for medical inductions and at the onset of labor. Patients have tub baths daily from the third day postpartum.

In Britain, a baby's head is never held back. We have all done this at one time or other during our nursing training and since because we were told to do so. I am sure that none of us felt it was right. We are all aware of the possible damage that may be done to the baby and the physical and emo-

tional suffering of the mother.

The average stay in hospital in England is ten days. A patient delivered at home is under the supervision of the midwife for 14 days. Patients here have an average stay of about five days. Breast feeding is accepted by both mothers and midwives in Britain. The hospital stay of 10 days helps in the establishment of breast feeding. Patients, particularly primiparas, are given considerable help in feeding their babies. Five days is too short a time for a mother who is having difficulty to establish breast feeding satisfactorily. I learned a great deal about the care of breast and breast feeding.

Both the hospitals in which I worked had a modified form of rooming-in. The babies were in cots beside their mothers in the wards except during the night. Because of hospital routine they were fed at four-hourly intervals. At home they are fed on demand and few problems are encountered with engorged or infected breasts. In both hospitals on the fifth day the mother changed her baby's diapers as necessary and from the seventh day onward bathed her baby. In this way the mother knew her baby and had confidence in attending to his needs. There are very few hospitals here that carry out even a modified rooming-in plan. New

hospitals are being built and maternity wards equipped without considering

the possibility of such a plan.

In the February Nursing Outlook there is an article "Maternity Nursing Education — Yesterday, Today and Tomorrow" by Hazel Corbin, general director of the New York Maternity Centre. She states,

It is beginning to be understood that the quality of the childbearing experience and the satisfaction derived from it may affect the development of maternal feeling and the all important postpartal physiological and emotional interaction

between mother and child.

These psychological needs have been met in Britain because of the way in which midwifery has evolved. These needs are not being met on this side of the Atlantic. Doctors are our midwives and because they are diseaseoriented, obstetrical care has a pathological rather than a psychological approach. Consequently maternity nursing has the same pathological approach. Nurses are busy carrying out impersonal techniques instead of offering comfort and care to the whole woman, Interest in efficient routines overshadow concern with patient care. In 1932 the New York Maternity Cen_ tre opened as the first school for nursemidwifery training on this continent. Since then midwife training centres have been set up at five other American centres. There have been some 500 nurse-midwife graduates. Even now there are only 40 graduates annually from these six schools, and they are quickly snatched up for underprivileged areas in the U.S. and abroad.

There is very real concern for the care of the maternity patient in the future. It is estimated that in 1970 there will be six million babies born in the United States. By all present trends in medical education there will not be enough general practitioners and obstetricians to cope even with the deliveries with the result that the deliveries will of necessity be done by nurses untrained in midwifery. Dr. John Whitbridge of Johns Hopkins University asks,

Why is it that we find the main obstacle to nurse-midwifery coming from the very people who should be in the best possible position to evaluate the

situation? There are, of course, many probable reasons, but the most significant ones are as follows: The average physician, be he general practitioner or obstetrician, knows very little, if anything, about nurse-midwifery or how a nurse-midwife might function in our present system of medical care. He is inclined to think in terms of the nonprofessional untrained midwife and concludes that any system recognizing an individual called midwife is automatically turning back the clock to an era from which we have largely emerged. In other words, the vast difference between midwife and nurse-midwife is greater than that between a first year medical student and a board certified specialist. This difference is not recognized. A second basic misunderstanding relates to the way in which nursemidwives would function. There is the apparently widely held view that they would be private practitioners and thereby in direct competition with physicians. Nothing could be farther from the truth, since all of us who are interested in furthering the development of nursemidwifery in this country emphasize the fact the nurse-midwife would at all times be working under the close supervision of a physician, as a member of the obstetric team. The nurse-midwife furnishing direct service to patients would be a salaried employee of either a practicing physician, a hospital or other agency furnishing direct care to patients.

Dr. Whitbridge thinks that until the nursing profession decides on educational qualification of nurse-midwife students we will not be in a position to undertake their training on the scale that is necessary.

You may say, "These problems do not apply to us in Canada." Actually, we face the same problems in obstetrical care. Until the role of the nurse-midwife is accepted the approach to maternity care will continue to be geared to the abnormal rather than the normal.

We cannot expect radical changes in the practice of obstetrics in a short period of time. Is it possible to make gradual changes? Instead of sending nurses to take postgraduate courses in obstetrical nursing would it be of more value to have them take nurse-mid-wifery courses? Nurse-midwifery train-

ing is a humane, psychological approach to the normal woman to meet normal needs. With the facilities we now have available, is it feasible that a woman in labor never be left alone? If we do not have the staff, can we consider allowing husbands to stay with their wives? Can we dispense with restraining patients in the second and third stages of labor? Are our reasons for doing this really valid if we think consideration of the mother's comfort and feelings important? What can be done to help a mother know her baby and how to handle him before being thrown on her own resources at home? What can be done about holding back a baby's head or anesthetizing a patient until the doctor arrives? There are many problems and situations to be solved before mothers can receive the kind of care they have the right to expect. To quote Dr. Whitbridge again:

There can be no denying that child-bearing has become unbelievably safe, but it would scarcely be considered adequate in our modern society. The satisfaction realized by mothers through the birth process, the happiness of parents and children, the presence or absence of chronic disability — both physical and emotional — the quality of the offspring, and many other factors must be considered when assessing the end results of obstetrical care.

Why Judge Them?

SISTER STE. MECHTILDE, S.M., M.A.

The Problem

W HEN an unmarried young woman becomes pregnant there are usually several factors that are suggested as possible explanations: her youth, her loneliness, her inexperience, or her irresponsibility. Where does the blame lie?

In order to understand and help these unhappy young women who have been carried away by a too-yielding disposition they should not be judged by their outward appearance nor blamed for the company they keep, the use they choose to make of their leisure, the magazines and novels they read, the movies they see, the music they listen to or the dances they prefer. What we should seek to understand is how and why they have become what they are: day by day becoming more egotistical and less truly feminine. We will learn that these young women have not struggled very hard against the environment in which they live. Their home surroundings perhaps, or the social life they follow may have warped their outlook. Their goal in life is bounded by their desire for adventure. They long to love and to be

Sister Ste. Mechtilde is the foundersuperior of the Rosalie Jettée Centre, Montreal. loved but they have not succeeded in finding the person who will point the road to true love.

That is roughly a picture of the unmarried mother who turns to us for help. We must look upon her with kindly eyes, and an open mind. This picture makes us aware especially of the importance of parent-child relationships. Before any educational program



SISTER STE. MECHTILDE

is started the father and mother should "tame" their child as St. Exupery notes in "The Little Prince":

What does it mean to tame?

"It is one thing that is often forgotten," said the fox, "It means to build up some ties. If you tame me, my life would be bathed in sunshine."

Child training is a difficult matter that is based on love. One of the immediate forms this love will take is confidence. We can predict if a child is going to become a happy or an unhappy adult when we learn if the early years have or have not been dominated by this feeling of confidence.

The Causes

Over and over again, stories are told us by the young women that show the relationship between a happy life and the influence of parents on their children. These girls would not know much contentment with a cold mother or an inaccessible father. We know that at the bottom of their hearts most parents love their children but they show their love in a fashion that is not always what the child needs. For example, the rich father who sends presents to his son from far and wide every time he goes away, finds he avoids embarrassing contacts so long as he is away. He avoids the questions he finds it too difficult to answer. This father should take care lest he some day wakens to the realization that this behavior may have cost him dearly -- not just in money but even more in uneasy anxiety. He will know then the gap in understanding that exists between his son and himself.

There are many other barriers that can be raised between a father and his daughter, the daughter and her mother if they do not weigh their responsibilities carefully. Perhaps mother is more concerned about her fur coat, a fishing party means more to father, or entertaining their friends. The children who have to suffer from this lukewarm attention will spend the rest of their lives in a vain but obstinate search for the love that should completely fill their lives.

It would be easy to cite hundreds of examples of unmarried mothers who nearly always are seeking for the kind of love that they believe will last. Why does this driving urge exist? Because their parents are not there in the full sense of the word. True, they may be present in the flesh but if we consider the number of broken homes, it is not difficult to understand why they fail to develop a sympathetic understanding with their children, why they fail to listen to the hopes for the future the young people have.

The absence of the father constitutes a state that might truly be termed "family insolvency." Not the least of the ways in which this is evident is in the education of his daughter. I do not know if you have read the novel "Misery without a Name" where is

written :

The young girl who has never really known her father regards all men with an indescribable mixture of curiosity and anguish. When she gives her love, she is slowly conscious of a feeling that is genuinely filial which raises her up then dashes her down, full of misunderstanding for every other person she meets.

Family insolvency . . . what dramas are wrapped up in those words! How can those who have been brought up in a normal, united, happy family imagine the suffering of one who has grown to maturity in a loveless home? It is necessary to be close to this misery for a long time, daily and near at hand, in order to appreciate the incomparable gift that is taken for granted by those born to a home where love abounds.

Without parents, the young of animals can survive for only a short time in conditions unfavorable to their species. Young humans, on the other hand, may grow to adulthood under adverse conditions, but at what a price! How can they hope to meet well balanced, happy people under such circumstances? As for the unmarried mother, she knows little happiness before or after the birth. Human psychology does not dispute the fact that the intensity and quality of the love of parents is closely associated with their love for each other as husband and wife.

What can be done?

It is the harmony and stability of a married couple that ultimately determines the success of the teaching they give as their child is developing toward maturity. This shows again how definitely the parent-child relationship is of fundamental importance. The parents ought to be told. They ought to be aware that they have the magnificent but formidable privilege of helping their children grow up in

every sense.

During the early years, the mother is the one to whom the child turns for tenderness, for comfort when there are difficulties and particularly for understanding when mistakes are made. She remains the model, the confidante who is usually more accessible than the father, the counsellor of whom any kind of question can be asked and who always has a simple, truthful answer. To measure up to all of these responsibilities, it is important that the mother should be available when the child needs her and also that she should take the time to give the comfort that is sought or to answer the questions that are being asked. The mother should not allow pressure of work or chores, in the home or away from it, to disturb her calm approach to the child's needs.

On the other hand, an excess in the quality and quantity of parental love is almost as harmful to the child as too little tenderness and security. Parents who overwhelm their children with love, who are too anxious for their well-being, too possessive, too dominating are doing untold harm. If only parents could accept their children as they are, without restrictions and without expecting them to compensate for their personal weaknesses, without trying to make them into the fulfillment of their ideal. Rather, parents should respect each of their children for him or herself; no child learns the meaning of true love when she has not learned self-respect.

Children have a great need for truth. When they stumble in their behavior why say to them: "Do you think I did not have difficulties to face when I was your age?" Why recall the past? Is there so much to praise in our own conduct that we are always above reproach? Have we no temptations to cope with now we are adults? It is often said of the adolescent "Oh, she is at the age of crises!" Be realistic. People of 50 are just as likely to be confronted by crises.

Why does this barrier between our lives, our world and that of our children exist? There is a grave risk that

they will develop an unrealistic attitude toward life if, unintentionally, they are offered easy solutions to every problem. They should be taught that life is a struggle. They should learn to see their parents as they really are: human beings living close to each other, who rejoice and love, who struggle, fail and begin again, without making a mystery of the whole business. Children should realize that parents try to shield them from cares that would weigh too heavily on their young shoulders.

Rehabilitation

Because the threads of family life are sometimes so tightly tangled, when a serious problem, such as the one that we have been discussing, comes to us careful thought must be given to plans for rehabilitation.

A young woman in need of help comes to us. Usually she is in a panic, not knowing what is going to happen to her, knowing only that she is in trouble. She is dreadfully afraid that she will be rejected. First we must give her a place of refuge that not only shelters her and provides her with necessary care but also that gives her the emotional security of being surrounded by people who understand

her problems.

In a few localities, there are special homes for the adolescent unmarried mothers. The aim of these homes is to help the young woman to establish satisfactory relationships with a restricted group so that she may develop a point of view that will eventually make her a useful citizen. The girls begin to realize that someone cares, that they are not alone. In this home away from home the physical, economic, educational, recreational and spiritual needs are met. There, surrounded by healthy positive relationships, with a staff that is truly interested in their welfare, the girls develop new sets of values.

The staff in the home includes specialists such as the teachers of cookery, sewing, ceramics, hair-dressing, physical education as well as the obstetrical team of doctors, nurses, social workers and psychiatrists. The girls go about their work individually or collectively absorbing something of the spirit that leads to the discovery, development and

blossoming of their personalities. While creating a homelike atmosphere as far as possible, we try to revitalize parent-child relationships by encouraging the parents to visit their daughters, the daughters their parents. Perhaps it will be dinner downtown together or a weekend spent with the family.

Through our public relations program we have developed an interest in our home among some of the service clubs. This gives us an opportunity to present a true interpretation of the problems to a good part of the community. We try to arouse their collective consciences to an appreciation of the gravity of the situation. Though these clubs have helped us financially we try to make the members realize that their responsibility does not end there.

To meet the needs of young women from families with comfortable means, we have acquired a manor, of Norman style, magnificently situated in a secluded area. With accommodation for ten "paying guests," the primary purpose of the new residence is to provide a place near at hand rather than have these girls disappear to an alien area. Having plenty of money does not exempt these unfortunate young women from the sufferings of moral anguish. We interpret our role in these cases as ameliorating as far as we can their wretched unhappiness.

Another project we are developing is to provide lodgings for seven or eight girls who are continuing to work but lack a suitable place to live. Run by a married couple, this boarding house will show the hapless young women what normal family life should be like.

The Results

Do all these organized efforts really accomplish anything? Are the girls themselves helped? We have few illusions! Human nature and society being what they are, the problems will continue to exist. We must hope for the successful rehabilitation of these

young women. Only by exercising patience, devotion, perserverance and generosity will a transformation follow. Many of the young women come back to see us and the very fact that they do come holds hope for the future. Some of them say:

It is difficult at times. Sometimes we are very envious of others but the help and encouragement you have given and are still giving us supports our vow to be real women.

Some of them marry men who continue the development we have started. In their own homes they get a new appreciation of human values and the mystery of true love. There are others who write or telephone us, saying: "I have grown up. I am not like I was. Life seems different. I've thought about this a lot." Or, "I want to be someone. I've begun my studies again and I'm doing something with my life."

We must remember that the problems that human beings have to meet are universal. Those facing the unmarried mother are not unique excepting that her problems must be solved in such a way as to restore her con-

fidence in life and in people.

Finally a word to parents who have or will have teen-agers in the home. Speak to them often about life. Show them that you understand their development and their problems. Praise their capabilities. Show them their own resources. Don't let them read indiscriminately. Don't let them have their own way in everything but try to give them a taste for sensible and good things. Let them become progressively more independent of you so as to strengthen their own personalities. Do not be afraid, when it is necessary, to say "no." Adolescents need security of parental control. Ho, they won't want to admit all this but they will be grateful, knowing that they may lean on someone who is stronger than they. Parents who take a definite stand on moral issues — what is bad and what is good — give their children courage for a crisis.

The whole art of teaching is only the art of awakening the natural curiosity of young minds for the purpose of satisfying it afterwards.

—Anatole France

Old age, especially an honored old age, has so great authority that this is of more value than all the pleasures of youth.

- MARCUS TULLIUS CICERO

Planning Senior Experience in Obstetrics

HELENA C. E. MANN

IN RECENT months I have had people ask, "What do you do with your students who return to you during senior experience? What do you give them?

This idea of students returning in various specialities for additional experience in their senior year is not a new one. It was initiated in this school because it was felt that the students were not prepared to function as graduates, according to our modern expectations, without additional experience and preparation. So this needed experience in different areas was planned for each diploma student in this school, and provided for in her overall rotation

As in all new programs, we become very involved in developing a satisfactory teaching pattern. Since, for the first year, all we had in each area were students assigned for junior experience, we devoted all our energy to planning a good basic course for them. When we suddenly realized that we had three senior students arriving every four weeks for added experience on obstetrics, we were a bit dismayed. What were we going to do with them? We certainly didn't feel that they could continue on the level they had left as juniors but what else was there? How could we plan a meaningful four weeks for those students?

First, we tried to decide what we wanted to accomplish in those four weeks. The students had already had their complete theoretical background in the 12-week junior period. They had also had planned experience in the three obstetrical areas — delivery rooms, lying-in ward, and newborn nursery. The only area in which they had not had experience was the premature nursery. After some consideration we set up the objective for the senior term:

To give the student more advanced experience and responsibility in obstetri-

Miss Mann is clinical instructor in the Department of Obstetrics, University Hospital, Saskatchewan, Sask. cal nursing to enable her to become a more proficient and confident nurse in the area.

With this objective in view, we planned fresh experiences in each of the obstetrical areas.

In the case room the students spend a four-day period "on call," that is, they are called for a specific patient, and have the responsibility for caring for one patient in labor through delivery. This practice is patterned somewhat after the midwives' training. It is hoped that this system will give the student a more integrated picture of the progress of labor, and the emotional support and physical care she is responsible for during that time. In conjunction with the patient assignment, she is given a written assignment to help her organize and clarify her observations and care.

Her experience on the ward is directed also toward helping her gain a more comprehensive, over-all view of the care of the patient, this time postpartally. In this hospital the team system of nursing is in effect. The senior student is now team leader on days and on evenings relieving the graduate in charge of that shift. Recently we have had the senior student give weekly organized classes to the nursing mothers on caring for themselves when they go home.

The period in the nursery is devoted to the care of premature infants. She is responsible for the nursing care of the babies, under the supervision of the head nurse in the nursery.

It was found that a brief orientation period was necessary for these students as, for most of them, a year had passed since their previous experience. This orientation includes such things as: what is expected of them in their student experience, explanation of assignments, review of changes in equipment, procedures and policies since their junior term.

Supervision during the senior term is provided almost entirely by nursing service personnel after initial instruction and supervision in the new ex-

perience by the instructor. Evaluation of the students is shared by the nursing service personnel, the instructor and the students themselves. Academically they are evaluated on the basis of a 20-minute oral examination conducted by the supervisor and the instructor.

Personally the students evaluate themselves in the conference with the instructor, who has had informal conferences with head nurses and team leaders regarding the student's per-

formance and progress.

This system of senior experience was not all a bed of roses! Of course it had accompanying problems. The case room portion seemed to have most since it was a new and unfamiliar pattern. However, now that our students and graduates have become accustomed to the system and understand what it tries to accomplish our problems have

practically disappeared.

This program is shared by all diploma course students in the school. In addition there are some students who may choose, if they have some spare time in their training, to return to obstetrics for further experience. These students participate in the planning of their own programs which are geared more to the administrative level. They invariably ask for a period of nights on the lying-in ward. This is usually possible. They attend prenatal classes given by the supervisor and give a series of prenatal relaxation classes under her supervision. These students spend one afternoon with a local doctor who very cooperatively arranged to see only pre- and postnatal patients on that day. An important part of this experience is a period in the delivery suite working as junior graduate and team leader with the senior graduate in that area.

As far as assignments are concerned for this special experience, there are none. The students are given an outline for evaluating prenatal classes, noting such things as approach of the teacher, type of material taught, patient's reaction, and so on. In the case room they are asked to note points in relation to administration, such as how the area is organized to meet various obstetrical emergencies, what system of assignment is used, how supplies are ordered, etc.

The optional seniors, as we called them, participated in the planning of their program, then evaluated their experiences with us at the end of it. The general reaction was that they had gained from the experience and had enjoyed it. This period varied in length from two to four weeks. In a longer period these students could likely be given more opportunity to

teach junior students.

The students in general like a senior term in these different areas because they feel that it serves to give them a much wider perspective, and a general consolidation of all the impressions and experiences obtained in their junior term. Planned with this end in view, the program seems to have accomplished its purpose fairly well. We plan to continue it — constantly assessing and revising it, to keep it meaningful in terms of opportunities and responsibilities our students encounter as they leave the school.

Robert B. Lloyd, administrator of St. David's Community Hospital, Austin, Texas, reports that patient polls, by the written questionnaire method, often show that a change of policy or practice is necessary, repairs to equipment are needed or that certain personnel changes are advisable.

The following guide rules are suggested:

1. Questions should cover as many of the

personnel and departments as possible.

2. Put yourself in the position of the patient; phrase questions directly —

include only those that may be given quick replies.

- Do not identify any patient by name or room and provide space for comments.
- 4. Distribute questionnaires at discharge with the request to return by mail.

The administration has learned much about patient's reactions and often becomes aware of a problem before it becomes serious.

— Hospitals, July 16, 1959.

Pre-eclamptic Toxemia

KATHERINE GOOS, MARIAN SELLERS and KATHERINE ANTONIADES

PRE-ECLAMPSIA, a toxemia of pregnancy, is one of the most common, serious constitutional reactions of a woman to pregnancy. It is a condition peculiar to pregnancy and the symptoms subside with the termination of the pregnancy. The incidence varies a great deal from country to country, and no one seems to know why there is this variation. For instance, in Thailand it is almost unheard of, yet in India the incidence is relatively high. In Great Britain 8 per cent of pregnant women may develop pre-eclampsia and in Canada 5 per cent. In Saskatchewan the incidence is ½ to 1 per cent.

Mrs. Moore was admitted to the University Hospital with the diagnosis of pre-eclamptic toxemia. She was 36 years of age and had been married for ten years. In this interval she had been pregnant four times. In 1949 her first baby was born prematurely at 35 weeks weighing four pounds. At the present time this child is alive and well. In 1950, her second pregnancy terminated at 34 weeks, in 1952 her third pregnancy at 28 weeks. Both of these were stillbirths. Mrs. Moore had marked edema with her first pregnancy and pyelitis with her second and third.

Her menstrual history appears normal. The date of her last normal menstrual period was February 1. Therefore her expected date of confinement should have been approximately November 8. This pregnancy was planned. Quickening occurred at five months. Mrs. Moore had some vomiting starting at the fifth month and lasting for about a month. Physical examination showed her height to be five feet four inches, weight 200 pounds. Her usual weight was 170 pounds. Thus, she had gained 30 pounds during the first 36 weeks of this pregnancy. Her general nutritional status was good. Blood group was B, Rh positive. The fetal heart tones which could be heard in the right lower quadrant, were 140 beats

The authors presented this material as a seminar during their senior year at University Hospital, Saskatoon.

per minute and regular. The fetal weight was estimated at five pounds. The vertex was presenting. On admission, Mrs. Moore's blood pressure was 170/106. Her urine was four plus for protein. She had marked edema of the face and hands as well as of the ankles and feet. She complained of feeling drowsy, nervous, with some headache.

Signs and Symptoms

The textbook clinical signs and symptoms of pre-eclamptic toxemia include:

The average time of onset is the 30th week or later. The earliest sign, in 75 per cent of cases, is a rise in the blood pressure. A rise to 140/90 or above in the average patient is considered to be due to toxemia.

Edema usually occurs first in the ankles and lower legs. As the face and hands become involved, the patient often complains of puffiness of the face and eyelids which persists overnight, and of a tightening of her wedding ring.

Albuminuria usually develops concurrently with or after the blood pressure rise. The more severe the toxemia the larger the percentage of albumin secreted in the urine. Decrease in urinary output occurs as water is retained in the body tissues as edema. This edema is associated with excessive weight gain and it must be remembered that the edema can be occult or visible.

As the toxemia progresses the patient realizes that something is wrong. She may experience lassitude, loss of sense of well-being, headache, dizziness, impaired vision — this can be double vision, spots before the eyes, or rainbow colored rings around the lights. Severe headache, vomiting and epigastric pain are indicative of impending convulsions or eclampsia.

Our patient exhibited all the above signs and symptoms at one time or another.

Why does this condition occur? There are almost as many theories regarding its etiology as there are people looking for a cause. Predisposing factors to pre-eclampsia include:

- 1. Very young or very old primiparas, as presumably the organs of such women are less able than in subsequent pregnancies to adapt to altered or increased demands.
- 2. Increased intra-abdominal pressure as with primiparous, hydramnios and multiple pregnancies, or over-distended uterus. Perhaps with twins the increased metabolism plays a part.
 - 3. Abnormal activity of endocrines.
- 4. More common in stout, shortnecked, "sthenic" women than in the asthenic type.

Because the termination of the pregnancy results in the removal of all signs and symptoms, the products of conception may be the cause of preeclampsia. A fetal origin is not likely as the condition may be present with an hydatidiform mole. It has also been suggested that placental infarcts liberate toxic substances but this has not been substantiated. The maternal physiological changes are very complex and not fully understood. A fuller understanding of maternal metabolism is necessary before ruling this out as a factor in the cause of toxemia. A current view is that pressor subtances appear in the blood of susceptible patients in the latter weeks of preg-

nancy.

What happens in the body as a whole? There seems to be generalized arteriole spasm and the symptoms of increased blood pressure, edema, etc., result from this. The pathological changes first affect the liver. Ecchymoses or bruising is seen on the surface. In the more severe cases there may be massive hemorrhage. areas of degeneration are also associated with capillary thrombosis. The changes found are most marked in that part of the lobules supplied by the portal vein. There is a connection between the uterus and portal system through the inosculation of the internal iliac veins with the inferior mesenteric. The kidneys also undergo degenerative changes. Here the epithelium of the convoluted tubules is most markedly affected. There is cloudy swelling and fatty degeneration and in more severe cases there may be coagulation necrosis. There is also capillary thrombosis and hemorrhage, and thickening of the basement membrane of the glomerular capillaries with narrowing of the lumen of the vessels. There may be capillary thrombosis, hemorrhage and edema affecting the brain as well as edema of the lungs. Degeneration of the myocardium may occur and the spleen, pancreas, intestines and suprarenal capsules may show similar changes.

Nursing Care

Although the etiology of pre-eclampsia is obscure, much is known about the nursing care and treatment. Intelligent, conscientious nursing care is of prime importance in the treatment of toxemia. A clear understanding of the nature of the complications, early recognition of danger signs, and prompt intensification of treatment often are lifesaving. The nurse must remain in constant attendance with the patient. She must carry out the doctors' orders to the minutest detail, she must work quietly and speak in low tones while in the patient's presence. Mental as well as physical rest is imperative for successful treatment. This includes bed rest, sedation, and the reduction of extraneous stimuli to a minimum. Thus, it is the responsibility of the nurse to have the room set up with all the equipment necessary in the care of a pre-eclamptic before the arrival of the patient. This should include a blood pressure cuff, stethoscope, ophthalmoscope, fetalscope, mouth gag, facilities for giving intravenous glucose and sedation, oxygen, suction, and a retention catheterization tray.

The care Mrs. Moore received on the ward, the treatments and medications will illustrate the usual pattern:

On admission, a voided urine specimen was obtained and sent to the laboratory for protein estimation. The patient was put to bed immediately in a darkened room that had been prepared previously with all the necessary equipment. The bed had been moved away from the wall to prevent unavoidable jerking when it was necessary to work on both sides of it. The overbed table and bedside locker had been padded to offset possible noise. A blood pressure cuff was placed on the patient's arm. This was left in position in order to avoid the increased stimulation that would have resulted from putting it on and taking it off with each blood pressure estimation.

Because the patient was nervous, jittery, dizzy, had some headache, plus the



Room Prepared for a Severe Pre-eclamptic Toxemia

- 1. Special charts for recording vital signs, fetal heart tones, and intake and output.
- 2. Eclamptic tray, containing drugs for controlling seizures, and means of administering them.
- Ophthalmoscope.
- 4. Fetalscope.
- 5. Stethoscope.
- 6. Sphygmomanometer.7. Tissue wipes, curved basin, airways.

blood pressure elevation, she was immediately given Avertin 6 cc. in 240 cc. of water by continuous slow rectal drip administered over a three-hour period. Mrs. Moore settled down following this.

Vital signs were taken every hour. In the blood pressure reading the diastolic pressure is more important than the systolic in evaluating the patient's condition as a rise in diastolic pressure indicates spasm of the arterioles with the result that the blood flow through the placental site and the vital centres of the mother's body is interfered with.

A retention catheter was inserted and drained every four hours. A catheter specimen of urine that was sent to the laboratory indicated 360 mgm. % of albumin. Twenty-four hour urine specimens are kept on these patients to determine the amount of albumin excreted per day. A careful record of intake and output is also kept to determine any increase or decrease in the storage of fluids in the tissues. Decrease

- 8. & 9. Tongue forceps, mouth gag.
- 11. Dark drapes.
- 12. Padded bed head.
- 13. Indirect lighting.
- 14. Oxygen.
- 15. Retention catheterization tray.
- Working space behind bed.
- Signal cord
- 18. Padded furniture and trays.

in urine output should be noted and reported at once.

Nursing procedures should be carried out all at one time, preferably immediately after the administration of sedation in order to disturb the patient as little as possible. When any treatments are being given is a good time to change the patient's position with a minimum of excitation.

Mrs. Moore received 1000 cc. of 20% dextrose in water in the late afternoon. These hypertonic solutions are given to stimulate kidney activity and draw some of the excess fluid from the tissues. Infusions given to these patients should, of course, never contain saline.

Fetal heart tones were noted every four hours. When the fetal heart tones were being taken it was noted that the fetalscope left an indented ring on the patient's abdomen showing that there was also some edema present in this

Avertin was repeated in the early

evening, and amytal gr. 3 was given during the night to keep the patient sedated. In the morning Mrs. Moore was awake and talking with the nurse. Some oral fluids were taken. Routine morning care is not given to such severe pre-eclamptic patients because of the stimulation it produces.

At 9:00 a.m. Mrs. Moore was nauseated and had some emesis. She was again complaining of feeling nervous and jittery; had a headache and stated she was seeing spots before her eyes. She had no epigastric pain. It is important to ask about this, as it usually precedes the onset of a convulsion. Avertin 5 cc. in 200 cc. water by rectal drip was given as well as morphine gr. ½ per hypo. Another intravenous of 5% dextrose in water was started with the addition of 500 mgm. of Diamox as the patient's urine output was concentrated and diminished in amout.

As will be apparent from the foregoing, the treatment of pre-eclampsia is purely symptomatic. There is arteriolar spasm resulting in high blood pressure. There is retention of sodium leading to retention of fluid and resulting in edema. There is impaired kidney function and albuminuria. The remaining symptoms can be traced back to these three factors.

Sedation is necessary to prevent convulsions. Avertin was the main sedation used with Mrs. Moore. This is administered rectally in warm distilled water at a temperature of between 90° and 104° F. If the temperature goes above this there is irritation to the rectal mucosa. The total amount administered should not exceed 6-8 cc. of Avertin for women. Before administering, it should be tested with Congo Red solution. The color of the solution should match that of an equal amount of distilled water containing an equal quantity of the indicator. If the colors do not match, the presence of irritant decomposition products is indicated and the solution should be discarded. Toxic effects include cardiac and respiratory depression. The patient should be watched carefully for any signs of this. Following administration of Avertin there may be a marked drop in blood pressure.

Morphine was also used for its sedative effect. If delivery of the baby is imminent it should be avoided as it tends to cause respiratory depression of the baby who would be very sleepy and slow to breathe on delivery. If given in too large doses or too frequently morphine may cause decreased urinary output, increased intracranial pressure, and acidosis due to decreased elimination of carbon dioxide from the lungs as respirations are depressed.

Hypertonic glucose solutions as well as promoting diuresis and reducing edema are of value in replenishing liver glycogen stores. Mrs. Moore also received Diamox. This inhibits carbonic anhydrase in the renal tubules resulting in depression of tubular reabsorption of bicarbonate. The promotion of the excretion of the bicarbonate ion results in loss from the extracellular fluid, by way of the kidney, of sodium bicarbonate, potassium bicarbonate and an iso-osmotic equivalent of water. The urine excreted is alkaline and a mild degree of metabolic acidosis may occur. The dose is 0.25 mgm. per day. Side effects include drowsiness and paresthesia.

The main points for the nurse to remember in connection with the medi-

cal treatment are:

1. Careful observation of the blood pressure. It should be taken before and after the administration of any of the sedative or hypotensive drugs.

2. Careful observation of the respiratory rate of the patient. Any changes

should be noted.

3. Careful recording of the urinary output.

4. Detection of early signs of an impending convulsion — restlessness, jittery feeling, twitching of muscles, so that sedation might be given promptly.

Because of the retention of sodium in the body the patient was placed on a low sodium diet. The diet is usually a light one and may even be restricted to fluids depending on the activity of the patient's gastrointestinal tract. If fluids are ordered they will be the nurse's responsibility and she must take care to see that they are low sodium fluids.

Delivery

A patient should not be left in a severe state of pre-eclamptic toxemia for more than 48 hours if there is no improvement in the symptoms with the treatment given. Because Mrs. Moore

was 36 years of age, had had two previous stillbirths, and because her condition did not improve with the treatment given it was decided that a Caesarean section should be performed to try and ensure a live baby. Baby Ellen was delivered by a low segment Caesarean section.

The Caesarean was done before full term because it was feared that if the mother did go into convulsions the baby might die *in utero* due to a cutting off of the maternal blood supply. A convulsion might also have caused abruptio placenta where the placenta would have separated from the uterus completely thus cutting off the baby's supply of oxygen and food.

As a cause of fetal death toxemias are very important. In a study made in the United States it was conservatively estimated that at least 30,000 stillbirths and neo-natal deaths each year were the result of toxemia of pregnancy. This huge toll of fetal lives is in large

measure preventable. Proper prenatal supervision, particularly noting the signs and symptoms of oncoming toxemia, and appropriate treatment will prevent many cases and alleviate others. The nurse is often the first to encounter these signs and symptoms, not only in the clinic but also on home visits. It is urgently necessary that she be constantly on the lookout for them so early treatment may be instituted.

Typically all the signs and symptoms of toxemia disappear after delivery, and complete recovery may occur after a week or two. Sometimes it is months before the blood pressure returns to normal. Not infrequently, however, convulsions can occur within the first 24 hours postpartum. Therefore, constant observation and adequate sedation of the patient are just as important in this period as they are antepartum.

Mrs. Moore had a fairly uneventful recovery and was discharged with the baby — a very happy mother.

In Memoriam

Harriet Ann Ash, a graduate of King's County Hospital, New York City, died recently at the Brantford General Hospital, Brantford, Ontario. She was one of the pioneers of the Victorian Order of Nurses in Western Canada having served as supervisor of the VON in Calgary for 25 years. Although she retired in the early thirties, she helped the VON in Brantford and cared for relatives and friends when she was 80 years of age.

Ruth L. D. Buckley was accidently killed in September at the Westminster Hospital, London, Ontario. A graduate, in 1955, of the McKellar General Hospital, Fort William, Ontario, she had engaged in institutional nursing.

Barbara (Fraser) Carder, the first woman to become a member of the Board of Directors of the Vancouver General Hospital and a life governor, died recently in White Rock, British Columbia. Mrs. Carder was born in Prince Edward Island, and graduated from V.G.H. in 1908.

Margaret Ann (Murray) Dennis, a

graduate of the Royal Victoria Hospital in 1954, died in Halifax on August 26, 1959, after a long illness. A native of Toronto, Mrs. Dennis was on the staff of the Victoria General Hospital, Halifax, prior to her marriage.

Agnes Jamieson, who graduated from the Montreal General Hospital in 1911, died in June at her home in Winchester, Ontario. She devoted her life to private nursing and the interests of this group in Montreal. She had been president of the Montreal Graduate Nurses' Association several times.

Dorothy Kellett, one of the first graduates of St. Paul's Hospital, Vancouver, died recently in that city. She came to Vancouver in 1888, and was 96 years of age at the time of her death.

Alice Josephine (Rice) Radford a graduate of Halifax Infirmary in 1955 died recently in Kingsport, Nova Scotia.

Robert K. Troop who was employed at the Westminster Hospital, London, Ontario died recently.



PREPARED IN YOUR NATIONAL OFFICE, CANADIAN NURSES' ASSOCIATION, OTTAWA

Nation, is one of the many responsibilities of the National Office representative to the Committee on Public Relations. This office has been carried by the Assistant General Secretary, Miss RITA MACISAAC during the past

five years.

But now, matrimony is claiming Miss MacIsaac and she is leaving the CNA staff to be married. Although nurses in Canada and especially we who have been closely associated with her work and in biennial and committee meetings regret this loss to CNA, we congratulate and thank Miss Mac-Isaac for the contribution which she has made to Canadian nursing and to the CNA program in particular. Now, in her last edition of Nursing Across the Nation, Miss MacIsaac looks back over the years in which she has served the CNA and highlights some of the developments that have taken place during this time.

PEARL STIVER, General Secretary.

Canadian Nurses' Association 1954-59

Looking back over the pages of this column, as far back as 1954, we see recorded many of the accomplishments of a rapidly expanding association.

It was in December 1954 that CNA National Office moved to the capital city; it will be in December 1959 that our headquarters office will move within this city to share offices with The Royal College of Physicians' and Surgeons, gracious and efficient offices worthy of your national organization. We will risk a prediction that by 1964, the move will be to the CNA's own home, a national headquarters designed to facilitate the work of an ever-ex-

panding program carried on in the

interests of Canadian nursing.

From a professional staff of three in 1954 to one of six in 1959; from the early operation under the new CNA structure to actively functioning nationally-represented committees and to special committees undertaking activities such as the Pilot Project and the study of research needs — these are pictures of growth.

Close liaison with other national groups and with our Federal Government departments has provided opportunities for interpreting the needs of nursing and for cooperation in all matters of health. Canadian nursing has benefited from these contacts.

Two biennial meetings have come and gone — one in Winnipeg and one in Ottawa. The latter, the 50th Anniversary of CNA achieved many firsts:

Our membership exceeded the 50,000

mark.

Approval was given for a new CNA crest.

The CNA Retirement Plan was approved.

A pageant on nursing reviewing CNA and Canadian nursing history was professionally produced and widely acclaimed.

Plans for the Research Committee were laid.

The Winnipeg convention marked the launching of the Pilot Project for Evaluation of Schools of Nursing. The surveys of 25 selected schools of nursing, participating in this Pilot Project, are now completed. The Director is engaged in the preparation of the report. The general membership will vote on the recommendations contained in the report in Halifax in June 1960.

Nursing has been recognized nationally through the issuance of a stamp

APPLICATION CANADIAN NURSES' ASSOCIATION 30th Biennial Meeting

30th BIENNIAL MEETING NOVA SCOTIAN HOTEL, HALIFAX, NOVA SCOTIA JUNE 19th-24th, 1960

For Office Use Only

Material sent

Date

NAME				
	(PLEASE PRINT)			
ADDRESS				
REGISTERED IN PROVINCE	NUMBER			
ACTIVE MEMBER	ASSOCIATE MEMBER			
IF STUDENT NURSE — SCHOOL OF NURSING				
CLASSIFICATION (PLEASE INSERT CHECK MARK WHERE APPLICABLE)				
HOSPITAL PRIVATE NURSING	PUBLIC HEALTH OCCUPATIONAL			
OTHER (SPECIFY)	STUDENT NURSE			
STAFF SUPERVISION	TEACHING ADMINISTRATION			
KINDLY ENCLOSE REGISTRATION FEE	E: R.N.—\$10.00; STUDENT—\$5.00.			
MAKE CHEQUE PAYABLE TO:-				

CANADIAN NURSES' ASSOCIATION, 74 STANLEY AVENUE, OTTAWA, CANADA.

NO REFUNDS AFTER JUNE 17th, 1960.

The Housing Committee under the chairmanship of Mrs. Dorothy McKeown of Halifax is working closely with National Office to insure adequate accommodation for our nurses attending the 30th Biennial Meeting in Halifax, June 19 - 24, 1960.

Already blocks of rooms have been reserved in the Nova Scotian and Lord Nelson Hotels. In addition, arrangements have been made for Sisters to be accommodated in Mount St. Vincent College and student nurses at St. Mary's University.

Other hotels, motels and tourist houses are presently being surveyed and details regarding the accommodation in these will be available from National Office.

Naturally, at a large convention single rooms are at a premium. A certain number of these must be held for our guest speakers.

It is helpful if two nurses will arrange to room together and indicate this on the registration card overleaf.

CONVENTION ACCOMMODATION, 1960

NOVA SCOTIAN HOTEL, HALIFAX, NOVA SCOTIA JUNE 19th-24th, 1960

For Office Use Only
Reservation made on

Date

REQUEST FOR ACCOMMODATION

RESERVATION REQ	DESTED FOR: (PL	EASE PRINT)			
NAME			,		
POSITION					
NAME AND ADDR	RESS OF PERSON	WITH WHO	M ACCOMMODATI	ON MAY BE	
SHARED:			• • • • • • • • • • • • • • • • • • • •		
TYPE OF ACCOMM	ODATION: HOT		EL TOURIST H		
DATU			NDICATE 1st & 2nd CHOICE	Ε)	
BATH	E TWIN BEDS	DOUBLE BEDS	NUMBER OF PERSONS	PRICE RANGE	
NO BATH					
SINGL	E TWIN BEDS	DOUBLE BEDS	NUMBER OF PERSONS	PRICE RANGE	
			DICATE ORDER TO		
BELONG:					
ARRIVAL DATE		НО	JR		
BY SPECIAL TRAIN: CANADIAN NATIONAL RAILWAYS					
	REGULAR TRAIN	4	• • • • • • • • • • • • • • • • • • • •		
	AIRLINE		• • • • • • • • • • • • • • • • • • • •		
	BUS				
	MOTOR				

- PLEASE RESERVE EARLY -

IMPORTANT

PLEASE STATE DATE OF ARRIVAL IN ORDER THAT ACCOMMODATION MAY BE RESERVED.

PLEASE RETURN FORMS TO:

CANADIAN NURSES' ASSOCIATION, 74 STANLEY AVENUE, OTTAWA, CANADA.

NEW! Swift's Balanced Meat Dinners-IN GLASS



So pure and fresh in sparkling glass, Swift's new Meat Dinners for Babies are a carefully balanced combination of Swift's lean, 100% meat, vegetables and a little cereal. Like Swift's well-known 100% Meats for Babies, they're prepared from only the very finest ingredients. The leanest, freshest meats . . . the youngest, freshest vegetables—all trimmed, cooked, and pureed with the greatest care—make Swift's Meat Dinners nutritious, easy to digest.

Swift's new Meat Dinners provide another fine way to include the important values of meat in the infant diet. You can recommend Swift's Meat Dinners for Babies with confidence. 5 varieties: Beef, Chicken, Ham, Veal and Lamb. (Most are also available in chopped form for Juniors.)

OTHER MEATS FOR BABIES FROM SWIFT . . .

Beef • Lamb • Pork • Veal • Chicken • Chicken & Veal • Ham • Liver • Liver & Bacon • Beef Heart • Pork with Applesauce • Ham with Raisin Sauce • Lamb with Mint flavour • Egg Yolks • Egg Yolks & Bacon.



on nursing, the first recognition ever accorded the women of Canada through this means.

Our gracious Queen recognized our national association when she extended Royal Patronage to the CNA.

The CNA sponsored a study tour for British nurses that brought to our shores a group of enthusiastic visitors whose gratitude is expressed through invitations extended to assist in plans for the Canadian Study Tour-Post Convention European Tour in 1960.

Rome and the ICN Congress enticed over 250 Canadian nurses to visit abroad. Applications and arrangements for travel were all handled in CNA office. Already plans are developing for the 1961 ICN Congress in Melbourne, Australia.

Congresses and the increasing Exchange Privileges Program of ICN keep your National Office staff very much concerned with the interpretation of Canadian nursing to our colleagues from other countries.

Interpretation at the national level is accomplished by various means. The first Canadian Conference on Nursing brought together over 100 participants from related health and welfare agencies, government business and women's organizations. Some provincial associations have already held similar conferences at provincial level. Future national conferences are planned.

The Canadian Joint Committee on Nursing, representative of the medical, hospital and nursing associations, is a continuing body which keeps these three groups alerted to developments in each field.

Briefs presented by CNA to Royal Commissions and to the Dominion Council of Health have led to such invitations as the one to participate in the meeting of the Advisory Committee on Hospital Insurance on November 5 & 6 of this year. Here CNA representatives will discuss the subject of

financial assistance for nursing education.

CNA members are being kept aware of developments through both English and French issues of *The Canadian Nurse* — the latter a recent achievement in Canadian nursing. The Readership Survey of our national magazine conducted by the Committee on Public Relations permitted a cross-section of our membership to offer suggestions for the improvement of this major tool of communication.

Publications prepared and distributed from CNA office continue to increase in number as do requests for these

The films on nursing, "Student Nurse" and "The Hands That Heal," so long needed in Canada and produced by the National Film Board and Department of Immigration with our close cooperation, have proven excellent recruitment tools.

In order to improve and maintain high standards of service to our membership the staffs of your provincial and national offices have planned Annual Institutes designed to meet their particular needs. The second such Institute, was held last September.

This is but a brief glimpse and review of the developments and achievements of the past five years. It has been an exciting period in CNA history. It has been a privilege to be a part of this history. To the many nurses whom I have met through correspondence, through visits to your provinces and through committee meetings, may I express thanks and continued success in your work. To the staff of The Canadian Nurse - no more deadlines! But it was a pleasure to work with you in spite of the deadlines. To the staff of National Office my sincere thanks for five years of exceptionally interesting professional experience, and pleasant companion-

A recent survey showed that in North America ethical drug manufacturers spent \$9.00 in research for every \$10 paid in dividends to shareholders.

Facts are stubborn things.

- Alain René le Sage

Feeling sorry for ourselves is nearly as widespread an illness as the common cold.

⁻ Canadian Medical Association Journal



EXCLUSIVE GERBER FRUIT DRINKS

Strained Orange-Apple, Orange-Banana and Orange-Apricot. All 3 have a guaranteed high vitamin-C content—40 mg. of crystalline ascorbic acid added per 100 c.c. Minimal peel oil insures digestibility.

These newflavorvariations are designed to stimulate appetite interest for juices—needed more than ever

in winter. Mildly sweet, never tart, they make pleasant nutritional alternates to Gerber Strained Orange Juice, Orange-Pineapple and Pineapple-Grapefruit.

Prepared in Canada by baby food specialists, all Gerber Juices are pasteurized and carefully strained for early feeding with bottle.

Babies are our business ... our only business!

GERBER Products of Canada, Limited

Niagara Falls, Canada

PERILARA

JEW

nultiple antigen for pediatric use

QUADRIGEN

thems I ments Perfosse Paramatana Alemana Prospinite Adminity, Parke Desist

nmunizes against 4 diseases

ewly developed multiple antigen. QUADRIGEN is designed for ultaneous immunization of infants and preschool children against htheria, tetanus, pertussis, and paralytic poliomyelitis.

In antibody response has been demonstrated in children nunized with QUADRIGEN within this age group.*

In antigens in QUADRIGEN are adsorbed on optimum amounts of aluminum sphate to provide a potent and compatible product.

ngle dose of QUADRIGEN is only 0.5 cc. See package for dosage schedule. h QUADRIGEN, multiple protection can be obtained with fewer ctions at low dosage levels—a regimen that appeals

1 to patients and parents.

Am. J. Pub. Hearth 49, 644, 1989.

ontreal 9, P.Q.



Revised Itinerary

CANADIAN NURSES' ASSOCIATION 1960 EUROPEAN TOUR

Sat. June 25 HALIFAX Leave by morning plane via Gander for Prestwick.

PRESTWICK Due to arrive. Continue by motor coach via the Trossachs Sun. June 26 to Edinburgh.

SCOTLAND

EDINBURGH Arrangements will be made by the CNA for one day's professional observation visits to hospitals. (Transportation not provided by Mon. June 27 thru Wed. June 29 Thos. Cook & Son)

Ample time will be allowed for independent sightseeing visits in and around

Thu. June 30 Leave Edinburgh by morning plane via London for Paris.

FRANCE

PARIS Morning tour of the city by motor visiting the Louvre Museum, through the Tuileries Gardens and along the Champs Elysees to the Arc de Triomphe and the Unknown Soldier's Tomb, thence to Les Invalides (Napoleon's Tomb.). Return via the Place de la Concorde. Fri. July 1 to Sun. July 3

Afternoon tour of the city, passing the Bourse and Central Markets, visiting the Palais de Justice, thence to the Left Bank, past the Luxembourgh Gardens and Palace, to the Cathedral of Notre Dame, returning via the

Place de la Bastille.

Late afternoon cruise on the Seine by "Bateaux Mouches," passing the Isle de la Cité and other points of interest. Dinner at the Eiffel Tower Res-

Afternoon drive to the splendid Royal Palace of Louis XIV and the beauti-

ful gardens at Versailles.

Leave Paris in the early afternoon by "Le Mistral" Express for Nice, arriving in the late evening.

Mon. July 4 **NICE** Afternoon excursion via Gorges du Loup to Grasse. Visit a perfume factory.

Tue. July 5 Leave Nice by motor coach via the French and Italian Rivieras for Genoa, and continue by night train to Rome. Sleeping-car accommodations provided.

ITALY

ROME Morning drive visiting the Vatican with its Museum, the Raphael Rooms, the Sistine Chapel and the Villa Borghese.

Afternoon drive visiting Piazza Venezia, Square of the Capitol, Roman Forum, Colosseum, Church of St. Peter in Chains, Basilica of St. Paul Outside-the-Walls and Janiculum for a fine view of the city. Wed. July 6 thru

Fri. July 8

Leave Rome by motor coach via Assisi and Perugia for Florence. Sat. July 9

FLORENCE Morning drive including the Medici Chapels, Cathedral, Giotto's Campanile, Baptistry, thence via the Piazzale Michelangelo to the Pitti Palace to visit the famous Gallery. Sun. July 10

Afternoon motor tour of the city including the Palazzo Vecchio, Loggia Dei Lanzi, Uffizi Gallery, Canta Croce Church where Michelangelo, Galileo and Machiavelli are buried, the Protestant Cemetery where Elizabeth Barrett Browning is buried, thence to the beautiful village of Fiesole overlooking Florence and the Valley of the Arno.

Mon. July 11 Leave Florence by early afternoon train for Venice.

VENICE Morning sightseeing stroll visiting the Church of St. Mark, the Tue. July 12 Doge's Palace, the Dungeons and the Bridge of Sighs. Thence by motor boat across the City and Lagoon, passing the Island of St. Michele (Cemetery of Venice) to Murano, where one of the principal Glass Blowing Factories will be visited.

Wed. July 13 Leave Venice by day train via Milan for Geneva.

SWITZERLAND

GENEVA Tour of the city and planned professional visits to the World Health Organization, League of Red Cross Societies and other points of interest, through the courtesy of Miss Lyle Creelman, Chief, Nursing Section, World Health Organization, and Miss Yvonne Hentsch, Director, Nursing Bureau, League of Red Cross Societies. (Transportation for sightseeing in Geneva not provided by Thos. Cook & Son) From Geneva, continue by train to Lucerne. Thu. July 14 and Fri. July 15

Sat. July 16

Sun. July 17
and
Mon. July 18

LUCERNE Afternoon excursion by motor and cable-car to the summit of Pilatus. Return by cog-wheel railway and steamer via Alphachstad.

Tue. July 19 Leave by train for Innsbruck, thence by motor coach to Oberammergau.

GERMANY

Wed. July 20 OBERAMMERGAU Attend the Passion Play.

Thu. July 21 Leave Oberammergau in the morning by motor for Munich. After a short city drive, continue by afternoon train to Wiesbaden.

Fri. July 22 Leave Wiesbaden by Rhine Steamer for Koblenz; continue by afternoon

train to Brussels.

BELGIUM

Sat. July 23

BRUSSELS Short tour of the city visiting the Bourse, Town Hall, Fountain Boy, Palais de Justice, Royal Museum, Parliament and Sainte-Gudule Church.

Sun. July 24 Leave Brussels by morning train for Amsterdam.

HOLLAND

Mon. July 25

AMSTERDAM Morning drive around old and modern Amsterdam, including the Royal Palace, Rembrandt's House, Portuguese Synagogue, Nieuwe Kerk, Oude Kerk and Stock Exchange, and visit to the Rijksmuseum and one of the diamond-cutting workshops.

Afternoon drive to the picturesque fishermen's village of Volendam and by boat to the isolated Işle of Marken where old Dutch costumes and customs

are proudly maintained.

Leave Amsterdam by early morning plane for London.

ENGLAND

Wed. July 27
thru
Sat. July 30

LONDON Three days will be planned for observational professional visits including visits to the International Council of Nurses Headquarters, the Royal College of Nursing, hospitals and health agencies, according to the wishes of the nurses. (Transportation arrangements not provided by Thos. Cook & Son)

On Friday, July 29, Thos. Cook & Son will provide a motor coach for a drive to Oxford for a visit to two of the hospitals — arrangements for the hospital visits to be made by the CNA.

There will be time available for independent sightseeing arrangements.

Sun. July 31 Leave London by plane for Halifax and Montreal.

Mon. Aug. 1 Arrive Halifax and Montreal.

Approximate Tour Fare — \$1,270.00
All fares are based on tariffs and exchange levels existing July 21, 1959, and are subject to change.

The Tour Fare includes

Transportation in Europe in first class compartments on Continental trains, with reserved seats wherever obtainable. Berth in double sleeping compartment for overnight travel. First class on local steamers. Private motor coach where motor coach transportation is specified. Hotel accommodations based on sharing a twin-bedded room without private bath at ordinary first class hotels. There will be a limited number of single rooms, without private bath available at a supplement of \$83.

Meals: Three meals daily throughout the tour, namely, meat breakfast and table d'hote lunch and dinner, with the exception of Edinburgh, London and Paris where breakfast only

will be provided.

Tue. July 26

Sightseeing: Complete program of sightseeing with experienced local guides, including the

major places of interest and many others as outlined in the itinerary.

Transfers of passengers and two pieces of hand baggage between airports, railway stations, hotels, etc., from arrival Prestwick around to departure London. Weight of baggage will be limited to 44 lbs. because of air travel and charges for excess must be paid by passengers direct to the air line.

Tips or fees to hotel servants, porters, chauffeurs, etc., to the extent of the services included in the tour fare, also admission fees during all sightseing trips arranged by the Tour Escort. Taxes on travel and hotel accommodations within Europe as at present imposed by the European governments, with the exception of local airport taxes.

Tour escort to accompany the tour to take charge of all travel details from arrival Prest-

wick around to departure London.

Services of Cook's staff in planning and operating the tour.

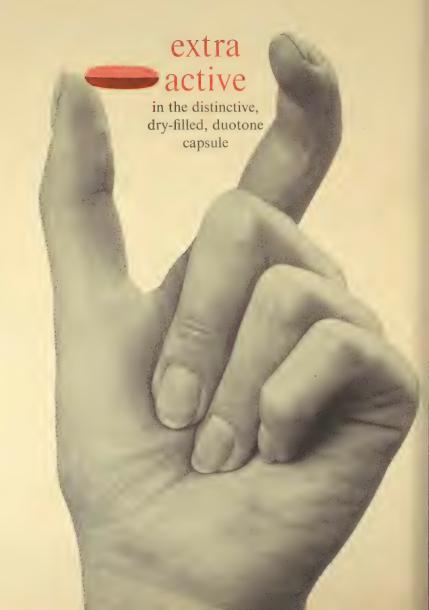
The fare does not include expenses of air transportation; local airport taxes; lunches and dinners in Edinburgh, London and Paris; after-lunch and after-dinner teas or coffees; food not on the menus of the included meals; laundry, wines, mineral waters or other personal items; and items not listed as being included in the tour fare.

Baggage insurance, which is strongly recommended but not included in the tour fare, may

be purchased when final payment is made for the tour.



for superior patient care



MASTERPIECE OF ANTIBIOTIC DESIGN



far greater antibiotic activity

... for greater assurance of control in a diversity of infections

with far less antibiotic intake

... reduces likelihood of undesirable effects on the intestinal tract

sustained-peak attack

... to maintain continuous, intense action throughout therapy ... reduces chance of a "setback"

"extra-day" activity for protection against relapse

... forestalls resurgence of primary infection or secondary bacterial invasion . . .

—enhancing the traditional advantages of broad-spectrum antibiotics

immediately available as:

DECLOMYCIN Capsules, 150 mg., bottles of 16 and 100. Adult dosage: 1 capsule four times daily.

DECLOMYCIN Pediatric Drops, 60 mg. per c.c., 10 c.c. bottles with dropper.

Reg. Trade Mark in Canada

ICAL PRODUCTS DEPARTMENT



CYANAMID OF CANADA LIMITED, Montreal, Quebec

Erythroblastosis Fetalis

E. RUTLEDGE

NCE, in approximately 400 pregnancies, the Rh factor is responsible for a chain of events that may prove harmful to the fetus. There is a series of predisposing factors which must be combined before the Rh substance will exert a harmful effect on the unborn infant:

- 1. The mother must be Rh negative.
- 2. The father must be Rh positive.
- 3. The fetus must be Rh positive.
- 4. The Rh substance from the fetus must enter the mother's blood stream where antibodies are built up against it. These then, pass through the fetal blood stream where they cause varying degrees of damage to the red blood cells of the fetus.
- 5. The mother must have had a previous pregnancy, or a transfusion of Rh positive blood, and have built up antibodies to the Rh substance.

Because only 15 per cent of the white population is Rh negative, there is only one chance in seven that the mother will be of this type. The chances are six out of seven that the father will be Rh positive, but about half of the male population is partly Rh negative. The outcome will largely depend then, on whether the father is homozygous (spermatozoa all Rh positive) or heterozygous (spermatozoa half Rh positive and half Rh negative). If he is heterozygous there is a 50-50 chance that the infant will be Rh negative and therefore have no Rh substance to which the mother will build up antibodies.

If all of the predisposing factors occur the result may be erythroblastosis fetalis, a disease that affects the bloodforming organs of the newborn. This disease is responsible for about 3 per cent of all fetal deaths and may be evident in one of three forms:

- 1. Hydrops fetalis the baby is tremendously edematous and invariably dies.
- 2. Icterus gravis the infant is jaundiced and anemic at birth, the jaundice deepening progressively. Many

Miss Rutledge is a recent graduate of Galt Hospital, Lethbridge, Alberta.

of these babies may be saved with repeated blood transfusions.

3. Congenital anemia — the infant has a marked anemia with consequent pallor. Blood transfusions may save a certain number of these infants.

Baby Diane

Baby Diane was born into a family of four sisters and brothers. Her arrival presented no problem to her or to her mother. Her first cry was spontaneous, she was suctioned in order to maintain a good airway and was placed in a prewarmed incubator. Her eyes were treated with silver nitrate drops, followed by sterile water. This is a prophylatic measure to prevent ophthalmia neonatorum and possible resultant blindness. Baby Diane was then identified with a wrist bracelet. Because of her mother's history, blood specimens were taken from the baby for the purpose of testing her hemoglobin, hematocrit, differential and serum bilirubin. The results confirmed the need for an immediate transfusion. Baby Diane was given an exchange transfusion of 250 cc. of

Routine for Exchange Transfusion:

1. The blood should not be over four days old.

2. Heat it to 95°F. (½ - ¾ hr.)

3. The baby should be cleansed with aqueous zephiran and well-wrapped, including hot water bottles.

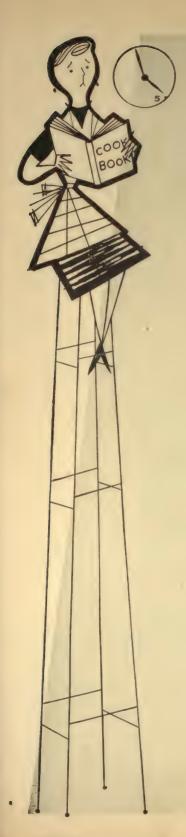
4. Two or three assistants are ne-

cessary:

- a) one at the baby's head to give continuous oxygen, to suction if necessary using a metal tip and to keep a constant check on the axillary temperature.
- b) one is responsible for recording amounts of blood administered and withdrawn.
- c) one remains with the physician in charge to care for syringes, etc.
- d) the cord should be tied so that it is two to three inches in length.

Procedure for Baby Diane

A sterile polyethylene catheter was threaded through the umbilical vein



ніs little housewife had a problem - sweet-tooth Hubby on a sweet-free diet. (And beginning to get nervous about it.) She tried everything. Fancy salads. Bigger helpings. But Hubby's frown darkened by the day. Then one day she read in a magazine about a discovery, a new non-caloric sweetener. One that she could actually cook and bake with - in any food, at any temperature. One which gave the perfect taste of sugar - with no bitter aftertaste in ordinary use. That night there were cookies, pudding, coffee - sweet coffee - and a big, big smile across the table . . . Abbott

... and so she started using

Sucaryl®

(Cyclamate, Abbott)

For samples and recipe booklets, write Abbott Laboratories Montreal. toward the liver. The venous pressure was checked. Normal is 6 cm., Baby Diane's was 10 cm. No air was permitted entry into the circuit. Using a three-way stop-cock, 10 cc. of the baby's blood was removed and replaced with 10 cc. of the whole blood. This procedure was continued, using 10 cc. each time, until 250 cc. of blood had been given.

Calcium gluconate was given via the umbilical vein in order to counteract any possible reaction. Baby Diane had no reaction to the transfusion but began to fidget and vomit, so calcium gluconate was given at intervals up to a total of 5 cc. If too much blood is administered, there may be

evidence of heart failure.

On completion of the transfusion her venous pressure was 2 cm. Blood plasma, 10 cc., was given and a specimen of blood withdrawn. The catheter was removed and the cord ligated. Complications of Transfusions:

Anemia may occur in about three months, which again may be control-

led by transfusion.

Infection at the umbilicus is a less common complication.

Initial Nursery Care

Baby Diane was taken to the premature nursery in an isolette. Oxygen was administered at three litres per minute and she was watched carefully. She was bathed and cleansed with Phisohex, then weighed and measured. As the average baby of 40 weeks gestation weighs six and a half to seven and a half pounds, she was nearly a pound underweight since she weighed only five pounds, eleven ounces. She was 20 inches in length, 13 inches head circumference, 12 inches around the chest. The normal baby usually has a head and chest circumference of equal or nearly equal meas-

Her extremities were blue but this is normal at birth, the circulation not being as fully developed as it will be. Her color changed from pale pink as she became increasingly jaundiced. This usually denotes an increase in the serum bilirubin of an infant with erythroblastosis fetalis. During her first

day of life red blotches appeared on her arms, legs and chest. As each group faded new patches would appear in other sites; this continued for three days. The jaundice increased for three days, then began to recede.

Daily Nursing Care

Baby Diane remained in the isolette, and warm aqueous zephiran (1-1000) compresses were applied to her cord q.4.h. In between, her cord was kept soft with normal saline compresses in case it became necessary to give her further transfusions. Her temperature was taken daily. It ranged from 96° - 98°F. which was normal, as it should be maintained at a level above 96°F. She received nothing by mouth for the first 12 hours following birth, because of the usual amount of mucus present.

During her second day she was fed sterile water to maintain her fluid balance. She had lost three ounces which is characteristic of newborns. On her third day she was given lactose q.4.h. and gained back one ounce. The following day she began a milk regimen. By the time she was ready to go home she weighed 5 pounds and

14 ounces.

Baby Diane's daily care included a bath, taking her temperature and a close check on the amount and color of her urine and stool. On the third day her urine was a bright yelloworange, characteristic of the loss of bile pigment. She passed several liquid yellow to green stools and a few brown stools. She had a Phisohex bath every third day and the anal and vulvar regions were kept clean and dry.

Health Teaching

Baby Diane's mother was encouraged to care for her baby as she had done for her other children in regard to sleeping and eating habits. It was explained to her that the condition of her baby was good but that it would be necessary for the baby to have blood tests at various intervals. Usually, special care to the cord is necessary, but Baby Diane's had fallen off, and so the mother was asked to watch the healing process with care.



When time is short and the need is great, the bright refreshment and quick lift in Coca-Cola seem delightfully welcome.

Another Reason for Hope

GENEVIEVE LAMARRE, B.Sc.

When a group of nurse educators, who are qualified in their specialty, become anxious about their teaching methods, it astonishes us. And yet, they are not merely preoccupied, but also anxious to find solutions to their problems. Their solution was summed up in a request to the Marguerite d'Youville Institute for the organization of a conference for the purpose of revising the methods of teaching chemistry, the cause of their anxiety. A leading centre for the teaching of advanced nursing in Montreal, the Marguerite d'Youville Institute will-

ingly granted their request. As soon as the academic year in schools of nursing was ended, educators from many centres formed a group under the direction of Sister Rose LaCroix, a professor at the Institute. Their aim was to analyze the teaching program in chemistry and through reorganization, to plan details of a new arrangement of courses. Was this all? One more point! Practice and theory are not to be separated. These nurses, many of whom live 500 or more miles away from each other, gathered together in lively sessions for an 8-day intensive workshop. All talked the same language, were animated with the same ideal - educating nurses adequately to meet the needs of our times.

The who, what, why, when and how formed the theme for the work-

Who? Students, on entrance to a school, should have acquired the elements of chemistry; otherwise the school must teach them before embarking on the program as outlined.

What? The course in biochemistry is a continuation of introductory chemistry and explores thoroughly the facts that are necessary for the formation of scientific knowledge in nursing.

Why? Chemistry is the science from which most of the subject matter in

Miss Lamarre is the director of nursing education at l'hôpital de l'Enfant-Jésus, Quebec City. nursing is drawn: nutrition, microbiology, pathology, nursing arts and health. Everything is interrelated. A further reason, this discipline promotes thought and logical reasoning, and in a sense, forecasts the consequences of actions.

When? Obviously, this course is given early in the preclinical period in conjunction with allied sciences, since it is a prerequisite to the understanding of them and a necessary concomitant to them.

How? Chemistry may be taught by a variety of methods: theory, demonstrations, experiments, films, slides,

and finally study tours, etc.

With the principles before them, the group proceeded to the selection of important items. In order to try to foresee the practical organization of materials, a plan was drawn up that included a list of chemical substances and a variety of solutions. Notes were made of points that could be useful as a guide for practical experience. Next came visits to three laboratories: one large and modern, the second, older, but well-equipped, and the third an ingenious modern structure that had limitless resources.

Being laboratory technicians in their schools, three of the nurses in the group felt at home in these surroundings, and on the spot became professors. And what professors! Their colleagues of the workshop now became their pupils. They were grateful for the teaching, profited by the demonstrations and took part in the experiments. In a word, they were happy to tap the resources of their colleagues.

The cold and exacting atmosphere of science was permeated by a conspicuous air of cordiality. There was only one *explosion* — one of joy, at the very last minute as farewells were being said, because the faculty agreed to the requests of the participants for other study sessions. Each nurse wrote on her note pad, "to be continued." What conclusions? There is a stir in nursing. Teaching of the sciences had become more meaningful. Chemistry



Who will help Clementing?

This is Clementina. Italian, age 5. Home is a hut; no gas, no running water, no toilet. The floor is beaten earth. One bed for the family. Blankets are dirty rags and clothes gathered together at the end of the day . . . every day. The kitchen is a rudimentary fireplace. Clementina has not yet gone to kindergarten . . . this will be next year. A child who never owned a toy . . . who knows not how to play . . . she gathers wood for fuel in the nearby woods, does the family washing in the public lavatory, looks after her mother and father who are ill and her younger brother. Her parents look with anguish at their child who never smiles. For Clementina, hunger is never appeased, misery deep. Burdened beyond her years, her sad bewildered eyes tell the story of her wretchedness. Help to this family means hope instead of despair . . . a chance to live.

You, alone, or as a member of a group, can help these children by becoming a Foster Parent. You will be sent the case history and photograph of "your" child upon receipt of application with initial payment. "Your" child is told that you are his or her Foster Parent. All correspondence is through our office, and is translated and encouraged. We do no mass relief. Each child, treated as an individual, receives food, clothing, shelter, education and medical care according to his or her needs.

The Plan is a non-political, non-profit, non-sectarian, independent relief organization, helping children in Greece, France, Belgium, Italy, Western Germany, Viat Nam, and Korea. International headquarters is in New York. Financial statements are filed with the Montreal Department of Social Welfare. Full information is available to any competent authority. Your help is vital to a child struggling for life. Won't you let some child love you?

All contributions deductible for Income Tax purposes.

Foster Parents' Plan. inc.

PARTIAL LIST OF SPONSORS AND FOSTER PARENTS

Honorable and Mrs. Hugh John Fleming, N.B.

Honorable and Mrs. George Hees, Toronto, Ont.

Dr. R. P. Baird, Kitchener, Ont.

Mr. and Mrs. Peter D. Curry, Winnipeg, Man.

> Mrs. L. B. Cutler, Vancouver, B.C.

Alfred Rive, Canadian Embassy, Dublin, Ireland

HMCS Kootenay Kiwanis Club, Peterborough, Ont.

Dr. and Mrs. John M. Olds, Twillingate, Nfld.

FOSTER PARENTS' PLAN, INC. DEPT. CN 1159				
P.O. Box 65, Station "B", Montreal, Que. Canada				
A. I wish to become a Foster Parent of a needy child for one year. If possible, sex				
contributing \$				
Name				
Address				
CityProv.				
Date				
Contributions are deductible from Income Tax.				

acquired some new friends. A sense of responsibility had resulted in a new orientation of thought. There was an awakening to the necessity of sharing ideas in a true team spirit and all humility. Who, then, can but gain success?

When nursing educators, conscientious about the tasks they take on, assert themselves and take refresher courses during their vacations, the nursing profession has "another reason to hope" for the betterment of the society that they serve.

Involutional Melancholia

JOHN GIBSON, M.B., CH.B., D.P.M.

NVOLUTIONAL melancholia is a particular form of depression occuring at the involutional period, which is taken to be from 40 to 55 in women, 50 to 65 in men. It is a time of failing mental and physical powers, of retirement, of reflection on lost opportunities, of fears of illhealth, poverty and death. Although some degree of sadness, uncertainty and anxiety may characterize many people at this time, only a few develop a frank psychosis. From the depressive phase of a manicdepressive psychosis, an involutional melancholia differs in three main particulars: the personality and physical types of the person affected, the characteristics of the illness, and the prognosis. It is quite possible for a depressive phase of a manic-depressive psychosis to develop for the first time during the involutional period and to be mistaken for an involutional melancholia. It is not always easy to be certain of the diagnosis, either because the symptoms are not clear enough or because of a history of a possible breakdown, depressive or manic, earlier in life.

The precise cause of the disease is unknown. The patient may show evidence of arteriosclerosis or other degenerative disease, but not always so, and it is not always people in poor health that develop the disease. An attack may be precipitated by an illness, the occurance of a hernia, or an operation. Psychological factors may be: retirement, financial restrictions,

Dr. Gibson is a psychiatrist at St. Lawrence's Hospital, Caterham, Surrey, England. This is the third of a series of articles on psychiatric subjects.

loss of power and position, unfulfilled ambitions, and fears of uselessness, loneliness, and unwantedness. But the illness may occur in people whose future is reasonably assured, who have ample money and work still to do.

Unlike the manic-depressive patient who is usually a pyknic the patient with involutional melancholia does not present any typical physical build. His prepsychotic personality is usually quite distinctive. He has been the hardworking, conscientious, God-fearing, church-going man; he has lived a quiet life, he has saved money, he has been provident and careful; he has not been given to excesses; his life has been one of steady work, sometimes carried to an obsessional degree. He has not had the mood-swings of the manicdepressive; his life has been one of rigidity and emotional repression; he has been one of the pillars of the society in which he has lived - the reliable solicitor, the steady workman, the conscientious bank manager, the careful clerk. Female patients are of the same

The onset of the illness is usually slow, with the early symptoms of anxiety, peevishness, vacillation and unhappiness arising so imperceptibly out of the patient's previous personality that it is not easy to say precisely when his condition became abnormal. From these early symptoms he progresses into the full development of the disease.

When the disease is fully developed the patient's depression is extreme. He has ideas of unworthiness, misery and utter hopelessness. Characteristically he entertains a number of ideas of an absurd and fantastic character—such as that he has no brain, it has

A DOCTOR'S EDUCATION

goes on ... and on ... and on



"It's not unusual on Heinz, Mrs. Samson"

And another thing you learn—that Heinz Strained Fruits deserve your considered recommendation. The exclusive Heinz process of preparing these fruits preserves the delicate colour and special flavour... a further indication to you of their nutritive value. As well, Heinz Strained Fruits retain a particularly high content of Vitamins A and C—especially necessary for all the growing that babies must do in their early, formative months!

Samples for tasting and testing—yours for the asking. Write now to HEINZ BABY FOODS, PROFESSIONAL SERVICES DEPARTMENT, LEAMINGTON, ONTARIO.

Heinz Baby Toods 7

THE GOOD THEY DO NOW-LASTS A LIFETIME

BFM-460A

turned to sawdust; he has no heart; he has no stomach or bowels, they have rotted away, they are immovably blocked up, no food can go through him, all the food he has ever eaten is still within him, he has no organs at all, he is a mass of putrefaction, he is riddled with syphilis or tuberculosis or cancer. He may believe that he is to be tortured forever, is to be smitten dead on the spot, is already dead, is never going to die, is to live a living death throughout eternity. He may refuse to eat on the grounds of utter worthlessness, inability to digest food, or complete blocking of stomach or bowel. He may suspect the food to be poisoned. He searches his past and often blameless life for the crime, misdemeanor or peccadillo that has caused this terrible punishment to fall on him, and may even go all the way back to some jam-stealing incident of his child-

In contrast to the depressive of the manic-depressive kind (who may take his depression quite calmly) the involutional melancholic patient is intensely anxious and agitated, pacing up and down, wringing his hands and lamenting his fate. He does not show the retardation typical of the other disease. With his insomnia, agitation and refusal to eat he may become physically exhausted.

Suicide is a constant preoccupation with him and a very serious danger, the importance of which cannot be over-emphasized. Mutilation may be

attempted.

The length of this illness 'tends to

be prolonged if untreated, and the prognosis is always graver than that of a manic-depressive attack. Admission into a mental hospital may be necessary for all but the milder cases for whom adequate care can be given at home. The application of ECT will often produce a dramatic change for the better. Usually, two or three treatments given weekly for several weeks will abolish the depressive ideas and cause the patient to become quieter, to eat and sleep well. Unfortunately this improvement cannot always be maintained and the patient may relapse into his former condition. Because of this tendency to relapse, a patient may be given several courses of ECT. Before the introduction of ECT it was not unusual for an attack to last several years. Even after that length of time complete recovery was possible. For many patients the outcome of the disease is still in doubt, relapse is common. Although some recover, others, able to live at home, remain in a state of invalidism of varying severity. The results of prefontal lobotomy are unpredictable. On some it has a beneficial effect, some may have their depressive ideas reduced to a degree that enables them to live at home, and some have had their depressive ideas replaced by a state of chronic intractable excitement.

Nursing the patient in bed under strict observation is necessary during the acute stages of the illness. Emphasis in the nursing care must be placed on feeding, the care of the bowels, and

the timely use of sedatives.

Actually a linen closet on wheels, the Linenmobile is a new product of Atlantic Alloy Industries and performs the multiple functions of loading, transporting, storing and distributing.

In the laundry loading room, Linenmobiles are stocked with clean linen in accordance with their labeled compartments which indicate type and quantity of each item required. Linen may be loaded from both sides, thereby hastening the operation. After loading, protective shades on both sides are drawn closed, and the Linenmobile is ready for transit to patient areas.

Each Linenmobile bears patient-area iden-

tification, and may be parked in linen closet or alcove, where it remains as a source of linen distribution. It is available in two standard models, with bed capacities of 20 to 25 and 30 to 35.

Atlantic Alloy Industries, Inc., Polk Street, Union, New Jersey.

Curiosity is one of the permanent and certain characteristics of a vigorous mind.

— Samuel Johnson

Liberality consists less in giving a great deal than in gifts well-timed.

- Jean de la Bruyère



feel as light at the end of your "rounds" as at the beginning

No one appreciates genuine day-long comfort in her shoes more than a nurse. And that's what you get in Hurlbut "uniform whites".

All the features you look for are incorporated.

Smart looks?... yes. Long wear?... to be sure.

But, above all, comfort. Choice of military and
flat heels; leather and composition soles; plain,

perforated, and roomy moccasin style

vamps-All goodyear welted and made with top grade white Elk uppers.

About \$9.95-\$10.95

Sanitized * FOR LASTING HYGIENIC PROTECTION

Nursing Profiles

Verna Huffman, who has been a senior nursing counsellor of the Civil Service Health Division, Department of National Health and Welfare, is going on loan to the Pan American Sanitary Bureau of the World Health Organization. In her new position she will be a nursing consultant to the ministries of health of British Guiana, Barbados and Trinidad.

Miss Huffman's varied background ably fits her for her task. A native of Peterborough, Ontario, she graduated from Civic Hospital there, and received her diploma in public health nursing from University of Toronto. Her early public health nursing was with the Victorian Order of Nurses in Toronto, Guelph and Montreal. She has worked with underprivileged children through the Kiwanis Club of Toronto. As senior nursing counsellor, she has recently been working on a research project, the object of which was to improve the quality of the program of the nursing counsellor service in the Civil Service Health Division.

An interest of long standing in people of various cultures was further piqued during Miss Huffman's residence at International House in New York City, while she obtained her Bachelor of Science degree in nursing at Columbia University. She has been active in nursing association affairs at the local, provincial and national levels and now is going on to the international.



VERNA HUFFMAN

Fanny Kennedy, better known to her friends as "Nan," has joined the provincial office staff in British Columbia this month. She recently completed work on a Master's degree program at the University of Washington.

She is a graduate of the Vancouver General Hospital and the University of British Columbia. Institutional and private nursing occupied her for a time following graduation. This was succeeded by a number of years' service with the B.C. Department of Health prior to acceptance of an appointment with the World Health Organization. While working with WHO, Miss Kennedy saw duty in East Pakistan as a public health nursing tutor and in Teheran as a nurse consultant. She is to be educational consultant for the RNABC.



(Mulholland Studios)
FANNY ANN KENNEDY

The new president of the Saskatchewan Registered Nurses' Association is **Eleanor Louise Miner.** A native of Speers, Saskatchewan she attended Battleford Collegiate Institute then went to Alberta in 1934, for her nursing education at the Royal Alexandra Hospital in Edmonton.

Miss Miner has her public health nursing certificate from Toronto University, her B.N.



Fostex CREAM

new, effective, easy-to-use treatment for seborrhea capitis

Fostex Cream is used for therapeutic washing of the scalp in dandruff...excess oiliness...seborrheic dermatitis. Fostex is effective and well tolerated. It does not contain selenium. And...the Fostex routine is easy...all the patient does is stop using his regular cleansing agent and start washing his scalp with Fostex Cream. Fostex Cream produces abundant lather for effective therapeutic cleansing.

Fostex effectiveness in seborrhea capitis is provided by Sebulytic (sodium lauryl sulfoacetate, sodium alkyl aryl polyether sulfonate, sodium dioctyl sulfosuccinate), a new combination of surface active cleansing and wetting agents with remarkable antiseborrheic, keratolytic and antibacterial action, enhanced by sulfur 2%, salicylic acid 2% and hexachlorophene 1%.



Supplied in 4.5 oz. jars.

Write for samples and literature.

Fostex Cream is also used for therapeutic washing of the skin in acne.

Westwood PHARMACEUTICALS, Buffalo, New York

Canadian Distributor: John A. Huston Company, Limited, Toronto 10, Canada



(West's Studio)

from McGill University and her M.P.H. from the University of Michigan. She gained experience in institutional nursing in Saskatchewan, Alberta and British Columbia, including two years as matron of the Bella Coola Hospital in northern B.C. In public health nursing she was a staff nurse in the Assiniboia region and rural Regina. Her public health posts in Saskatchewan have taken her to many parts of the province, as senior nurse in the Assiniboia, North Battleford and Prince Albert Health Regions. This experience ably qualified her for her present position as public health nursing consultant, a post that she has held since 1955.

She has ample qualifications for her new role as president of the SRNA having been chairman of the public health nursing section and first vice-president of the SRNA. She is also president of the Saskatchewan branch of the Canadian Public Health Association.

With such a busy schedule, Miss Miner finds relaxation in playing the piano and listening to music.

Sister Madeleine of Jesus has recently been appointed Director, University of Ottawa School of Nursing. Born in Haverhill, Massachusetts, she received her preliminary education there and in Plattsburg, New York. A graduate of the Ottawa General Hospital, Sister Madeleine returned to the U.S.A. to pursue a course in School Administration at St. Teresa's College in Winona, Minnesota. She later received her Bachelor of Science in Nursing Education at the University of Ottawa and in 1947 her

Master of Science in Nursing Education from the Catholic University of America, Washington, D.C. Last year Sister Madeleine was awarded a fellowship in the American College of Hospital Administrators.

Before going to the University of Ottawa in 1952, as professor of nursing education, she was an instructor at her home school of nursing, Superior of St. Joseph's Hospital in Sudbury, director, nursing education, University of Ottawa, and director of the school of nursing of St. Joseph's Hospital in Lowell, Mass.



SISTER MADELEINE OF JESUS

Sister Madeleine is extremely active in nursing circles. She is now serving as a member of the advisory committees of the Victorian Order of Nurses, the St. John's Ambulance, on Conferences of the Registered Nurses' Association of Ontario, and on the Canadian Nurses' Association Finance Committee. She is a past president of the Alumnae of the Ottawa General Hospital and in 1958 was elected representative of the Ontario Nursing Sisterhoods to the CNA executive.

In August of this year, **Joan Stock** was made director of the department of graduate studies, of the University of Ottawa School of Nursing. A native of Collingwood, Ont., she is a graduate of the Ottawa University School of Nursing.



HUGUETTE BARBEAU

Last June Huguette Barbeau was appointed nursing arts instructor at the Notre Dame Hospital in Montreal. She received her early education at the school of the Sisters of Ste Croix, taking arts and science, and on graduation took a commercial course at the same institution.

Before entering nursing she was employed for three years in a lawyer's office. Since graduation from Notre Dame Hospital in 1956 she has been clinical instructor in surgical nursing there. Immediately prior to her new appointment Miss Barbeau received her B.Sc.N. from Marguerite d'Youville Institute in Montreal.

During her high school years Miss Barbeau was active in student affairs. This enthusiasm for organized activities has since been applied to her alumnae association, the Catholic Nurses' Association and her local and provincial nurses' associations.

In her leisure time, Miss Barbeau enjoys reading, music and the theatre; she also finds time for her favorite outdoor sports—skiing and horse back riding.

The weary listlessness, which renders life unsupportable to the voluptuous and the indolent, is unknown to those who can employ themselves by reading.

- FÉNÉLON



In the Good Old Days

(The Canadian Nurse - November, 1919)

Here are some of the resolutions presented at the National Conference on Canadian Citizenship:

"That immigrants having non-British names be required to change their spelling or adopt new names in order that none might know their original origin."

"That a Canadian Citizens' Education Association be formed with executive officers and membership fees, to perpetuate the work begun in the Conference."

* * *

It seems wise to define the term ethics "as the ability to choose between right and wrong." There are all sorts of circumstances and conditions which control the motive for the act, and it is an extremely difficult thing to lay down accurately the correct response for each situation which presents itself.

"Ethics" have been formulated and maintained by the character and individuality of the group in the broader social sense. Their origin began with the prehistoric people, who were controlled by a brute force issuing from the individual possessing the stronger personality. Slowly this code of social ethics has developed.

The influences which have affected this growth may be classified under the heading of an ideal. From this beginning has evolved the religious ideal, the ideal in regard to self, and, most important, these are being based upon the conception of a state which could best serve human development.

The ideal in regard to self applies itself most readily to the application of ethics in the profession of nursing, as from it emerges the conception of a highly reflective life, its character and responsibility. We might justly say that ethics are based upon the development of conscience, an established standard by which acts are judged.

By checking the blood pressure of the eyes, one cause of stroke can be diagnosed even before the stroke occurs, according to a group of Boston physicians. A common cause of paralytic stroke is the clogging of the internal carotid artery, which leads through the neck to the brain. If an obstruction, such as a blood clot, is found in the artery early enough, it can be removed by surgery or the use of clot-dissolving drugs, thus preventing a stroke.

Internal carotid artery insufficiency can be diagnosed by checking the blood pressure of the eyes. It is measured by the technique, called ophthalmodynamometry. In the procedure, the eyes are first dilated and anesthetized. Pressure is applied to the eyeballs and the blood pulsations are observed through the ophthalmoscope.

The technique is rapid and safe. It is becoming increasingly important with the recent advent of more effective treatment of carotid artery insufficiency. In addition to its use as a diagnostic procedure, the technique can be used to check the effectiveness of treatment for carotid artery obstructions.

It should be used as a diagnostic pro-

cedure whenever patients exhibit such early signs of carotid artery obstruction as transient partial blindness, dizziness or nausea on changing posture, or weakness of the limbs on one side of the body.

- The Health Bulletin, North Carolina State Board of Health.

The customs which have evolved about drinking of tea contribute to the cultivation of an art too far lost in modern America—the art of being relaxed while fully conscious. They contribute to the enjoyable experience of finding oneself socially accepted by people who are quite sober. They encourage courteous and lively discussion in an atmosphere of mutual respect. Such cus-

toms have a social and mental hygiene value not to be underestimated.

The services of a good teacher will never be actually evaluated. When a community employs one it is buying the moral and mental outlook of its children, buying ideals, attitudes and appreciations that will do more to determine the success of its children than mere mastery of subject matter important as this is.

— D.R. MACLELLAND



Babies have to pass exams too!

And in these regular medical checkups, Farmer's Wife babies get top marks for steady weight gains and few, if any, feeding upsets. This is no surprise to the medical profession, because the five different Farmer's Wife Infant Formula Milks make it easy to prescribe for each baby's individual dietary needs,

Besides the well-known Whole, Partly Skimmed and Skimmed Milks, now Farmer's Wife introduces two new Instant Prepared Formulas (Red Band—Whole Milk; Blue Band—Partly Skimmed Milk). These are another Farmer's Wife "first", the only evaporated milk products to incorporate a stable form of Vitamin

C. Since the carbohydrate is already added, new Farmer's Wife Prepared Formulas eliminate the chance of contamination or error in formula preparation, and save mothers time, trouble and expense.

All five Farmer's Wife Formula Milks are Vitamin D increased. All are vacuum packed in modern, enamellined cans; stock rotation ensures absolute freshness. Available at all grocery and drug stores.

Farmer's Wife

Prescribed by many doctors—
Approved by wise mothers

Diabetic Ketosis

DORIS (HAAVE) DAHL

The Patient as a person

Texas is bigger than from anywhere else seemed true of Mr. Hood. Born and raised in Texas, at 57 he was six feet five inches tall, and weighed 190 pounds. In 1930 he came to Canada but had never bothered to obtain his Canadian citizenship papers. He had been a healthy man most of his life and was employed for several years as a machinist with a fisheries company. Mr. Hood had no relatives in Canada.

On admission to hospital he looked untidy but as his condition improved he took much more interest in his

personal appearance.

He did not seem to have formulated many ideas on religion or a philosophy of life and he took an impersonal and pessimistic attitude toward world affairs. He was pleasant to converse with and clearly appreciated the help that was given him. His adjustment to the hospital was fairly good in regard to cooperation with staff, although at times he was antagonistic and stubborn. If the nurse was firm and proceeded with her work he did nothing to stop her, realizing that she knew what she was doing. Instead of chatting with the other patients in his 10-bed ward he read or dozed most of the day. Toward the end of his hospital stay he became more sociable.

The Condition

Ketosis is a complication of diabetes mellitus. Diabetes mellitus is a chronic metabolic disorder in which the body is unable to utilize glucose due to the failure of the pancreas to secrete insulin in sufficient quantity. There is a definite hereditary predisposition though the condition may remain dormant for some time.

Mrs. Dahl, now a graduate of the Royal Columbian Hospital, New Westminster, received Honorable Mention and a book in the Macmillan Award competition. Normally, insulin is secreted by the Islands of Langerhans in the pancreas. It is necessary for the utilization of glucose by the tissue cells, transporting the glucose through the cell membrane. When there is a deficiency of insulin the glucose that is absorbed from the gastrointestinal tract is neither stored nor utilized because it cannot get inside the cell. Instead, it accumulates in the circulating blood. The kidneys allow it to overflow into the urine when it reaches the renal threshold, which is the level at which glucose is absorbed by the afferent vessel into the kidney.

Ketosis is a complication in which the acid-base balance of the body is upset. Ketone bodies, such as acetone, diacetic acid, and beta-hydroxybutyric acid, are products of incomplete fat oxidation. In severe diabetic acidosis most of the ingested carbohydrate and the sugar from protein is lost in the urine. Thus there is an increase in fat and protein breakdown in order to meet the body's energy requirements. Being acid, these ketone bodies must unite with a base, such as sodium, but in so doing they use up the alkali reserve of the body and acidosis results.

In the kidney, ammonia which is normally converted into urea, is substituted for the sodium to prevent its loss. The amount of ammonia excreted in the urine is greatly increased and the amount of urea is greatly decreased. If ketosis is severe the ketone bodies are formed so rapidly that the supply of ammonia is insufficient. The ketone bodies collect in the body fluids and are excreted in the urine and expired air. This explains the acetone smell of the breath and the presence of acetone in the urine.

Signs and symptoms of ketosis: Weakness and fatiguability, flushing of the skin resembling sunburn followed by pallor, and acetone odor of the breath are significant symptoms. Acetone odor is sweet and heavy, similar to that of an overripe apple.

The extremities may be cold and purplish due to reduced peripheral blood

For relief of constipation

a gentle laxative that will not cause cramps, yet is effective for even the most severe cases

"PHENO-ACTIVE"



Available in handy tubes for your purse, and in economy sizes for home use.



Charles E. Frosst & Co. MONTREAL, CANADA

flow. As acidosis increases, weakness progresses and respirations increase in rate and depth. Abdominal symptoms such as epigastric pain, nausea and vomiting may make it difficult to distinguish this condition from appendicitis or pancreatitis. A large amount of fluid is excreted as urine in an attempt to dilute the sugar and electrolytes. This, in combination with vomiting results in dehydration which is characterized by thirst, a parched tongue, dry skin, and soft eyeballs.

The temperature is slightly above normal. The white blood cell count is often as high as 25,000 cells per cubic milimeter. A reliable clinical indication of the severity of the condition is a decrease in the carbon dioxide combining power of the blood plasma.

Prevention of diabetic ketosis: To prevent an upset in the acid-base balance of the body one must keep a proper balance between the diet, insulin, and exercise. If any one of these is decreased or increased in comparison to the others the symptoms tend to appear.

The diet must be sufficient to attain and maintain the desired weight for the individual. Obesity must be prevented or overcome. Unusual quality of exercise rather than degree of vigor causes a temporary shortage of glucose in the body, therefore extra carbohydrate should be taken before extra exercise. The diabetic patient should have at least one-half hour of active outdoor exercise daily at a regular time. Normal exercise lowers the amount of sugar in the blood so that less insulin is needed.

Infections must be prevented by good personal hygiene and by immediately reporting any break in the skin to the doctor. Respiratory and other infections should be reported to the doctor at the first symptom before they increase in severity. Fever decreases food tolerance and inhibits the action of insulin, thus raising the requirement for it.

Past History

Mr. Hood had been a diabetic for 17 years but he could not recall any other diabetic among his relatives. He had had previous hospitalizations for treatment of acute cholecystitis and bursitis of his right shoulder.

His diabetes had been regulated on 70 units of Isophane insulin daily without any special diet regulation except the omission of sugar. He had not restricted his caloric intake but was accustomed to eating lightly. Every few days Mr. Hood had mild insulin reactions from such a high dosage of insulin in comparison with the moderate amount of food that he was taking. He simply increased or decreased the insulin dosage as he found it necessary.

About one week prior to this admission he injured a finger while at work, gashing it down to the bone at the knuckle. He made a splint of a strip of aluminum and the company doctor applied it with elastoplast and sent him home. Following the accident he had anorexia and vomiting. He ate and drank very little and totally dis-

pensed with his insulin.

Eventually he became so weak and sick that he could not think sensibly enough to call a doctor. He had obtained some pills containing codeine to relieve his headache. Living alone, he had no responsible person to care for him. Instead, some of his well-meaning friends brought beer and ale to cheer him up and to bring back his appetite. His condition became increasingly worse until finally someone called a doctor.

Present Illness

On admission to hospital the anorexia and vomiting persisted. Mr. Hood's face was flushed and he was in a mild state of dehydration. He was weak and irritable. His pulse rate was 88 and of good quality. His breath smelled of acetone. The result of the Clinitest for sugar in the urine was plus one and the acetone content was moderate. The next day the nausea persisted until a Levine tube was inserted and gastric suction established. He had vomited at least 1000 cc. in less than 24 hours following admission.

Significance of Abnormal Findings

A blood sugar above 120 mg. per cent indicates that the glucose that is absorbed from the gastrointestinal tract has accumulated in the circulating blood due to a lack of insulin instead of being stored or used.

Carbon dioxide combining power is a determination of the amount of carbon dioxide which the blood serum



STAY FRESH ALL DAY

un wrinkles...keep their crispness... y automatic wash and wear for life!

mart to work in 'Terylene.' You look fresh, feel fresh — hour after hour. 'Terylene' is easy to care for. Any way you wash it, it needs very little ing. Keeps its neatness... stays forever white. Uniforms by LaCross of 76 'Terylene.' Right, style 2062, with convertible collar and pleated front., style 2044, with dolman sleeves, set-in belt and rear kick pleat. Both back zipper. Sizes 10-20. About \$15. At stores everywhere.

Look for this name on the label



ERYLENE





can hold in chemical combination. It is used to detect acidosis or alkalosis and to determine the degree. Below normal indicates acidosis, above indicates alkalosis.

Sedimentation rate is the speed at which erythrocytes settle when an anticoagulant is added to blood. An increased sedimentation rate indicates the presence of infection but is also present in cancer, liver disease, or pregnancy.

Blood electrolytes — A decrease in positive (alkaline) electrolytes indicates that the patient is in a state of

acidosis.

Urine-Clinitest measures the amount of glucose in the urine. Any result higher than negative indicates that there is such an excess of sugar in the circulating blood that it has reached the renal threshold and overflowed into the urine.

Acetest is a test for acetone in the urine. Acetone is produced when the fats are not properly oxidized due to inability to utilize glucose in the blood.

Treatment

To combat dehydration, fluids were given intravenously because of the patient's nausea. He received a total of 5000 cc. of intravenous fluids in the first 24 hours of hospitalization — 3000 cc. of two-thirds dextrose solution in one-third normal saline and 2000 cc. of normal saline. The saline solution was given to help overcome dehydration and to replace the sodium chloride lost by the body when it united with the ketone bodies. It also helped to correct the overacidity of the blood and the urine.

According to the laboratory reports the body electrolytes were still slightly imbalanced the day following the ad-

Laboratory Tests

	Tests taken	Normal	Result
1st Day	Blood sugar	70-120 mg.%	185 mg.%
·	CO, combining power	28 m. eq./1.	29.1 m. eq./1.
	Clinitest	negative	1+
	Acetest	negative	moderately positive
2nd Day	White blood cell count	4,500 to 11,500 per cu. mm.	8,100/cu.mm.
	Hemoglobin	14 to 18 gm/100 cc.	15.7 gm/100 cc.
	Sedimentation rate	up to 10 mm. per hr.	14 mm./hr.
	Clinitest	negative	Ranging from 4+to
			negative
	Acetone test	negative	strongly positive (3 times)
			moderate (twice)
	Urine-protein	negative	negative
	-glucose	negative	3+
	-acetone	negative	moderately positive
3rd Day	Blood electrolytes:		
	chlorin		94 m.eq./1.
	bicarbonat		29.8 "
	sodiun		137.5 "
	potassiun		3.4 "
	Non protein nitrogen	25-45 mg.%	40 mg.%
	Clinitest	negative	ranging from 2+ to negative to 4+
	Acetest	negative	ranging from a trace
			to strongly positive
4th Day	Clinitest	negative	4+ (4 times)
	Acetest	negative	Ranging from a trace to
			negative
5th Day	Clinitest	negative	Ranging from 4+ to 1+
	Acetest	negative	Ranging from a trace to
			negative
6th Day	Clinitest	negative	negative
	Acetest	negative	negative

new Kotex*

...softest ever...prevents suture irritation

NOW A COMPLETE PRE-PACKED LINE FOR MATERNITY CARE!



HERE'S WHY HOSPITALS ACROSS CANADA BUY AND USE

Kotex* Maternity Pads

- leak-proof sides
- "WONDERSOFT"* covering
- CELLUCOTTON * absorbency...
- less nursing time greater economy
- fewer pads per confinement
 - T. M. of Kimberly-Clark Corp.

All add up to greater patient satisfaction, and greater hospital economy!

Order KOTEX Maternity Pads...the complete and modern post-partum protection.

PRODUCTS OF KIMBERLY-CLARK CORP.

Distributed by

6068A

BAUER & BLACK

DIVISION OF THE KENDALL COMPANY (CANADA) LIMITED

ministration of normal saline but Mr. Hood appeared stronger and more alert. His face was no longer flushed. The degree of acetone in the urine was decreased. Wangensteen suction helped to prevent fatigue from frequent vomiting.

Medications

Insulin: Toronto Zinc Insulin was administered - the dosage being estimated according to the degree of glycosuria. Insulin reverses the fat metabolism and establishes carbohydrate metabolism. The maximum effect of this type of insulin takes place two to three hours after administration and its duration of effect is from 4-12 hours, depending on the dosage. It should be administered 15-20 minutes before breakfast because of its rapid action. Toronto, or plain insulin is especially useful in the care of the patient who shows or is expected to show an allergic reaction to insulin. Because of its purity such allergic reactions are avoided or the severity of the reaction is minimized.

During Mr. Hood's first 24 hours in hospital glycosuria was very pronounced. The next day readings were low to negative but on the third and fourth days the sugar content was high again. On the day of discharge, the urine was negative for sugar. The type of insulin was changed to N.P.H. insulin, 40 units once daily.

N.P.H. insulin is a preparation of the antidiabetic principle of the pancreas combined with protamine to form crystals containing insulin, protamine, and zinc. It is a cloudy suspension and must be gently rolled between the hands to mix it thoroughly before administration. Its action is not as prompt as plain insulin but lasts from 28-30 hours. Its greatest effect is achieved in from five to eight hours. The use of N.P.H. insulin is not recommended in complications of diabetes.

Penicillin: Mr. Hood received 600,000 units intramuscularly, twice daily of a combination of two antibiotics: S.R. Penicillin and Dihydrostreptomycin. It is effective against both Gram-positive and Gram-negative organisms by arresting their growth. The average dose is 300,000 units daily. This medication was given to prevent infection in the cut on Mr. Hood's finger. Diabetic patients are more prone than the normal

person to infection and once infection occurs a lengthy treatment period is needed to heal the wound. When the doctor removed the splint and changed the dressing on his finger there was no visible sign of infection present.

Largactil exerts a quieting effect on disturbed, overactive, and excited patients by its effect on the autonomic and the central nervous systems. It is also effective in controlling nausea and vomiting through its action on the vomiting mechanism in the medulla of the brain. Mr. Hood was given 25 mgm. on admission after which the drug was administered t.i.d., intramuscularly at first, then orally. For him, its purpose was twofold in that it acted as a sedative as well as an antiemetic.

Stemetil: On the second day Largactil was replaced by Stemetil 10 mgm. t.i.d. orally or intramuscularly. Mr. Hood usually managed to retain the oral dose.

Stemetil is a potent antiemetic. It exerts a rapid and intensive action, free from drowsiness and depressing effects. It is generally well-tolerated but must be used with discrimination. Its use is indicated in nausea, vomiting, mild or moderate mental and emotional stress. The usual dose is five mgm. three or four times daily. It is contraindicated for comatose cases and for patients suffering from marked depression after the use of central nervous system depressants.

Whitfield's Ointment: This ointment was applied to Mr. Hood's feet at bedtime. It has a mild antiseptic action and is used for treatment of fungus infections of the skin. It contains benzoic acid 12 per cent and salicylic acid 6 per cent.

Infantol: This is a vitamin preparation and was given to build up his health generally.

Nursing Care

The nurse had to be alert for any sign of anuria. In order to compare the amount of urine excreted with the amount of fluid taken, an accurate recording of intake and output was a necessity. This record also showed the amount of fluid lost by emesis.

A urine specimen was obtained promptly after admission and sent to the laboratory for analysis. The nurse carried out immediate Clinitest and

Recent Saunders Books

Shryock's History of Nursing

New! — This unique book shows the student how present nursing has evolved by relating it to social and medical history. It clearly describes general social movements and their influence on nursing care. Text material ranges from discussions of medical practices of primitive cultures to the nurse's professional status today. The author explains society's influence on nursing by describing the type of civilization and the ideals maintained for each period covered. The importance of medical history is fully detailed, again noting for each period how nursing was affected by the medical profession, its practice and institutions.

By RICHARD H. SHRYOCK, Ph.D., William H. Welch Professor Emeritus of The History of Medicine, The Johns Hopkins University; Librarian of the American Philosophical Society, 330 pages, \$5.00. New!

Lyon and Wallinger's Nursing of Children

New (5th) Edition — Completely covers procedures in nursing care of children, stressing emotional and psychological aspects. The book first describes the normal childhood patterns of growth, behavior and nutrition. Subsequent sections discuss principles of care for the well child and the techniques for treating the sick child at home or in the hospital. Final chapters cover treatment and prevention of every major childhood disease. Extensively revised for this new edition, the text includes a new chapter on Care of the Well Child.

By ROBERT A. LYON, M.D., Professor of Pediatrics, University of Cincinnati; Assistant Medical Director, Cincinnati Children's Hospital; and ELGIE M. WALLINGER, R.N., B.S., M.A., Director of Nursing, Children's Hospital, Columbus, Ohio. 554 pages, with 156 illustrations. \$5.00.

New (5th) Edition!

Davis and Warren's Urological Nursing

New (6th) Edition — Clearly outlines every aspect of urological nursing in both pre- and postoperative cases. Brought completely upto-date for this new edition, the text includes the latest drugs and antibiotics for treating infectious organisms: tetracyclines; novobiocin; kanamycin; Furadantin; etc. There is new material on the bacteriology of the urinary tract. New discussions cover: the retropubic approach to prostatic surgery; radical prostatectomy; urinary diversion; and mental therapy in specific problems pertaining to the urological patient.

By DAVID M. DAVIS, M.D., Professor Emeritus of Urology, Jefferson Medical College; and Kenneth C. Warren, M.D., Assistant Urologist, Bryn Mawr Hospital. 196 pages, illustrated. \$3.75.

New (6th) Edition!

Frank's Foundations of Nursing

New (2nd) Edition — Here is a sharp insight into the foundations upon which the nursing profession is built and into the forces that affected its development. Spanning time from antiquity through the Renaissance up to the present, the author presents an unusually vivid picture of the growth of nursing care and education. An interesting section is devoted to Health Services in the United States and Canada. You'll find more material on the evolution of Canadian hospitals and schools of nursing. The narration of American nursing is developed according to influences and accomplishments rather than chronologically.

By Sister Charles Marie Frank, C.C.V.I., R.N., M.S.N.E., A Sister of Charity of the Incarnate Word, San Antonio; Dean of the School of Nursing, The Catholic University of America. 304 pages, illustrated. \$4.50. New (2nd) Edition!



gladly sent to teachers for consideration as texts

W. B. SAUNDERS COMPANY

West Washington Square, Philadelphia 5, Pa.

Canadian Representative: McAinsh & Co. Ltd., 1251 Yonge St., Toronto 7

repeated it q. 4 h. during the day to maintain an accurate check on glycosuria. The laboratory was alerted to the fact that blood samples were to be taken to determine the amount of glucose in the blood.

The nurse had to be thoroughly familiar with the signs and symptoms of diabetic coma and insulin shock. Of the intravenous fluids given, 3000 cc. consisted of two-thirds dextrose solution which could readily have caused coma if not counteracted by insulin administered at proper intervals.

Insulin preparations must be properly stored in a cool place. Dosages must be estimated very carefully and given on time. Sites of injection must be rotated to prevent tissue damage and possible abscess formation.

Mr. Hood's nurses had to watch for signs of reaction to other medications such as Largactil, Stemetil, and penicillin. The Wangensteen suction was irrigated with a small amount of warm water at least q. 4 h. to keep it free from obstruction. The amount and appearance of the return flow was recorded regularly.

Because Mr. Hood became irritated rather easily, care was taken to avoid arguments with him. The nurse had to explain everything that was done for him and have a good reason for doing it. He needed reassurance that every member of the staff was confident of her own ability as well as being con-

fident of the doctor's skill and wisdom.

Rehabilitation and Patient Teaching

Because Mr. Hood had been a diabetic for so many years he required less teaching about the nature of his condition, how to give insulin, how to test his urine. He needed to be reminded of the need for good personal hygiene and for reporting illness to the doctor at its onset. He was reminded not to take medications unless they were prescribed by his doctor. The nurses tried to improve his attitude towards social contacts by introducing him to other patients and by encouraging him to talk about other matters than himself. His doctor recommended an appointment with a foot specialist to have a toenail removed that might become infected or gangrenous.

The day before discharge Mr. Hood's diet was regulated so that he could be on a regular regime of activity again. The dietary requirements were determined according to his height, weight, and anticipated activity. The minimum requirement for a working man is 2500 calories. His insulin dosage was adjusted to his caloric intake. Mr. Hood had a healthy attitude toward his condition. He did not appear to classify himself as an invalid but gave the impression of a man who could live normally within

the limits of his handicap.

Annual Meeting in Alberta

A record-breaking attendance of 498 delegates attended the 41st annual convention that was held in Banff in May. In the absence of the President, Miss Margaret Street, Miss Jeanie Clark took the chair and read the president's address. Since the theme of the meeting was "Changing Aspects of Nursing," the address opened with mention of a few of the factors that have and may influence nursing care such as national health insurance, progressive care units and home care plans. Miss Street then went on to describe some of the ways in which the Association has cooperated with the CNA in advancing the cause of nursing. In clos-

ing, she stressed the value of the new provincial headquarters in providing the physical facilities for the future expansion of the Association's program.

Miss M. Ruth Thompson, chairman of the Nursing Education Committee explained the relationship between the provincial committee and the national committee. As a member of the CNA core committee on nursing education she outlined the following projects of the national committee: a week's workshop in November to compile Canadian criteria for evaluation of schools of nursing, completion of a "Proposed Guide for Curriculum Development," and the formulation

Consider these Popular Textbooks for Your Courses Next Semester!

5th Edition

Bernard - Jensen

SOCIOLOGY

Revised to bring all the material up-to-date in the light of current social changes and population growth, the 5th edition of SOCIOLOGY presents the sociological aspects of professional nursing and gives a detailed discussion of the changing role of the hospital as a social institution. This is a text for "Sociology" courses in Schools of Professional Nursing; it can be used effectively in Catholic schools without conflicting with Catholic philosophy or doctrine. This new edition includes up-to-date population reports and changes and a new approach to social problems and social planning.

By JESSIE BERNARD, Ph.D., Professor of Sociology, Department of Sociology, The Pennsylvania State College; and DEBORAH MacLURG JENSEN, R.N., M.A., Associate Director, School of Nursing, St. Louis City Hospital, St. Louis, Mo. 1958, 5th edition, 395 pages, $51/2^{11} \times 81/2^{11}$, 35 figures, 5 charts. Price, \$5.00.

New 2nd Edition

Gebhardt - Anderson

MICROBIOLOGY

This new 2nd edition can provide your students with an understanding of both the basic principles and practical considerations of microbiology—especially as it applies to everyday life. The chapter on classification, microbial physiology and microbial genetics have been completely rewritten. Complete in scope, the text fully develops the historical aspects of the subject and discusses microorganisms from every angle—from classification through their relation to sanitation and public health. The material on viruses is particularly authoritative and up-to-date since Dr. Gebhardt is a virologist. Theoretical problems relating to the use of antibiotics are also included. The nomenclature agrees with the 7th edition of Bergey's Manual of Determinative Bacteriology.

By LOUIS P. GEBHARDT, Ph.D., M.D., Professor and Head, Department of Bacteriology, College of Medicine, University of Utah, Salt Lake City, Utah; and DEAN A. ANDERSON, Ph.D., M.S., Professor of Microbiology; Head, Department of Biological Sciences, Los Angeles State College of Applied Arts and Sciences, Los Angeles, Calif., New. 1959, 2nd edition, 476 pages, $5\frac{1}{2}$ x $8\frac{1}{2}$, 69 illustrations. Price, \$5.75.

2nd Edition

Gebhardt - Anderson

LABORATORY INSTRUCTIONS IN MICROBIOLOGY

Designed for use with the text described above and three other commonly used textbooks, this lab manual contains 68 clearly written exercises that stress previously observed and practical applications of microbiology to demonstrate basic principles. This revision makes use not only of pure cultures but also of microorganisms in the students' environment — thus stimulating student interest. The manual is divided into seven sections; Basic Principles and Techniques; Physiological Activities; The Effect of Physical and Chemical Agents on Microorganisms; Reactions Involving Antibodies in Serum; Sanitary, Milk and Food Microbiology; Microorganisms in the Soil; and Medical Aspects (Pathogenic Microorganisms). New exercises, line drawings and a simple illustrated key for the identification of common molds have been added as well as demonstrations of newer techniques, equipment and media.

By LOUIS P. GEBHARDI. Ph. D. M. D. Professor and Head of the Description of the street of the description of the control of the professor and Head of the Description of the street of the street of the description of the street of the

By LOUIS P. GEBHARDT, Ph.D., M.D., Professor and Head of the Department of Bacteriology, College of Medicine, University of Utah, Salt Lake City, Utah; and DEAN A. ANDERSON, M.S., Ph.D., Professor of Microbiology and Head of the Department of Biological Sciences, Los Angeles State College of Applied Arts and Sciences, Los Angeles, Calif. 1958, 2nd edition, 261 pages, 7¾" x 10½", 15 figures. Price, \$3.75.

Gladly Sent to Teachers for Consideration as Texts

Write-

The C. V. MOSBY Company 3207 Washington Boulevard, St. Louis 3, Missouri, U.S.A.

Represented in Canada by

McAINSH and Co. Ltd. — 1251 Yonge St. — Toronto, Ontario

of a check list for circulation to schools of nursing to ascertain the availability of, or lack of, qualified personnel in schools of nursing in Canada. Miss Thompson reported that the "Suggestions" for regulations covering schools of nursing in Alberta are being re-edited and will be considered by the University of Alberta committee on nursing at their meeting. In closing Miss Thompson noted the very creditable standing obtained by Alberta candidates in the 1958 Registered Nurse examinations.

One of the highlights of the convention was an interesting and stimulating paper on "Preparing for Disaster in the Community and Hospital" given by Miss Evelyn Pepper, Nursing Consultant, Civil Defense Health Services, Department of National Health and Welfare. Miss Pepper outlined types of disasters and types of communities and discussed ways and means of meeting the problems through the community and the hospital.

Dr. S. Greenhill, Associate Professor, Department of Preventative Medicine, University of Alberta, spoke on "Our Changing Society." The first change that he mentioned was in the actual population — in number, age distribution, and area distribution. Linked closely to population change is life expectancy and its effect on our society.

Dr. Greenhill continued with a discussion of the changes in medical practice and nursing that have occurred as a result of these factors. He mentioned urbanization, growth of hospitals, medical and nursing specialization, and the effect of the latter on the patient.

The Student Nurses' Association of Alberta was active and presented three important resolutions: that the project of providing information regarding opportunities in nursing, advanced educational programs, and financial assistance available, be referred to the Registered Nurses' Activities Committee of the SNAA; that the SNAA go on record as approving senior matriculation as the minimum pre-entrance requirements for admission to a of nursing in Alberta: that a) some provision be made in each school of nursing in Alberta to allow for spiritual growth of the student nurse and b) that the philosophies of the various religions be included in the students' educational program. The last resolution was referred back to SNAA executive for further study.

On the fourth day of the convention Miss Lillian Campion, of the CNA National Office, presented a paper on the "International Conference on Conditions of Work and Employment of Nurses." Later, she dis-



let the new XXXX REDUCING BROCHURE save your time for more essential tasks

Just a few moments is all it takes to outline a personal diet for patients with the KNOX Reducing Brochure. Color-coded diets of 1200, 1600 and 1800 calories are based on Food Exchanges¹... eliminate calorie counting... promote accurate adjustment of caloric levels to the individual patient. New, personalized cover helps build patient acceptance for professional instructions.

1. The Food Exchange Lists referred to are based on material in "Meal Planning with Exchange Lists" prepared by Committees of the American Diabetes Association, Inc. and The American Dietetic Association in cooperation with the Chronic Disease Program, Public Health Service, Department of Health, Education and Welfare.

cussed the CNA Retirement Plan, pointing up recent changes in the master plan. The afternoon was given over to a symposium on "What's New in O.R. Technique." Various aspects were covered and included "Principles and Methods of Sterilization," "Protection of Patients and Operating Room Personnel," "Prevention of Staphylococcal Infection," and programs for orientation, in-

service training and student nurses. The texts of these papers and two on open heart surgery, as well as other papers presented at the convention, have been published in the August, 1959 issue of the AARN News Letter.

CLARA VAN DUSEN Executive Director

Book Reviews

Small Patients by Alton Goldbloom, M.D., 316 pages. Longmans Green and Company, Toronto. 1959.

In this book a world-famous Canadian pediatrician tells his own life story and, to a certain extent, the story of pediatrics. The facts are simply but most entertainingly presented. There is warmth, humor and understanding of the circumstances that, on various occasions, made the path to eminence slightly thorny. Pediatrics and pediatricians

ncompasses 14 pages of tasty, d recipes and a color-coded, -fold "Choice-of-Foods" chart. are such a familiar part of the Canadian medical picture that it is a shock to find that as recently as 1920 when Dr. Goldbloom came to Montreal to set up practice the atmosphere was "not overly friendly to pediatricians so far as the medical profession was concerned" and "we (the pediatricians) were clearly not wanted by the group that controlled the destinies of the medical school." Happily, the situation changed so radically over the succeeding 40 years that



the author now is an Emeritus Professor of the university where an influential opponent on the medical faculty had once declared that a Department of Pediatrics would be established only "over my dead body" — a prophetic statement since that was substantially what actually did occur.

Dr. Goldbloom's name is so closely woven into the fabric of the development of pediatric services in this country, that one tends to picture a small boy growing up with an urgent desire to be a doctor. We are quite unprepared to meet instead, the small boy who, at 11 years of age, recited Patrick Henry's speech one Memorial Day in Worcester, Mass. with such fervor that his whole body shook as he thundered the words "But as for me, give me liberty, or give me death!" and who showed much greater inclination for the theatrical rather than for the medical field. We are equally unprepared for the young man of eighteen - uncertain, career undetermined, education unfinished who finally yielded to his father's urging to go back to university and prepare for the medical field.

Nurses, doctors and the lay public could read this story with equal pleasure. To those in the medical profession, there is much of historical interest. To those acquainted with the author, it is an opportunity to know Dr. Goldbloom in other than a professional way.

Textbook of Anatomy and Physiology by Catherine Parker Anthony, R.N., B.A., M.S. 574 pages. The C. V. Mosby Company, St. Louis. 5th ed. 1959. Price \$5.35.

The objectives of this text are to present the basic facts of body structure and function so as to make the teaching of them less laborious, the learning of them less difficult and both the teaching and learning more exhilarating.

Two new chapters have been added to this edition. These are Electrolyte and Fluid Balance and Acid-Base Balance; these are needed. The topics are well explained. Whether they are incorporated into the chapter on the Circulatory System is left to the discretion of the teacher; it seems they might better have been included as part of it.

Most of the diagrams from earlier editions remain; a few have been added, as well as a transparency of the anatomy of the torso.

The chapter on endocrines once again, includes a discussion of some length of diseases of malfunction. Although the students find this fascinating, their interest is turned from physiology to pathology too early and the teacher must spend time giving answers to questions that would have more meaning later in the course of study.

As in earlier editions there is one main problem for both teacher and learner. In the early chapters, functions and structure of the human anatomy are mentionned be-



new KNOX OLAND DIETS SROCHUME can provide time-saving dietary guidance

Modern management of gastritis, hyperacidity and peptic ulcer¹ continues to stress the valuable role of bland diets in these conditions. You can save considerable time and avoid tiresome repetition by suggesting the new Knox Bland Diets Brochure. Based on a recent review of the literature, BLAND DIETS in Gastritis and Peptic Ulcer presents basic facts patients need to know about bland foods, frequent feedings and high protein diet. Easily individualized, this new Knox Brochure enables the ambulatory, unhospitalized patient to progress from a soft bland diet to a permanent bland diet via four specific menus.

Kirsner, J. B.: J.A. M.A. 166: 1727, (April 5) 1958.

fore they have been explained. As the student has not acquired comprehension of these at this stage it is necessary for the teacher to refer her to later chapters for explanation. If students are expected to read a section of the text before presentation in class by the teacher, this is most inconvenient. This problem is a difficult one for an author to overcome because of the interrelatedness and interdependency of the various parts and functions of the body. Where avoidance of mention of some function that is later discussed is impossible, a simple explanation needs to be made.

Because of this difficulty, where the students are concerned particularly, this book is not recommended as a text for them. Teachers will find it useful for preparation of material, especially teachers of related subjects. For students beyond the junior level and graduates, for purposes of review and reference, the content is excellent.

From Witchcraft to World Health by S. Leff, M.D., D.P.H. and Vera Leff. 236 pages. Brett-Macmillan Ltd., 132 Water Street S., Galt, Ont. 1958. Price \$4.50. Reviewed by Mrs. N. Anshell, physiotherapist-in-charge, St. Mary's Hospital, Montreal.

This book tells the ever-fascinating story of man's unrelenting fight against disease. The first constitution of the World Health Organization states that "health is a state of physical, mental and social well-being and not merely the absence of disease and infirmity." True to this definition the authors take us through the ages from prehistory to our own time, casting a light on all the factors constituting health and interrelating them closely.

The objective of the book is to give a concise description of how men lived in different periods, what illnesses they suffered from and the methods they employed to





THE ART AND SCIENCE OF NURSING

By Ella L. Rothweiler and Jean Martin White, revised by Doris A. Geitgey. New sixth edition, almost entirely re-written. For student nurse and instructor. Will help in planning a teaching program. 601 pages, illustrated, 1959. \$6.50.

PERSONAL, IMPERSONAL, AND INTERPERSONAL RELATIONS

By Genevieve Burton, University of Pennsylvania. A book to develop simple counselling skills and make nurses more able to help their patients. 240 pages, 1958, \$3.25.

THE RYERSON PRESS
299 QUEEN STREET WEST, TORONTO 2-B



combat them. Emphasis is placed on the immediate relationship between the specific development of medicine and the general progress of mankind.

We see primitive man engaged in magic rituals to ward off evil demons that caused disease. We become acquainted with the attempts at rational thought of Egyptian priest-physicians, the first rules of social hygiene laid down by the Jews of Biblical times and the beginnings of medical ethics that originated in Babylon. Continuing through antiquity Greece arises with three schools of medicine — the philosophical, Aesculapian and Hippocratic — only to yield

the leadership to Rome whose contribution in the field of healing was born out of its own necessities, conditioned by expanding trade and military campaigns.

The endless struggle against epidemics and pestilence during the Middle Ages; the attempts of the Church to organize institutions for the sick and poor; the Renaissance with its advances in the study of anatomy and improvements in surgery are described vividly. It is with great interest that we follow the authors into the Age of Enlightenment. The 19th century opens new horizons in medicine, both in recognition of disease and in new devices for fighting it. The discovery of the microscope, electricity and radioactivity as well as the recognition of the cell as a common factor of life revolutionize all preconceived concepts and prepare favorable conditions for man to continue the campaign against ill health into our own time.

It is a far cry from the strangely masked witch doctor to modern ideas of preventive medicine: from the tent on a Roman battlefield where wounded soldiers were assembled, to the bustling, antiseptic activities of our hospitals; from the Victorian nurse of whom Dickens said that "it was difficult to enjoy her society without becoming conscious of a smell of spirits" to the white, crisp sobriety of women attending the sick today. These gaps are bridged in an informative, descriptive way, bringing out the highlights of various periods and weaving them into a comprehensive pattern. It is to be regretted that this inexhaustible subject, at times, is not elaborated in more detail.

Not being a mere record of famous names and important discoveries, but rather emphasizing the conditions which created them, "From Witchcraft to World Health" is easy, lively reading which can be of interest and benefit to layman and medical personnel alike. In a postscript the authors glance into the future, outlining the problems arising from our present way of life and the possibilities for medical skill to create "a world of healthy, happy people at peace."

The inclusion of antibiotics in cosmetics is opposed in a report of the American Medical Association. There is no evidence that "constant degerming" of the skin, such as would be presumed to occur with the use of antibiotics in cosmetics, is "necessarily always or even frequently desirable."

Antibiotics are now being used in deodorants to help kill bacteria and thus reduce odor. They have also been suggested for in-



POSEY PATIENT AID

A rehabilitation product which encourages self-exercise and is a positive aid to the geriatric. No. B-654 (For open-end beds) No. B-654-A (For beds with solid foot ends) \$5.95 ea.

J. T. POSEY COMPANY • 2727 E. FOOTHILL BLVD., PASADENA, CALIF.

clusion in face creams and blemish lotions.

"The persistent trend toward the incorporation of pharmacologically active ingredients into cosmetics has caused growing concern among the medical profession . . . Medical experience provides considerable evidence of the health implications in the widespread, prolonged or indiscriminate use of antibiotics."

There is essential agreement that antibiotics generally useful in the treatment of systemic infections should not be used in cosmetics. However, it has been proposed that certain other antibiotics (bacitracin, neomycin, polymyxin and tyrothricin) be permitted in cosmetic preparations.

Even these, which are rarely used other than on the skin, carry certain dangers, according to the report. Some persons may be sensitive to the drugs and develop allergic reactions from continued contact. In addition, little information is available about the possibly harmful effects of the various antibiotics after absorption through the skin.

The possibility of bacteria becoming resistant to the effects of the antibiotics may be increased through prolonged use of the drugs. This would mean that, when the drugs must be used to treat a disease caused by a resistant strain of bacteria, they would be ineffective.

In conclusion, the report said: "Except for the deodorant action of such agents in reducing axillary odors, their incorporation in cosmetics has not been proved to be of specific value, and their widespread use in cosmetics could well represent an increased risk to general public health as well as to certain hypersensitive individuals."

— The Health Bulletin, North Carolina

— The Health Bulletin, North Carolina State Board of Health.

Newspapers always excite curiosity. No one ever lays one down without a feeling of disappointment.

- CHARLES LAMB

EXPERIENCED TRAVELERS DEPEND AND SAY!

COOK'S

LEADERS IN WORLD TRAVEL



Your Official Travel Agents for the CNA Post-Convention Tour to Europe following the CNA Biennial Meeting at Halifax June 1960 — The Best in European Travel including the Passion Play at Oberammergau. Send your applications to the Canadian Nurses' Association in Ottawa.

Cook's Offices in Canada MONTREAL - TORONTO - WINNIPEG CALGARY - EDMONTON - VANCOUVER

Cook's Travelers Cheques
Still only 75¢ per \$100.00

Highway Deaths

Motor vehicle accidents in the United States took more lives in each of the first six months of 1959 than in the like months of last year. Through June of the current year, motor vehicle accident fatalities totaled about 17,100, or 5 per cent above the toll a year ago, according to estimates by the National Safety Council.

The increase in motor vehicle accident deaths so far this year parallels the rise in the volume of travel. Consequently, the mortality rate on a mileage basis remained at the record low established a year ago, namely, 5.1 per 100 million vehicle miles. This statistical fact, needless to say, gives little consolation to the many thousands of bereaved families.

Intensified efforts are needed to curb the large and increasing loss of life in motor vehicle accidents. The extent to which such efforts succeed will depend in appreciable part on the progress made in reducing the mortality resulting from collisions of various kinds. Collisions between motor vehicles outranked every other type of accident. In 1957, there were almost 12,000 fatalities in such mishaps. Pedestrians hit by a motor vehicle comprised one-fifth of the victims or close to 8,000. Collisions of motor vehicles with fixed objects, such as trees or poles, were responsible for nearly 2,000 deaths in the year, and collisions with railway trains for an additional 1,400. Most of the deaths in the residual category "other collisions" represent male bicycle riders hit by motor

vehicles. Over 7,500 motor vehicle deaths resulted from running off the roadway. Overturning on the road, while of lesser numerical importance, nevertheless took about 1,300 lives. Motorcycle accidents, other than those involving pedestrians, caused nearly 800 deaths in the year, more than 90 per cent of them among males.

Another aspect of the motor vehicle accident problem which merits attention is the relative number of people fatally injured by the various types of vehicles. Approximately 80 per cent of the victims lost their lives in accidents involving passenger vehicles only. An additional 10 per cent of the fatalities resulted from the collision of passenger cars and transport vehicles (mainly trucks, but also such vehicles as tractor trailers, and construction or farm machinery in transport under their own power on the highway). In nearly the same proportion of deaths, transport vehicles only were involved. Buses accounted for only about 1 per cent of the total motor vehicle accident mortality.

The complexity of the motor vehicle problem requires an attack on many fronts. Law enforcement agencies, engineers, educators, and others actively engaged in the safety movement still face a formidable task in reducing the slaughter on our streets and highways. But their efforts will accomplish little if they do not have the wholehearted cooperation of all the people.

— Statistical Bulletin Metropolitan Life Insurance Co.

A new booklet entitled "How to Process and Care for Surgical Gloves" has just been published by Rotary Hospital Equipment Corp. With a suggested work flow layout of equipment, ten basic steps in surgical gloves processing are discussed in detail: Gathering, washing and rinsing, wringing, drying, inspecting, mending, powdering, packaging, sterilizing, storing.

The introduction of mechanical washing, drying and powdering equipment into the surgical glove processing department is fully described with an annual cost analysis for 100 and 300-bed hospitals.

Copies of the booklet as well as illustrated literature covering Rotary Glove Washers, Dryers and Powderers can be obtained, without charge, by writing to Rotary Hospital Equipment Corp., 1746 Dale Road, Buffalo 25, New York.

* * *
The four leading causes of infant death in British Columbia in 1957 were: prematurity 245, postnatal asphyxia and atelectasis 151, pneumonia 141, and congenital

malformations 136.

— Vital Statistics, B.C., 1957

To laugh at men of sense is the privilege of fools.

— JEAN DE LA BRUYÈRE

In the case of news we should always wait for the sacrament of confirmation.

— VOLTAIRE

Employment Opportunities

ADVERTISING RATES — \$5.00 for 3 lines or less; \$1.00 for each additional line. U.S.A. & Foreign — \$7.50 for 3 lines or less; \$1.50 for each additional line.

Closing date for copy and cancellations: Six weeks prior to date of publication. All letters should be addressed to: The Canadian Nurse Journal, 1522 Sherbrooke St. W., Montreal 25, Quebec.

ALBERTA

Assistant Matron — maximum gross salary \$330. Must be a graduate of at least 5 years — preferably with a course or at least experience in administration of hospital nursing services. Operating Room Nurses — \$279.50 - \$309.50; additional \$10 for postgraduate course. General Duty Registered Nurses — \$269.50 - \$299.50 (Urgently Required) for a busy 45-bed hospital with program to start building this year, a completely modern 70-bed hospital. 40-hr-wk. as soon as sufficient staff available, 21-days vacation after 1-yr. service, 9 statutory holidays, \$30 per mo. deduction for room, board & laundry. Personnel policies will be forwarded on request. For further information, apply: Miss J. Wickett, Matron, Municipal Hospital, Peace River, Alberta.

Registered Nurses or Graduate Nurses (2) for General Duty in 16-bed hospital. Salary schedule according to the current A.A.R.N. suggested schedule. Basic salary \$255 for R.N. plus increment increases according to experience. Hospital is centrally located between two (2) lake resorts etc. Apply to: Mrs. J. Bergquist R.N., Matron, Municipal

Hospital no. 43, Bentley, Alberta.

General Duty Nurses (2) for 32-bed hospital opened 1-yr. ago. Situated in a town at the crossroads of all main tourist attractions. 32-mi. from the nearest city. Basic salary \$270 with regular 6-mo. increases of \$5.00 to a maximum of \$300, benefits for up to 18-mo. experience. 40-hr. wk., sick time accumulative to 120-days & other fringe benefits, rotating shifts, night duty bonus. Apply: Matron, Macleod Municipal Hospital, Fort Macleod, Alberta.

General Duty Nurses (2) for modern 34-bed hospital. Salary \$230 per mo. plus full maintenance, 3 annual increments at \$10 per mo., 1-mo. per year holiday pay, 2-wk. sick leave. If employed for 1-yr. a refund of train fare from any point in Canada will be given. Apply to: Municipal Hospital, Two Hills, Alberta, Phone 335.

Graduate Nurses for General Duty in new 30-bed hospital 90-mi. from Calgary on Trans Canada Highway. 44-hr. wk., generous personnel policies. For particulars apply to: The Matron, Municipal Hospital, Bassano, Alberta.

General Staff Nurses (immediately) for new modern hospital of 243-beds, 37-bassinettes. School of nursing has a present enrollment of 58 students. Temporary residence available in new nurses' home. 40-hr. wk., with liberal personnel policies. Apply to: Director of Nursing, Municipal Hospital, Medicine Hat, Alberta.

BRITISH COLUMBIA

Operating Room Supervisor for modern 154-bed General Hospital. Please reply stating age, qualifications & experience. Salary based on above. General Duty Nurses. Generous personnel policies, nurses' residence. Apply to: Director of Nurses, Trail-Tadanac Hospital, Trail, British Columbia.

Nursing Supervisor (B.C. Registered) for new 26-bed General Hospital opening January 1960. Starting salary \$335 per mo. Consideration given in deciding salary to past experience & postgraduate courses. Full maintenance \$48 per mo. in new modern nurses' home. Scenic location, excellent working conditions, friendly surroundings, for full particulars write: C. F. Collins, Secretary, Golden & District General Hospital, Golden, British Columbia.

Laboratory Technician (1) Graduate Nurses (3) for 41-bed hospital. Starting salary for R.N.'s, \$265 per mo., \$255 till registered. 40-hr. wk., 10 statutory holidays, 28 days paid vacation after 1-yr. service, 1½-day sick leave per mo., uniforms laundered. Apply: Sister Superior, Providence Hospital, Fort St. John, British Columbia.

Head Nurses for Operating Room: 42-bed pediatric unit in 434-bed hospital with nurses' training school. Postgraduate or equivalent experience required, B.C. registration required; 40-hr. wk., statutory holidays, 28-days annual vacation. Credit given for past experience & postgraduate preparation. Salary \$295-\$354. Apply: Director of Nursing, Royal Columbian Hospital, New Westminster, British Columbia.

Registered Nurses (3) for 30-bed hospital in Central B.C. on the Jasper-Prince Rupert Highway, 70-mi from Prince George. Salary \$290 per mo., 10 legal days with pay per year; $1\frac{1}{2}$ -days sick leave per mo., 28-days vacation after 1-yr. Laundering of uniforms by hospital; modern nurses' residence \$50 per mo. Also Certified Practical Nurses (3) salary \$190 per mo., $1\frac{1}{2}$ -days sick leave per mo. 10 legal days with pay per year; 2-wk. vacation after 1-year. Kindly apply giving qualifications & references to: Sister Superior St. John Hospital, Vanderhoof, British Columbia.

Registered General Duty Nurse for 30-bed hospital. Starting salary \$270 per mo. with \$10 yearly increment. Board & room \$40, 1½ day sick leave per mo. 40-hr. wk., 11 statutory holidays & 28 days vacation after 1-yr. service. Comfortable nurses' residence next door to hospital. Rotating shifts. Please apply to: The Matron, Community Hospital, Grand Forks, British Columbia.

General Duty Nurses for small active hospital. Salary \$250 for unregistered. \$260 registered with yearly increments. Nurses' home available. For further particulars write, The Administrator, Lady Minto Hospital, Ashcroft, British Columbia.

General Duty Nurses for 200-bed General Hospital with School of Nursing. Salary \$275-\$327. Pre-planned shift rotation, B.C. registration essential. 4-wk. vacation after 1-yr. Apply: Director of Nursing, Royal Inland Hospital, Kamloops, British Columbia.

General Duty Nurses (all floors). Operating Room Nurse (1—experienced for new 125-bed hospital to be opened early in autumn. Commencing salary: \$280 per mo. or \$294 for 2-yr. satisfactory experience, plus \$10 per mo. additional for postgraduate certificate in any of the nursing fields. Supervisory Positions available, salary \$315-\$378. For further information write to: Director of Nursing, Prince George & District Hosp., Prince George, B.C.

General Duty Nurses for 110-bed General Hospital located in British Columbia's beautiful Northwest. Salary \$283 per mo. with \$10 increments for 3 years. Modern residence facilities available. For complete information apply to: Director of Nursing, General Hospital, Prince Rupert, British Columbia.

General Duty Nurses: starting salary \$288 if 2 yr. experience, \$275-\$330 in 4 yr. Non registered \$260. Maintenance \$50, 10 statutory holidays, 4-wk. annual vacation, 1½ day sick leave per mo. very active town, world famous Cariboo cattle country, annual stampede. Apply: Director of Nursing, War Memorial Hospital, Williams Lake, British

General Duty & Operating Room Nurses for 434-bed hospital with training school; 40-hr. wk., statutory holidays. Salary \$280-\$336. Credit for past experience & postgraduate preparation; annual increments; cumulative sick leave; 28-days annual vacation. B.C. registration required. Apply: Director of Nursing, Royal Columbian Hospital, New Westminster, British Columbia.

Graduate Nurses for 70-bed acute General Hospital on Pacific Coast. Starting salary \$275 with regular increases. Board & room \$25 per mo., 5-day wk., 28 days vacation plus 10 statutory holidays. Apply: Matron, St. George's Hospital, Alert Bay, British Columbia. Graduate Nurses for general duty (2) for 27-bed Community Hospital. Salary: \$280 per mo. with 3 annual increments of \$10 per mo. Room, board & laundry \$40. 28-days vacation after 1-yr. service. Graduate complement 6. Apply: Matron, Slocan Community Hospital, New Denver, British Columbia.

Graduate Nurses for 25-bed hospital, 35-mi. from Vancouver on the coast. For salary rates & personnel policies, apply to: Director of Nursing, Squamish General Hospital, Squamish, British Columbia.

Operating Room Nurses with postgraduate training & General Duty Nurses for 450-bed hospital. B.C. registration required, salary & personnel policies in accordance with R.N.A.B.C. Apply: Director of Nursing Service, St. Joseph's Hospital, Victoria, British Columbia.

Registered Nurse for new 26-bed General Hospital in the Fraser Valley, 100-mi. from Vancouver. Accommodation available in new residence. Apply: Director of Nurses, Fraser Canyon Hospital, Hope, British Columbia.

MANITOBA

Registered Nurse (for general floor duty). Salary \$290 per mo. less \$25 for full maintenance, yearly increments, 44-hr. wk. For further information apply to: John Hiscock, Secretary-Treasurer, Baldur Medical Nursing Unit, Baldur, Manitoba.

Registered Nurse (1—Immediately) for 11-bed hospital. Salary: \$300 per mo. with increments, less \$25 per mo. full maintenance, living quarters in hospital. Please apply to: Birch River Hospital Unit, Birch River, Manitoba.

Registered Nurse (1) Licensed Practical Nurse (1) for 30-bed hospital. Salary \$270 & \$195 per mo., respectively with \$5.00 increases every 6-mo. Excellent working conditions; 40-hr. wk., overtime pay; living quarters. Apply stating age & qualifications to: Mrs. R. Maiers, Superintendent, District Hospital, Roblin, Manitoba. or phone 180 collect.

General Duty Nurses (3) for new 85-bed hospital. Good salary & generous personnel policies. Apply: Director of Nursing, Portage Hospital District #18, Portage La Prairie,

General Duty Nurse for 18-bed hospital, 70-mi. from Winnipeg, daily bus service. Salary \$290 per mo. For Personnel policies write or phone: Vita No. 1, The Governing Board, Vita Hospital District No. 28, Vita, Manitoba

NOVA SCOTIA

General Duty Nurses (4) Operating Room Nurse (1) for well equipped modern 20-bed hospital on scenic Eastern Shore of Nova Scotia's mainland. Salary in accordance with scale set by R.N.A.N.S. Contact: Superintendent, Eastern Shore Memorial Hospital, Sheet Harbour, Nova Scotia.

General Duty Nurses for modern 35-bed hospital situated on beautiful South Shore. Good personnel policies. Excellent living quarters. Apply Superintendent, Fishermen's Memorial Hospital, Lunenburg, Nova Scotia.

General Staff Nurses for 400-bed Medical & Surgical Sanatorium, fully approved student affiliation & postgraduate program. Full maintenance. Recreational facilities. Vacation with pay. Sick benefits after 1-yr Blue Cross coverage. Attractive salary; 40-hr. wk. For further particulars apply Supt. of Nurses, Nova Scotia Sanatorium, Kentville N.S.

ONTARIO

Assistant Director of Nurses, Registered Nurses for General Duty in new 50-bed hospital. Apply: Superintendent, Meaford General Hospital, Meaford, Ontario.

Operating Room Supervisor (Immediately) for 86-bed hospital. Good salary, employee benefits & statutory holidays, living accommodation available in residence. Locate in Collingwood & enjoy its many winter sports along with excellent swimming & other summer activities. Apply: Director of Nursing Services, General & Marine Hospital, Collingwood, Ontario.

Registered Nurse as Superintendent (Immediately) for 30-bed hospital, stating previous experience & salary expected. Furnished 3 room apartment provided. Apply to: Secretary, Englehart & District Hospital Board, Box 609, Englehart, Ontario.

Assistant Superintendent with X-Ray experience for 31-bed General Hospital. Apply: Supt., Louise Marshall Hospital, Mount Forest, Ontario.

Instructor (Qualified) for teaching of psychiatric nursing. Good salary & personnel policies. Apply: Director of Nursing, Victoria Hospital, London, Ontario.

Registered Nurses for 50-bed Hospital, Obstetrical & General Duty. Rotating shifts, 40-hr. wk. Apply: Director of Nursing, Ajax & Pickering General Hospital, Ajax, Ontario.

Registered Nurses (2) for small well equipped hospital, 30 miles from Ottawa. Liberal salary. Apply: Superintendent, The Rosamond Memorial Hospital, Almonte, Ontario.

Registered Nurses for 73-bed General Hospital on Lake of Woods. Tourist & industrial town of 10,000. General duty salary \$265-\$295 for nurses currently registered; \$245 for non-registered qualified nurses. Excellent personnel policies. Apply to: Superintendent, General Hospital, Kenora, Ontario.

Registered Nurses (Several) for immediate & future vacancies in modern 42-bed hospital. Starting salary: \$265 per mo. plus shift allowance. 40-hr. wk. 4 wk. vacation after 1 yr. Apply: Superintendent of Nurses, New Liskeard & District Hospital, New Liskeard, Ontario.

Registered Nurses for Canadian Army. Officer status. Salary starts \$275 - 6-mo. \$375 - 3-yr. \$409. Regular Staff duties & opportunities for specialization; 30 day leave per year with pay, free medical & dental care; full pay when hospitalized; excellent pension plan for career officers, retirement 45-49. Opportunities for travel. For particulars apply: Army Headquarters, (D Man M2) Ottawa, Ontario.

Registered Nurses for 100-bed active General Hospital in interesting community of 15,000, situated in the beautiful Ottawa valley 2-hrs. from Canada's Capital & 4-hrs. from Montreal, excellent train & bus service, 8-mi. from Camp Petawawa. Membership welcome in curling, bowling, dramatics, ski & golf clubs. Personnel policies include 14 days sick leave, 3-wk. vacation & 7 statutory holidays. Employer participation in pension plan, 5-day wk. At present gross salary \$220-\$250 with annual increments of \$120 up to maximum. Apply to: Director of Nursing, Cottage Hospital, Pembroke, Ontario.

Registered Nurses (Toronto Area) for 30-bed hospital for chronic illnesses. Salary \$12 per day; 5-day wk.; 3-wk. vacation per year. Apply: L. Mackie, Director of Nursing, The Villa Private Hospital, Box 490, Thornhill, Ontario.

Registered Nurses & Certified Nursing Assistants for 160-bed hospital. Starting salary \$255 & \$180 respectively with regular annual increments for both. Excellent personnel policies & residence accommodation available. Assistance with transportation can be arranged. Apply: Superintendent, Kirkland & District Hospital, Kirkland Lake, Ontario.

Registered Nurses & Certified Nursing Assistants for General Duty. Salary commensurate with experience & qualifications. Apply: Supt., Louise Marshall Hospital, Mount Forest, Ontario.

Registered Nurses & Certified Nursing Assistants for 26-bed hospital. R.N. salary \$290-\$335. 28-day vacation after 1-yr. C.N.A. salary \$210-\$240, 2-wk. vacation after 1-yr., 3-wk. after 2-yr. Credit for past experience \$5.00 increment every 6-mo. 44-hr. wk., 8 statutory holidays. Room & board residence \$28.50 per mo. 1-day sick leave per mo. Apply to: Mrs. G. Gordon, Superintendent, District Memorial Hospital, Box 37, Nipigon, Ontario.

Registered Nurses for Surgical Floor in 163-bed Sanatorium. Excellent personnel policies. Residence accommodation available. Apply: Director of Nursing, Sudbury & Algoma Sanatorium, P.O. Box 40, Sudbury, Ontario.

Registered Nurses for General Duty in modern 18-bed. Private Hospital in iron mining town. 180-mi. north of Sault Ste Marie, Ontario. Excellent accommodation & personnel policies. Starting salary \$268 minimum to \$303 maximum for experience, less \$20 per mo. maintenance. Transportation allowance after 6-mo. service. Operating Room Nurse, starting salary \$288 minimum with postgraduate course, \$323 maximum with 3-yr. experience or more. Apply: Superintendent, Miss O. Keswick, Lady Dunn Hospital, Jamestown, Ontario.

Registered Nurses (2) for General Duty in modern 90-bed hospital, salary \$255 per mo. 3 annual increments, accumulative sick leave. Excellent recreational facilities in town near cities & resorts. Room & meals at reasonable rates. Apply: Director of Nursing, Dufferin Area Hospital, Orangeville, Ontario.

Registered Nurses for General Duty Staff. Salary \$250 per mo., ideal community, winter & summer recreation. Apply to: Director of Nursing, Huntsville District Memorial Hospital, Huntsville, Ontario.

Registered General Duty Nurses (Immediately) for 29-bed hospital. Salary \$265 per mo. with annual increments up to \$295, 4-wk. vacation with pay after 1-yr. service, 8 statutory holidays, nicely furnished nurses' residence. Apply to: Superintendent, Bingham Memorial Hospital, Matheson, Ontario.

Registered Nurses for General Staff & Operating Room in modern hospital (opened in 1956). Situated in the Nickel Capital of the world, pop. 50,000. Salary: \$260 per mo. with semi-annual merit increments, plus annual bonus plan. Recognition for experience. Excellent personnel policies. Assistance with transportation can be arranged. Apply Director of Nursing, Memorial Hospital, Sudbury, Ontario.

Registered General Duty Nurses for modern hospital, building expansion under way increasing to 100-beds this year. Starting salary \$250 per mo., \$215 for Graduates. 40-hr. wk., group life, accident & sickness insurance free to employees. Opportunities for advancement, pleasant community. Apply: Director of Nursing, Leamington District

Memorial Hospital, Leamington, Ontario.

Registered General Duty (4) Certified Nursing Assistants (2) replacements for ones who have been married. For 105-bed hospital in a town of 15,000 population. Gross salary ranges from \$210-\$240 with annual increments. 3-wk. vacation, 7 statutory holidays, Blue Cross medical/surgical participation, 14-day sick leave, no night duty. except in Obstetrical Dept. 8-mi. from Camp Petawawa, 2-hr. from Ottawa & 4-hr. from Montreal with excellent train & bus service. Active, interesting community social life in the heart of the beautiful Ottawa Valley. Active Ski, Curling & Golf Clubs, also the home of the famous Pembroke Lumber Kings Hockey Team. 2 Theatres & a "Drive-lin". Forward application to: The Director of Nursing, The Cottage Hospital, Pembroke, Ontario.

Registered General Duty Nurses for 28-bed General Hospital. Starting salaries \$255-\$270 according to qualifications, 40-hr. week, good personnel policies. Adjacent attractive residence available. Room & board \$40; recreation facilities. For further information please apply: Miss A. Burnett, Superintendent, Niagara Hospital, Niagara-on-the-Lake, Ontario.

General Duty Nurses for an accredited 64-bed hospital. Starting salary: \$250-\$260. Good personnel policies with sick leave benefits, holidays & paid vacations. Apply Director of Nursing, Douglas Memorial Hospital, Fort Erie, Ontario.

General Duty Nurses for 100-bed hospital. Salary \$260 per month with recognition for P.G. Courses, 44-hr. wk. at present. Up-to-date facilities in a beautiful location on the shore of Lake Erie. Residence available. Apply: Director of Nursing, General Hospital, Port Colborne, Ontario.

General Duty Nurses (all departments) for 350-bed General Hospital, gross starting salary \$255 per mo., 40-hr. wk. Apply to: Director of Nursing, the Doctors Hospital, 45 Brunswick Ave., Toronto, Ontario.

General Duty Nurses for all departments. New 250-bed hospital opening early in 1960 in the Niagara Peninsula. 5-day wk. with 3-wk. annual vacation. Residence accommodation available. Apply: Director of Nursing, Welland County General Hospital, Welland, Ontario.

General Duty Nurses & Certified Nursing Assistants (Immediately) for 86-bed hospital, 40-hr. wk., 8 statutory holidays & other employee benefits. Collingwood is situated on Georgian Bay & is noted as a vacationland with 7-mi. sand beach along with great skiing on the Blue Mountains in winter. For further information apply: Director of Nursing Services, General & Marine Hospital, Collingwood, Ontario.

General Duty Nurses & Operating Room Nurses (Immediately) for 100-bed General Hospital 25-mi. from Toronto. Good salary, modern residence available. Apply: Director of Nursing, Peel Memorial Hospital, Brampton, Ontario.

General Duty Nurses, Operating Room Nurse (Immediately) for 47-bed hospital, 8-hr. duty, 51/2-day wk., annual vacation with pay, statutory holidays, full maintenance in nurses residence. Apply: Superintendent, General Hospital, Kincardine, Ontario.

McKellar General Hospital, Fort William, Ontario has openings in all departments for General Staff Nurses. Basic salary \$250 per mo., 40-hr. wk. Good personnel policies for other benefits. Residence accommodation available. Apply to: The Director of Nursing. Graduate Nurses (Close to Metropolitan Toronto) for 120-active bed County Hospital with up-to-date facilities located in a friendly community, 1-hr. bus ride to downtown Toronto. Salary \$245-\$285, residence accommodation available. Adequate staffing & personnel policies. Apply: Director of Nursing, York County Hospital, Newmarket, Ontario.

Operating Room Nurses for general operating room work which includes cardiovascular neurosurgery, genito-urinary & orthopedic surgery. Good salary & personnel policies. Apply: Director of Nursing, Victoria Hospital, London, Ontario.

Operating Room Nurses for eye, ear, & throat operating room. Good salary & personnel policies. Apply: Director of Nursing, Victoria Hospital, London, Ontario.

Operating Room Staff Nurses for modern well equipped department, gross starting salary \$255 per mo., rotating hours of duty. Apply to: The Director of Nursing, The Doctors Hospital, 45 Brunswick Ave., Toronto, Ontario.

Public Health Nurse (qualified) for completely generalized program. Salary range, pension plan & other personnel policies given on request. Applicant must have car. Apply to: Dr. W. H. Cross, Muskoka District Health Unit, Bracebridge, Ontario. Public Health Nurse (Qualified) for generalized program in Etobicoke Township (suburb of Toronto). Minimum salary \$3,570, starting salary based on experience. Car allowance \$670 per annum. 4-wk. vacation after 1-yr. Pension Plan, P.S.I. & Blue Cross benefits. Apply: Director of Public Health Nursing, Township of Etobicoke, 550 Burnhamthorpe Rd., Etobicoke, Ontario.

Public Health Nurses (Qualified) for a generalized program in the City of Oshawa. Salary range \$3,500 - \$4,370, annual increment \$175, starting salary based on experience. 5-day wk., 4-wk. vacation, pension plan, group insurance, hospitalization & P.S.I. employer shared. Transportation provided. Apply: Dr. C. C. Stewart, Medical Officer of Health, 50 Centre Street, City Hall, City of Oshawa, Ontario.

Graduate Nurses & Certified Nursing Assistants for General Duty complete new 58-bed building with furnishings & equipment. In the heart of summer vacation land. For particulars write to: Superintendent, Prince Edward County Memorial Hospital, Picton, Ontario.

Director of Nursing for 222-bed new hospital. Position requires Graduate Nurse with teaching & administrative experience. Supervisory experience necessary. Must be available January 1, 1960; applications must be in by November 21, 1959. Reply giving complete qualifications, experience, salary expected & references to: Administrator, Joseph Brant Memorial Hospital, Burlington, Ontario.

Public Health Nurse for generalized public health nursing service; maternal & child health, tuberculosis, school health, etc. Salary \$3,500 - \$4,500 annually; annual increment \$200, hospital plan, P.S.I., pension plan, sick leave — $1\frac{1}{2}$ days per mo., accumulative. 4-wk. vacation yearly. Transportation provided or allowance for use of private car. Apply to: Dr. J. B. Cook, M.O.H. & Director, Sudbury & District Health Unit, Sudbury, Ont.

Public Health Nurses (2 - Bilingual) for generalized public health nursing service; maternal & child health, tuberculosis, school health, etc. Salary \$3,500 - \$4,500 annually; annual increment \$200, hospital plan, P.S.I. pension plan, sick leave 1½ days per mo., accumulative. 4-wk. vacation yearly. Transportation provided or allowance for use of private car. Apply to: Dr. J. B. Cook, M.O.H. & Director, Sudbury & District Health Unit, Sudbury, Ontario

OUEBEC

Nursing Superintendent for modern, accredited 60-bed hospital. Living accommodation available. Apply stating qualifications & salary expected to: Superintendent, Barrie Memorial Hospital, Ormstown, Quebec.

Assistant Head Nurses: Afternoon Supervisor excellent personnel policies. Apply Director, Shriners' Hospital for Crippled Children, 1529 Cedar Avenue, Montreal, Quebec.

Registered Nurses & Operating Room Supervisor for modern 60-bed General Hospital, 40-mi. south of Montreal. Salary \$250 per mo., \$5.00 increase every 6-mo. for 5 increases. Monthly bonus for permanent evening & night shifts. 44-hr. wk. Board & accommodation available in new motel-style nurses' residence. Apply: Supt., Barrie Memorial Hospital, Ormstown, Quebec.

Registered General Duty Nurses for 28-bed General Hospital in Huntingdon, Quebec, 45-mi. from centre of Montreal with excellent bus service. Gross salary \$235 with full maintenance in nurses' home at \$35; 3 increases at 6-mo. intervals to \$250; 44-hr. wk., 8-hr. rotating shifts; 1-mo. annual vacation; 7 statutory holidays; 2-wk. sick leave, Blue Cross paid. Apply: Mrs. D. Hawley, R.N., Huntingdon County Hospital, Huntingdon, Que.

BERMUDA

Chief Dietitian for 140-bed hospital. Training school affiliated with Montreal hospitals. Fare paid. For particulars write Matron, King Edward VII Memorial Hospital, Bermuda. Registered Nurses for Operating Room with operating room postgraduate courses and/or experience, for 140-bed hospital. Travel allowance paid. For particulars, write Matron, King Edward VII Memorial Hospital, Bermuda.

SASKATCHEWAN

Registered General Duty Nurses for 25-bed hospital in progressive area. Salary \$290-\$320 per mo. gross, 40-hr. wk. 3-wk., annual vacation, accumulative sick leave. New nurses residence. Apply to: Sec.-Manager, Union Hospital, Leader, Saskatchewan.

U.S.A.

Supervising Nurse \$371-\$439; Staff Nurse \$332-\$392 for California Hospital treating pulmonary & chronic diseases (rehabilitation), children & adults. Eligible California registration. Excellent working & living conditions, Sierra Nevada foothill area. Write: Director of Nursing, Tulare-Kings Counties Hospital, Springville, California.

Registered Nurses for modern 191-bed JCAH fully accredited General Hospital, expanding to 374-beds by 1960. Located on beautiful San Francisco Peninsula, 20-min. drive from the heart of the city. Openings in all services. Excellent personnel policies. Many extra benefits & opportunities for advancement. Top salaries. Apply: Personnel Director. Peninsula Hospital, 1783 El Camino Real, Burlingame, California.

Registered General Duty Nurses for modern accredited 76-bed hospital (South Central California near Sequoia National Park). Beginning salary: \$315 per mo., annual increases. Excellent working conditions. Ideal community. Winter & summer recreation. Transportation to hospital paid on suitable confirmation of employment. Must qualify for registration in California. For details write: Administrator, Memorial Hospital at Exeter, Exeter, California.

Registered Nurses: Positions available in all areas & on all shifts. Ultra modern, new 254-bed General Hospital located in the heart of beautiful sunny Castro Valley, just 30 minutes drive from San Francisco. This is a busy residential community which offers casual California living at its very best. Many excellent schools & colleges within easy commuting distance. Progressive personnel policies include free hospital & surgical insurance, paid sick leave, paid vacations, 7 recognized holidays & other benefits. No split shifts, evening & night duty salary differential, also differential paid for operating room, delivery room & nursery service. Uniforms laundered free. Basic salary for general staff duty; \$345 per mo. Salaries for other positions commensurate with assignments. Please write: Personnel Manager, Eden Hospital, 20103 Lake Chabot road, Castro Valley, California.

Registered Nurses General Duty for 230-bed approved teaching hospital, resort city. Salary \$330 plus \$22.50 shift differential, provision for housing allowance. Apply: Director

of Nursing, Cottage Hospital, Santa Barbara, California.

General Duty Nurses (English Speaking) 500-bed General Hospital in sunny Southern California. \$330-\$375 base plus \$33 shift differential upon registration. Operating & Delivery Room Nurses \$340-\$385 upon registration plus \$33 shift differential. Employee health & pension plan. Generous holiday & vacation benefits. Nurses' residence. Apply: Director of Nursing, Cedars of Lebanon Hospital, Hollywood 29, California.

General Duty Nurses for 600-bed teaching hospital in central California. In-service educational program, college community, good fringe benefits. Salary range \$341-\$413. Apply: Personnel Director, 732 East Main St., Stockton 2, California.

General Duty Nurses for 100-bed County Hospital, accredited JCAH. San Joaquin Valley, 40-hr. wk., liberal sick leave, 3-wk. annual vacation, 12 annual holidays. Starting salary open, range \$314-\$392, plus \$10 shift differential. Rooms in modern nurses' home at \$10 per mo. Write, wire or phone: Superintendent of Nurses, County General Hospital, Tulare, California.

Staff Nurses 600-bed general & tuberculosis teaching institution in central valley City. Accredited State & Junior Colleges in immediate vicinity, liberal personnel policies. Full maintenance available. Write - Director of Nursing Service, Fresno County General Hospital, Fresno 2, California.

Staff Nurses for 300-bed General Hospital. Attractive personnel policies plus differential for specialties, afternoon & night duty. Opportunities for advanced education. Apply to: Director of Nursing Service, Kaiser Foundation Hospital, Oakland 11, California.

General Staff Nurses (Grow & develop with us) new 400-bed hospital under construction. Fully approved. Intern-resident program. Developing teaching center. Starting salary \$330 per mo., \$15 per mo. merit increases at 6, 12, 24 & 36-mo. 40 hr. wk., 2-wk. paid vacation, paid sick leave to 30 days; 7 paid holidays. One of Southern California's most outstanding locations. Apply: Director of Personnel, Seaside Memorial Hospital, 1401 Chestnut Avenue, Long Beach 13, California.

General Staff Nurses positions available in Medical-Surgical & Intensive Care units in modern 238-bed hospital. Starting salary \$335 per mo. with tenure increases; differential pay for 3-11 & 11-7 shifts of \$15 per mo. Liberal personnel policies, opportunities for advancement, social security, hospitalization insurance provided by hospital. Apply: Director of Nursing, Samuel Merritt Hospital, Oakland 9, California.

General Duty Nurses for 50-bed General Hospital located in college town in mountainous portion of Colorado. Salary \$300 per mo. with periodic increases. Fringe benefits include meals, uniform laundry, sick leave & vacation. Registration requires 3-mo. training in Psychiatry & Pediatrics on a segregated service. Contact: Superintendent, Community Hospital, Alamosa, Colorado.

Registered General Duty Nurses for 154--bed General Hospital with expansion program under way. Along the shores of Lake Michigan, 25 mi. from Chicago. Salary: \$365 for days, \$395 for evenings, \$385 for nights, 5 day wk. Good personnel policies. Apply Personnel Director, Highland Park Hospital Foundation, 718 Glenview Ave., Highland Park, Ill.

General Duty Nurses for 320-bed General Hospital. Only a few blocks from Lake Michigan Beach & Lincoln Park; near Chicago Loop. Hospital accredited by J.C.A.H. & school of nursing accredited by N.L.N. Apartments available close to hospital. Liberal personnel policies. Must be eligible for Ill. registration; openings on all shifts. Write: Director of Nursing, Augustana Hospital, 411 W. Dickens Ave., Chicago 14, Illinois.

Graduate Staff Nurses (Opportunities in the United States) for well equipped 400-bed nonsectarian General Hospital affiliated with Medical School. New salary rates: day shift \$340-\$370 per mo. afternoon & nights \$370-\$400 per mo. Comfortable low cost living accommodation in attractive residence building Write to: Director of Nursing Service, Dept. CJN, Mount Sinai Hospital, 2750 West 15th Place, Chicago 8, Illinois.

Operating Room Nurses (Days & P.M.) 154-bed General Hospital located in beautiful residential suburb along the north shore of Lake Michigan just north of Chicago. Modern ranch style nurses' homes with attractively furnished private bedrooms. 40-hr. wk. Salary: \$390 days, \$420 evenings, other employee benefits. Contact: Personnel Director, Highland Park Hospital Foundation, Highland Park, Illinois.

Registered Nurses: Applicants must speak & write proficient English. Starting salary from \$310 per month plus a differential for evening work. Apply to: The Personnel Director, The Gary Methodist Hospital, 1600 W. 6th Avenue, Gary, Indiana.

NURSING WITH INDIAN AND NORTHERN HEALTH SERVICES



OPPORTUNITIES REGISTERED HOSPITAL NURSES, PUBLIC HEALTH NURSES, AND CERTIFIED AUXILIARY NURSES

for Hospital Positions and Public Health Positions in Outpost Nursing Stations, Health Centres and Field Positions in the Provinces, Eastern Arctic Northwest Territories and the Yukon Territory.

SALARIES

- (1) Public Health Nursing Supervisors: up to \$5,220 depending upon qualifications and location.
 - Directors of Nursing in Hospitals: up to \$4,950 depending upon qualifications and location.
- (3) Public Health Staff Nurses: up to \$3,780 per year depending upon qualifications and location.
- (4) Hospital Staff Nurses: up to \$3,540 per year depending upon qualifications and location.
- (5) Certified Nursing Assistants or Licensed Practical Nurses: up to \$200 per month depending upon qualifications and location.
- Room, Board and Laundry in residence at reasonable rates.
 Statutory holidays. Three weeks' annual leave with pay. Generous sick leave credits. Hospital-medical and superannuation plans available.
- Special pay and leave allowances for those posted to isolated areas.

For interesting, challenging, satisfying work apply to — Indian and Northern Health Services at one of the following addresses:

- (1) Regional Superintendent, 4824 Fraser Street, Vancouver, B.C.
- (2) Regional Superintendent, 11412-128th Street, Edmonton, Alberta.
- (3) Regional Superintendent, 735 Motherwell Building, Regina, Saskatchewan.
- (4) Regional Superintendent, 803-9 Confederation Life Building, 457 Main Street, Winnipeg, Manitoba.
- (5) Regional Superintendent, 4th Floor, Booth Building, 165 Sparks Street, Ottawa, Ontario.
- (6) Zone Supervisor of Nursing, Box 493, North Bay, Ontario.
- (7) Zone Superintendent of Indian Health Services, P.O. Box 430, Upper Town, 3 Buade Street, Quebec 4, P.Q.
- (or) Chief, Personnel Division,

Department of National Health and Welfare, Ottawa, Ontario.

Registered Nurses — Salary open, commensurate with experience, differential for evenings & night service. Openings in Obstetrical & Medical-Surgical areas. Must be eligible for registration in the State of Michigan. Apply to: Personnel Department, Woman's Hospital, 432 E. Hancock Avenue, Detroit 1, Michigan

Registered Nurses: Immediate & future vacancies in expanding hospital in the heart of the Water Wonderland. Starting salary \$361 per mo. with automatic pay increases to top salary of \$391 per mo., differential for evening & night duty, 40-hr. wk., free laundry service. Nearby university facilities available, liberal personnel policies. Must be willing to rotate shifts. Reply: Director of Nursing Service. General Hospital, Pontiac, Michigan.

General Duty Nurses for 350-bed hospital with NLN accredited school of nursing, 20-min. from downtown Detroit. Starting salary \$331, increments at 6 months, 1 year & 2 years, maximum \$372. Rotating shifts or permanent afternoon & night shifts. 2-wk. vacation, 18-days sick leave, 6 legal holidays per year with no loss in salary. Liberal hospital, medical, surgical & life insurance benefits. Write: Director of Nursing, General Hospital, Highland Park 3, Michigan.

Registered Nurses (free transportation) Spend your winter in the Sunny Southwest, in New Mexico — "The Land of Enchantment". Vacancies for staff duty in Medicine, Surgery, Obstetrics, Pediatrics & Operating Room. Starting salaries \$300 per mo., \$15 differential evenings & nights. Free transportation via 1st Class Air to Albuquerque & return in exchange for 1-yr. employment contract. Apartments available at \$17 per mo., excellent job benefits, no shift rotation. Write or call: Director of Nursing, Presbyterian Hospital Center, 1012 Gold Avenue, S.E., Albuquerque, New Mexico, Phone CHapel 3-5611.

Graduate Nurses (Staff & Operating Room) for 88-bed modern accredited General Hospital. Liberal personnel policies, college town 30,000, 85% sunshine belt, altitude 3,860. Dry, mild, all year climate. Apply: Director of Nurses, Memorial General Hospital, Las Cruces, New Mexico.

Registered Nurses (Scenic Oregon, vacation playground, skiing, swimming, boating & cultural events) for 295-bed teaching unit on campus of University of Oregon medical school. Salary to start: \$339. Pay differential for nights & evenings. Liberal policy for advancement, vacations, sick leave, holidays. Apply: Multnomah Hospital, Portland 1, Oregon

Staff Nurses (all services) for University of Texas Medical Branch, teaching hospital (air conditioned). Good personnel policies. Base salary, rotation: \$290 per mo. Evenings or night. \$304 per mo. Apply: Director Nursing Service, University of Texas Medical Branch, Galveston, Texas.

Registered Nurses (California) for progressive ultra-modern 200-bed hospital (near Beverly Hills), in medical surgical units & operating room. Starting salary \$330 per mo. with 6-mo. increase & yearly increases thereafter; 5-day, 40-hr. wk., 8 paid holidays annually, paid vacation, paid sick leave, free hospitalization & life insurance, plus unemployment & disability insurance. Opportunities for advancement & in-service education program. Work in a friendly efficient atmosphere possessing many new time & effort saving devices. Off-duty time may be spent in the sun & social activities of "Southern California Living". Apply Director of Personnel, Mount Sinai Hospital, 8720 Beverly Blvd., Los Angeles 48, California.

Staff Nurses for 388-bed approved County Hospital, 100-mi. south of San Francisco. \$342-\$401 P/M plus differentials, excellent fringes. Temporary permit required. Reply: Joseph J. Wahl, Monterey County Hospital, P.O. Box 1611, Salinas, California.

SASKATCHEWAN

Registered Nurses (Female help) for 82-bed accredited hospital. Salary \$255-\$295 per mo., 40-hr. wk., no split shifts. Living accommodation in nurses' residence, laundry of uniforms provided for \$8.00-\$12 per mo., transportation refunded after 6-mo. service. Apply: Superintendent of Nurses, Union Hospital, Canora, Saskatchewan.

General Duty Nurses (2) for modern 22-bed hospital located in a pleasant active community. 40-hr. work wk., basic salary \$260 per mo., residence accommodation available at \$34.50 per mo. Positions available immediately. Apply to: J.R. Huckstep, Secretary-Manager, Union Hospital, Shellbrook, Saskatchewan.

ENGLAND

Plastic Surgery, Jaw Injuries & Burns Centre, St. Lawrence Hospital, Chepstow, Mon. England. (127-Plastic Surgery, 50-Orthopedic beds). 6-mo. postgraduate course on Plastic Surgery for Canadian trained nurses commences April 1st. Post provides opportunity of gaining further experience & seeing something of England. Full national nurses' salary paid. Good knowledge of English essential & must pay own fare to England. This post provides an opportunity for those who wish to take a working holiday with pay. Write quoting 2 references to T. A. Jones, Group Secretary, 64 Cardiff Road, Newport, Mon. England.

OUEBEC

General Duty Registered Nurses for modern 80-bed hospital, salary \$205 per mo. plus meals, laundry & differential pay, rotating shifts, 44-hr. wk., Resident accommodation available. Benefits include 30-days annual vacation, sick leave allowance & B.C. hospitalization paid by hospital. Equally French & English speaking industrial community, 50-mi. south of Montreal, Eastern Townships. Excellent bus & train service. Apply: Director of Nursing. Brome-Missisquoi-Perkins Hospital, Sweetsburg, Quebec.

TORONTO GENERAL HOSPITAL

requires

NURSING STAFF

Variety of Opportunities, Valuable Experience in this large teaching centre. Attractive Personnel Policies. Five Day Week. The Toronto General Hospital has opened its new building which contains centralized Operating Rooms; Recovery Rooms; Surgical Supply Service; Obstetrics and Gynecology; Neurology and Neurosurgery; Admitting and Emergency; Rehabilitation and Physical Medicine; Urology and Ophthalmology.

For information write to:

Director of Nursing, Toronto General Hospital, Toronto 2, Ontario.

NEW MOUNT SINAI HOSPITAL

Toronto

Modern 400-bed Hospital

REGISTERED NURSES

and

Certified Nursing Assistants

40-hour week - Pension plan

Good Salaries and Personnel Policies

Residence Facilities Available

Apply

DIRECTOR OF NURSING
NEW MOUNT SINAI HOSPITAL
550 UNIVERSITY AVENUE
TORONTO

THE GENERAL HOSPITAL OF PORT ARTHUR

has openings for

GENERAL STAFF NURSES
in all services

For further information apply to:

DIRECTOR OF NURSING,
GENERAL HOSPITAL,
PORT ARTHUR,
ONTARIO.

- WANTED -NURSE

DEPARTMENT OF HEALTH AND SOCIAL SERVICES JORDAN MEMORIAL SANATORIUM THE GLADES, N.B.

QUALIFICATIONS: Graduation from a recognized school of Nursing.

Registration as a Nurse in one of the Provinces of Cana-

da. Supervisory nursing experience.

DUTIES: The duties of this position involve professional nursing

work in the Sanatorium and the sharing of supervisory responsibility in the administration of the Nursing Service

of the hospital.

SALARY: \$3,000 - \$3,720 per annum. Annual Increment \$180.

Salary commensurate with education and experience.

Full Civil Service Benefits including three weeks annual vacation with pay, sick leave benefits, superannuation and retiring leave. Potential opportunity for advancement to the position of Superintendent of Nursing.

Apply:

CIVIL SERVICE COMMISSION, P.O. BOX 1055, FREDERICTON, N.B.

GUELPH GENERAL HOSPITAL REQUIRES

STAFF FOR THE FOLLOWING POSITIONS:

Assistant Head Nurses — General Wards (3), General Staff Nurses, Certified Nursing Assistants, Active Hospital 200-beds, Pleasant city 36,000 — 3 colleges. Excellent salary & personnel policies, Additional salary for postgraduate study in specialty.

For further information apply to:

DIRECTOR OF NURSES, GENERAL HOSPITAL, GUELPH, ONTARIO.

REGISTERED NURSES

\$3,150 - \$3,540

(According to Qualifications)

CERTIFIED NURSING ASSISTANTS \$2,040 - \$2,400

Sunnybrook Hospital, Toronto, Ont.

Westminster Hospital, London, Ont.

Deer Lodge Hospital, Winnipeg, Man.

Pension Plan; 3-wk. paid vacation, 3-wk. accumulative sick leave; 5-day wk.; low-cost living in staff residence — for Nurses. Application forms available at Civil Service Commission Offices, National Employment Offices & main Post Offices should be forwarded to the Civil Service Commission Office in the province where the vacancy in which you are interested exists.

ONTARIO: 25 ST. CLAIR AVENUE EAST, TORONTO - MANITOBA: 266 GRAHAM AVENUE, WINNIPEG

PEDIATRIC SUPERVISOR

for 20-bed Pediatric Unit

DUTIES TO INCLUDE ADMINISTRATION OF THE UNIT AS WELL AS TEACHING OF STUDENT NURSES. ESPECIALLY ATTRACTIVE SALARY OFFERED.

For details apply to: Director of Nursing

GENERAL HOSPITAL, CORNWALL, ONTARIO.

GENERAL HOSPITAL

is recruiting

GENERAL DUTY NURSES FOR ALL SERVICES

Please send applications direct to:

THE DIRECTOR OF NURSING,
THE WINNIPEG GENERAL
HOSPITAL,
WINNIPEG 3, MANITOBA

Are you a

General State Registered Nurse?

Do you enjoy
Nursing
which brings you into
Closer Contact

with your

Patients

and their families?

Are you interested in

Research, Medical Advancement & Rehabilitation?

Have you some or no experience in Neurological & Neurosurgical Nursing?

Do you want a

Short Term Appointment

in a unique & useful sphere?

Have you also read the advertisement under Postgraduate Nursing Education?

Then write, giving particulars of your training, to:

Matron,
THE NATIONAL HOSPITAL
QUEEN SQUARE,
LONDON W.C.1., ENGLAND

GENERAL DUTY NURSES FOR ALL DEPARTMENTS

Gross salary \$255 monthly (\$117.50 bi-weekly) if registered in Ontario, \$235 monthly (108.20 bi-weekly) until registered. Annual increment \$10 monthly (\$4.60 bi-weekly) for three (3) years. Rotating periods of duty, 40-hr. per wk., 8 statutory holidays. 14-days vacation & 12-days leave for illness with pay after 1-yr. Pension plan available. Ontario Hospital Insurance with Blue Cross supplemental & Physicians' Services Incorporated, partial payment by hospital.

APPLY

DIRECTOR OF NURSING, GENERAL HOSPITAL, OSHAWA, ONTARIO.

THE PETERBOROUGH CIVIC HOSPITAL

REQUIRES

NURSES FOR GENERAL DUTY IN ALL SERVICES.

For further information write:

THE DIRECTOR OF NURSING
PETERBOROUGH CIVIC HOSPITAL, PETERBOROUGH, ONTARIO

SUBURBAN TORONTO GRADUATE NURSES & CERTIFIED NURSING ASSISTANTS

Are invited to enquire re: employment opportunities in a well staffed new 125 bed hospital in suburban west Toronto. General duty salary range: \$255-\$305 per mo. Certified Nursing Assistants \$190-\$210 per mo. 5 day week. Residence accommodation optional. Personnel manual forwarded on request. Enquire to:

DIRECTOR OF NURSING, HUMBER MEMORIAL HOSPITAL, 200 CHURCH STREET, WESTON, TORONTO 15, ONTARIO — CH 4-5551

REGISTERED NURSES

FOR THE OPERATING ROOM, OBSTETRICAL AND MEDICAL SURGICAL UNITS OF A 350-BED GENERAL HOSPITAL

Gross salary \$260 - \$290 per month if registered in Ontario.

Differential of \$10 for evening and night duty.

40-hour week. Sick leave cumulative to 30 days.

3 weeks vacation and eight statutory holidays.

Apply:

DIRECTOR OF NURSING SERVICES,
METROPOLITAN GENERAL HOSPITAL, WINDSOR, ONTARIO



NURSES WHO LIVE HERE NEVER STOP LEARNING . . . GROWING

... THEY WORK AT

COOK COUNTY HOSPITAL

...in one of the Largest Most Stimulating Medical Centers in the World

Residence, Cook County School of Nursing

Here's an opportunity to gain unique and valuable experience in a public hospital — world's largest for acute medical conditions. Cook County Hospital offers you the stimulation of working with more than 2,500 other doctors and nurses in one of the world's largest and most exciting medical centers. Housing is available at nominal cost. Salaries begin at \$340-\$372.50 for a $37^{1/2}$ hour week. And you're only minutes from Chicago's fabulous Loop and local universities.

Graduate Nurses! Write today to Director, Cook County School of Nursing, Dept. C., 1900 West Polk Street, Chicago 12, Illinois.

GRADUATE STAFF NURSES — YOU WILL LIKE IT HERE

Opportunities for men & women on the service of your choice. A 953-bed teaching hospital with a friendly atmosphere, well planned orientation program, active graduate nurse club, cultural advantages & excellent transportation facilities.

Starting salary: \$325 per mo., 6 holidays, sick leave, 3 wk. vacation.

For further details write:

Director — Nursing Service, University Hospitals of Cleveland, Ohio.

TWO (2) REGISTERED NURSES

For a new modern, 57-bed hospital. — Salary \$260 - \$320 per month.

40-hour week, no split shifts, sick leave,
3 weeks vacation plus 8 statutory holidays,
New nurses' residence completed May 1959.
Meals, living accommodation in nurses' residence (single rooms)
and uniforms laundered for \$34.50 per month.

Apply:

MRS. T. WALLACE, SUPERINTENDENT OF NURSES, KAMSACK UNION HOSPITAL, KAMSACK, SASKATCHEWAN.

THE SCHOOL OF NURSING, METROPOLITAN GENERAL HOSPITAL

HEALTH INSTRUCTOR

This is an opportunity to be a member of the faculty in a progressive school which emphasizes educational experiences for the student in a program pattern of 2-yr. of nursing education followed by 1-yr. internship. 1 class of 30 students is admitted yearly. Duties include being in charge of student health program and instructing in both classroom and clinical areas. Subjects: Health, Sociology, Microbiology and assist with Medical-Surgical Nursing. Requirements: university certificate in nursing education or public health. Salary differential for degree.

For further information apply to:
DIRECTOR, SCHOOL OF NURSING, 2240 KILDARE ROAD, WINDSOR, ONTARIO.

REGISTERED NURSES NURSING ASSISTANTS

Required for all departments in new 160-bed hospital, centrally located between Toronto and Hamilton, in a very progressive community.

Good salary and personnel policies, pension plan, 40-hour week.

Apply stating age, qualifications to:

DIRECTOR OF NURSING,
OAKVILLE-TRAFALGAR MEMORIAL HOSPITAL, OAKVILLE, ONTARIO

SUPERVISOR (Additional)

- For Nursing Office
 - Interested in Medical and Surgical Supplies
 - Opportunity for an executive future in "Extended Illness"
 - Good salary-working conditions, pension.
 - Living-in residence optional.

Apply Administrator:

The Queen Elizabeth Hospital, Toronto, Ontario.

WOODSTOCK GENERAL HOSPITAL

Woodstock, Ontario

requires

Registered Nurses for Operating Room, Obstetrical, Medical and Surgical units.

For further information write:

THE DIRECTOR OF NURSING, GENERAL HOSPITAL, WOODSTOCK, ONTARIO.

NURSING SUPERVISORS

required for

MENTAL HEALTH SERVICES,

ESSONDALE, PROVINCE OF BRITISH COLUMBIA
Salary: \$324 - \$389 per month

Duties are those of nursing supervisors in modern psychiatric & geriatric units.

Applicants must be British Subjects, registered nurses, with training in a mental hospital setting & supervisory experience.

For further information & application forms, apply to:

THE PERSONNEL OFFICER, B.C. CIVIL SERVICE COMMISSION, ESSONDALE, BRITISH COLUMBIA. IMMEDIATELY. COMPETITION No. 59:152

REGINA GENERAL HOSPITAL

SCHOOL OF NURSING

Requires:

— an Assistant Director, Nursing Education.

- and a Nursing Arts Instructor.

modern teaching facilities and progressive personnel policies.

Apply to:

ASSOCIATE DIRECTOR, NURSING EDUCATION, REGINA GENERAL HOSPITAL, SCHOOL OF NURSING, REGINA, SASKATCHEWAN.

UNIVERSITY HOSPITAL

SASKATOON, SASKATCHEWAN

Requires

General Staff Nurses for Medical, Surgical, Obstetrical and Pediatric Services. Forty hour week. Salary \$270 to \$310 gross per month. Differential for evening and night duty. Residence accommodation if desired.

Apply to:

DIRECTOR OF NURSING, UNIVERSITY HOSPITAL, SASKATOON, SASKATCHEWAN

VICTORIAN ORDER OF NURSES FOR CANADA

has Staff and Supervisory positions in various parts of Canada.

Personnel Practices Provide:

- Opportunity for promotion.
 - Transportation while on duty.
 - Vacation with pay.
 - Retirement annuity benefits.

For further information write to:

Director in Chief, Victorian Order of Nurses for Canada 5 Blackburn Ave., Ottawa 2, Ontario

DIRECTOR -- SCHOOL OF NURSING

For a School of 90 students, organized independently of Nursing Services. The school program follows the pattern of 2 years of nursing education plus 1 year of internship.

Salary: \$5,400-\$6,000 per annum.

Requirements: Degree & experience in the administration of a nursing education program.

Apply to: R. Buckner, Administrator,
Metropolitan General Hospital
Windsor, Ontario

KINGSTON GENERAL HOSPITAL

KINGSTON, ONTARIO

requires

Head Nurse with special preparation & experience in psychiatric nursing, to take charge of a psychiatric unit at present under construction.

Assistant Head Nurse with similar training, also required.

Salary commensurate with experience & training will be set at time of interview.

Full details relating to hours, vacations & benefits supplied on application to:

DIRECTOR OF NURSING

KINGSTON GENERAL HOSPITAL KINGSTON, ONTARIO

REQUIRES

GENERAL DUTY NURSES

CERTIFIED NURSING
ASSISTANTS

To inaugurate a 40-hour week and staff a new 120-bed wing.

Salary commensurate with preparation & experience.

Apply to:

MISS HAZEL I. MILLER, DIRECTOR OF NURSING

REGISTERED NURSES

AND

CERTIFIED NURSING ASSISTANTS

REQUIRED FOR

44-bed hospital with expansion program, to implement a 40-hr. wk. Situated in the Niagara Peninsula. Transportation assistance.

For salary rates & personnel policies.

APPLY TO: DIRECTOR OF NURSING,
HALDIMAND WAR MEMORIAL HOSPITAL,
DUNNVILLE, ONTARIO

NURSES REQUIRED AT

ROSEWAY HOSPITAL, SHELBURNE, N.S.

4 GENERAL DUTY NURSES (Medical, Surgical, Obstetrical) \$2,400 - \$2,760

1 NURSING SUPERVISOR \$2,640 - \$3,120

2 GRACE HOSPITAL GRADUATES (Obstetrical) \$1,980 - \$2,340

Further information may be obtained from Superintendent of Nurses, Roseway Hospital APPLY TO: NOVA SCOTIA CIVIL SERVICE COMMISSION, P.O. BOX 943, HALIFAX, N.S.

DIRECTOR OF NURSING

Modern hospital 42-adult beds, 11-bassinets, located in a Company operated town & serves a population of approximately 6,000. Salary range from \$357 - \$477 per mo., commensurate with experience & qualifications. Community organized recreation, residence accommodation & all conventional benefits available.

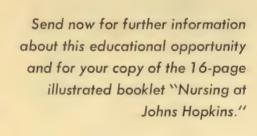
Apply giving full particulars of training & experience to:

ADMINISTRATOR, ANSON GENERAL HOSPITAL, IROQUOIS FALLS, ONTARIO.

JOHNS HOPKINS INVITES YOU

. . . to further your nursing career under the new educational program at the Johns Hopkins Hospital.

Up to 6 hours a semester—with full tuition refunded—may be taken at any accredited educational institution in the Baltimore-Washington area by nurses on the staff of the Johns Hopkins Hospital.



Nursing at Johns Hopkins

CN

Director of Nursing Service Johns Hopkins Hospital Baltimore 5, Maryland

Please send me information about your study plan and the booklet "Nursing at Johns Hopkins."

Name

Address

ty.....Pro

Developed to meet your standards—

Morning Milk

...the partly-skimmed milk guaranteed by Carnation



Your recommendation of partly-skimmed Morning Milk is protected by the time-proven quality controls that have made Carnation Milk the accepted milk for full-fat infant feeding:

NOURISHING AND DIGESTIBLE: Standardized to exact levels of fat content and Vitamin D.

UNIFORM: Rigid laboratory controls provide the same high quality in every can.

SAFE: Only finest inspected milk is accepted, production is continually supervised, and Morning Milk is protected by Carnation's special evaporated milk can.

ANOTHER CARNATION QUALITY PRODUCT ...



When a <u>headache</u> threatens your efficiency on-duty... or mars your enjoyment off-duty...

you'll get relief in half the time with

"217"
TABLETS





THE WONDER COMBINATION OF MEDICALLY PROVEN INGREDIENTS

 "Acetophen" (Brand of acetylsalicylic acid)
 3½ gr.

 Phenacetin
 2½ gr.

 Caffeine Citrate
 ½ gr.

 Available in Handy Tubes of 12,

Available in Handy Tubes of 12, and economy sizes of 40 and 100

Charles E. Frosst & Co. MONTREAL, CANADA

INDEX TO ADVERTISERS

DECEMBER, 1959

Abbott Laboratories Ltd 1168	Frank W. Horner Ltd Cover III		
Bland & Co	Imperial Tobacco Co. of Canada Ltd		
The Canada Starch Co. Ltd 1141			
Canadian Industries Ltd 1137	Johnson & Johnson Ltd 1125		
Canadian Tampax Corp. Ltd 1147 Carnation Co. Ltd	J. B. Lippincott Co Cover IV		
Cash's Names 1151	The National Life Assurance Co. of Canada		
Clearasil Inc	of Callada		
Dept. of National Defense - Army 1123	Parke Davis & Co.		
Desitin Chemical Co 1135	Ltd 1077, 1088, 1120, 1121		
Dominion Corset Co. Ltd 1127	W. B. Saunders Co		
Charles E. Frosst & Co 1073			
G. T. Fulford Co. Ltd 1149	White Sister Uniform Inc Cover II		

* * *

Subscription Rates: Canada & Bermuda: 6 months \$1.75; one year, \$3.00 two years, \$5.00.

Student nurses — one year, \$2.00; three years, \$5.00.

U.S.A. & foreign: one year, \$3.50; two years, \$6.00.

Single copies 35 cents.

In combination with the American Journal of Nursing or Nursing Outlook: one year, \$8.00.

Make cheques and money orders payable to The Canadian Nurse.

Change of address: Four weeks' notice and the old address as well as the new are necessary.

Not responsible for Journals lost in mail due to errors in address.

Authorized as Second-Class Mail, Post Office Department, Ottawa.

Member of Canadian Circulation Audit Board.

Advertising Representatives: W. F. L. Edwards & Co., Ltd., 34 King St. E., Toronto 1, Ont. Walter Slack, 801 Public Ledger Building, Philadelphia 6, Pa.

1522 Sherbrooke Street West, Montreal 25, Quebec

THE CANADIAN NURSE-

VOLUME 55

1076 RETWEEN OURSELVES

NUMBER 12

DECEMBER 1959

1078	New Products
1081	RANDOM COMMENTS
1089	A CHRISTMAS REVERIE
1091	THE PROBLEM OF POISONS
1093	Boracic Acid — The Wolf in Sheep's Clothing
1095	Table of Antidotes
1096	DEATH FROM PLASTIC FILMF. W. Jeffrey
1097	GET DOWN TO BRASS TACKS — PREVENT HOME ACCIDENTSI. M. Robertson
1100	Hospital HousekeepingR. N. Wickens
1105	PNEUMONIAE. de la Mare
1108	RIGHT LOBAR PNEUMONIA
1111	SPINA BIFIDA AND HYDROCEPHALUS
1113	Nursing across the Nation
1115	PRELIMINARY PROGRAM
1118	MENTAL EFFECTS OF HEAD INJURY
1122	HURLER'S DISEASE
1128	Nursing Profiles
1133	VOICE OF THE PAST
1140	In Memoriam
1144	EMOTIONALLY DISTURBED PATIENTSB. Ward
1146	Book Reviews
1152	EMPLOYMENT OPPORTUNITIES

The views expressed in the various articles are the views of the authors and do not necessarily represent the policy or views of The Canadian Nurse nor of the Canadian Nurses' Association.

Journal Board: Mrs. A. I. MacLeod, chairman, Sr. M. Felicitas, Misses H. Carpenter, R. Chittick, S. Giroux, E. Gordon, K. MacLaggan, A. Girard, president CNA; Misses M. P. Stiver, M. E. Kerr.

Editorial Advisers: Alberta, Miss Irene M. Robertson, 11831-87th Ave., Edmonton; British Columbia, Miss Marion E. Macdonell, 1807 W. 36th Ave., Vancouver 13; Manitoba, Miss Sheila L. Nixon, Children's Hospital, Winnipeg; New Brunswick, Miss Shirley Y. Alcoe, 180 Charlotte St., Fredericton; Newfoundland, Miss Isabel Sutton, 66a Mullock St., St. John's; Nova Scotia, Mrs. Hope Mack, P.O. Box 76, Hantsport; Ontario, Miss Jean Watt, R.N.A.O., 33 Price St., Toronto; Prince Edward Island, Sr. M. David, Charlottetown Hospital; Quebec, Miss Geneviève Lamarre, Hôpital de l'Enfant Jésus, Quebec City (French), Sr. M. Assumpta, St. Mary's Hospital, Montreal (English); Saskatchewan, Miss Victoria Antonini, S.R.N.A., 401 Northern Crown Bldg., Regina.

Executive Director: Margaret E. Kerr, M.A., R.N.

Assistant Editor: Jean E. MacGregor, B.N., R.N.; Gabrielle D. Côté, M.A., R.N., Pamela E. Poole, B.N., R.N.

Circulation Manager: Winnifred MacLean. Production Assistant: Elizabeth M. Hanlon.

Advertising Assistant: Ruth H. Baumel

1522 Sherbrooke Street West, Montreal 25. Quebec

Between Ourselves

NCE again we are at the beginning of the winter season. In a country as vast as Canada winter may show a dozen different faces ranging from extreme cold in the far north to relatively mild weather on the Pacific coast; from huge snow drifts on windswept prairies to chilling rains on the Atlantic seaboard. Winter brings a marked change-over in outdoor sports as rivers congeal and hillsides are piled deep with snow. It brings us short hours of sunshine and long, dark nights even after the shortest day of the year is passed. It brings us the best-loved feast in the Christian calendar.— Christmas

As the interpreter of all the thoughts, the memories, the hopes, the happiness that flood each of us this Christmastide, we are most happy to welcome Miss SUZANNE GIROUX as our guest editor. A graduate of Notre Dame Hospital, Montreal, Miss Giroux has had a distinguished, far-reaching career as an instructor, a director of nursing and as principal matron with Canadian General Hospital No. 17, RCAMC. She received the Royal Red Cross at an investiture at Buckingham Palace in 1944. Released from overseas duty at the close of the war. Miss Giroux instituted a new service with the Association of Nurses of the Province of Quebec when she became the first Official Visitor to French Schools of Nursing.

With Miss Giroux, we send to all of our readers, in Canada or in any of the 103 countries to which our *Journal* goes our warm good wishes for an abundantly happy Christmas and New Year.

* * *

Somewhat out of keeping with the exuberance of this season but vitally important in every season is the growing problem of accidental deaths. Public health authorities in every province are joining forces with safety organizations in an endeavor to curb the mounting toll of preventable deaths, particularly among children between one and five years of age.

Immunization practices have long been instituted that will protect these youngsters against many of the communicable diseases. Unfortunately, there are no "shots" that can

be given that will act as a shield against accidents. Education is our most potent weapon, yet it is so readily blunted when the youngster sees his parents taking chances against which they have warned him.

Motor vehicles account for 31 per cent of the accidental deaths among these young children. Most of the accidents involve kiddies who are hit by cars on highways or even on their own street. Relatively few of these deaths occur when children are passengers in cars.

Fires and explosions rank second, accounting for another 20 per cent. Most of the victims are asphyxiated or burned to death in their homes, sometimes when left without a responsible older person in charge. Fire is a greater hazard in winter than in summer.

Accidental poisonings claim more than 300 Canadian lives a year. Researchers have found that poisonings occur more often on Fridays than any other day of the week, least often on Sundays. More than a third of these incidents occurred between 10:00 A.M. and 1:00 P.M. The most common poison was acetylsalicylic acid tablets, of which 75 per cent were the children's candy coated variety. In almost 90 per cent of the cases, the poisoning substance was taken from its own bottle. The alarming fact was disclosed that only 3 per cent of the families involved had ever locked poisons in a secure place.

The record of preventable poisonings is such that poison control centres have been established in many areas across our country. Nurses, parents, in fact every thoughtful citizen should memorize the telephone number of the poison control centre closest to them so that there will be no faltering in an emergency. These centres are manned 24 hours a day by qualified personnel whose chief concern is to save lives.

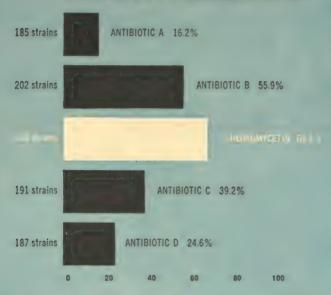
* * *

Pneumonia that once claimed so many victims each year has dropped away down in the mortality listings. The antibiotic drugs have played an immense part in this decline for the morbidity figures still indicate a considerable incidence. The winter months produce many more pneumonia patients who, despite the miracle drugs require good, old-fashioned nursing care.

AN
AGENT
OF CHOICE
IN MANY
INFECTIONS...

CHLOROMYCETIN

IN VITRO SENSITIVITY OF PROTEUS SPECIES TO CHLOROMYCETIN AND TO FOUR OTHER ANTIBIOTICS*



*Adapted from Suter, L. S., & Ulrich, E. W.: Antibiotics & Chemother. 9:38, 1959.

These antibiotics were tested by the tube dilution method, using a concentration of 12.5 mcg/ml. The percentages represent the total number of sensitive strains found in five *Proteus* species.

CHLOROMYCETIN (chloramphenicol, Parke-Davis) is available in a variety of forms, including Kapseals† of 250 mg., in bottles of 16 and 100.

CHLOROMYCETIN is a potent therapeutic agent and, because certain blood dyscrasias have been associated with its administration, it should not be used indiscriminately or for minor infections. Furthermore, as with certain other drugs, adequate blood studies should be made when the patient requires prolonged or intermittent therapy.

FARKE, DAVIS & GO., LTO. . MONTREAL 6, P.O.



New Products

Published Through Courtesy of Canadian Pharmaceutical Journal AND IN COOPERATION WITH THE PHARMACEUTICAL FIRMS.

DIABINESE

Description—Chlorpropamide hypoglycemic agent for the oral therapy of diabetes;

has high potency and long duration of action.

Indications—In selected diabetic patients, eliminates or decreases the requirements for insulin and provides satisfactory control of the disease. The most likely patient is the one suffering from mild and stable diabetes of the maturity-onset or adult type, inadequately controlled by dietary regulation. In addition, a therapeutic trial may be indicated in: Adult-type diabetics with "brittle" control, who may be helped to "smooth" control and lower insulin requirements; primary or secondary failures with previous oral therapy; patients whose degree of control with present oral therapy does not meet the physician's criterion.

Administration—Most patients are adequately managed by 250 mg. to 500 mg. daily. **Manufacturer**—Pfizer Canada, 5330 Royalmount Ave., Montreal 9.

DULSANA COMPOUND

Description—Each 5 cc. teaspoonful contains: Paracarbinoxamine maleate 2 mg., ephedrine hydrochloride 4 mg., codeine phosphate 10 mg., ammonium chloride 100 mg., chloroform 25 mg., menthol 0.25 mg., flavored syrup base q.s.

Indications—For the symptomatic relief of cough in pharyngitis, laryngitis, tracheitis, bronchitis, pneumonia, bronchiectasis, bronchial asthma, whooping cough, smoker's cough

and the "cough habit of nervous origin.

Administration—Adults: 1 or 2 teaspoonfuls (5-10 cc.) 3 or 4 times daily, as required. Children: 6-12 years: one-half to one teaspoonful (2.5-5 cc.) 3 or 4 times daily, as required: children under 6 years as recommended by the physician.

Manufacturer-Charles E. Frosst & Co., Montreal

ENZADERM Ointment

Description—Each gm. contains: Trypsin 5000 tryptic units, chymotrypsin 5000 tryptic units, bacitracin 500 units, polymyxin B sulfate 5000 units.

Indications—Infected and necrotic wounds suitable for topical therapy.

Administration—Apply to lesion 1 to 3 times daily, covered if necessary with airpermeable gauze.

Manufacturer—Mowatt & Moore Ltd., Montreal 3.

EUPNYL

Description—An elixir containing: Caffeine iodide 0.5 gm., sodium benzoate 0.04 gm., potassium iodide 0.5 gm., tincture of coffee 3 gm. and adjuvant to make 30 gm.

Indications—Conditions requiring diuretic and antiasthmatic effects.

Administration—One teaspoonful morning and evening at the beginning of meals in a little milk, sweetened water, tea or coffee

IODO-TANNIC (Phosphated) Syrup

Description—Each fluid ounce contains 3/4 grain of available iodine. Indications—An alternative for treating conditions of general debility and iodine deficiencies

Administration—1 or 2 teaspoonfuls 3 times daily.

Manufacturer-Anglo-Canadian Drug Company Ltd., Oshawa, Ont.

MILPATH TABLETS

Description—Each tablet contains: Meprobamate (Miltown) 400 mg., tridihexethyl chloride 25 mg.

Indications—The control of gastrointestinal disturbance, either caused by or aggravated by anxiety or tension, e.g. gastric and duodenal ulcer, spasm of the esophagus, spastic and irritable colon (mucous colitis), ileitis, intestinal colic, gastric hypermotility, and anxiety neuroses with vague gastrointestinal complaints.

Contraindications—As for any anticholinergic: urinary bladder neck obstruction,

pyloric stenosis and glaucoma.

Administration: Adults—1 tablet at each meal and 2 at bedtime. Manufacturer—Ayerst, McKenna & Harrison Ltd., Montreal.

MILTRATE TABLETS

Description—Each tablet contains: Meprobamate (Miltown) 200 mg., pentaerythritol tetranitrate 10 mg

Indications—For prophylaxis of pain in angina pectoris and coronary insufficiency. Not designed for the relief of acute anginal pain, but suggested particularly in controlling the anxiety that often accompanies and increases the symptomatology of angina pectoris.

Contraindications—Given with caution to patients with glaucoma. Administration—1 or 2 tablets q.i.d. before meals and at bedtime. Manufacturer—Ayerst, McKenna & Harrison Ltd., Montreal.

The Journal presents pharmaceuticals for information. Nurses understand that only a physician may prescribe.

THE UNIVERSITY OF WESTERN ONTARIO

SCHOOL OF NURSING

Offers the following Academic Programs

- (1) Program of one Academic year leading to Diploma in Public Health Nursing
- (2) Program of one Academic year leading to Diploma in Nursing Education
- (3) Program of one Academic year leading to Diploma in Nursing Service
- (4) Program of five years (undergraduate) leading to Bachelor of Science in Nursing Degree
- (5) Program for Registered Nurses leading to Bachelor of Science in Nursing Degree
- (6) Program of two Academic years leading to Master's degree in Nursing Administration.

For further information apply to:

THE DEAN.

UNIVERSITY OF WESTERN ONTARIO SCHOOL OF NURSING, LONDON, ONTARIO

MYLERAN

Description—Each product contains 2 mg. of 1,4-dimethanesulphonoxybutane (bulsulphan), a depressant of myeloid tissue.

Indications—Chronic granulocytic (myelocytic, myeloid) leukemia for the production

Administration—4 to 6 mg. orally, daily, until maximum hematological and clinical improvement is obtained unless symptoms of toxicity supervene. A rising leukocyte count and a falling hemoglobin are indications for maintenance therapy, for which doses of 6 to 20 mg. weekly have been employed.

Use of drug should be restricted to patients for whom complete blood counts are avail-

able at intervals of at least one week.

Manufacturer—Burroughs Wellcome & Co. Montreal 32.

NADEINE

Description—Narcotic-analgesic for oral, parenteral and rectal administration, lacking usual side effects of other narcotics such as morphine.

Indications—Relief of pain after surgery, pain associated with malignancy, and as a

supplement to anesthetics.

Manufacturer—Nadeau Laboratory Limited, Montreal 1.

PHENAPHEN PLUS

Description—Each tablet contains: phenacetin 194.0 mg., acetysalicylic acid 162.0 mg., phenobarbital 16.2 mg., hyoscyamine sulfate 0.031 mg., prophenpyridamine maleate 12.5 mg., phenylephrine HCl 10.0 mg.

Indications—For symptomatic relief of common cold, influenza, allergic rhinitis, conjunctivitis, hay fever, upper respiratory infections associated with nasal congestion and

Administration—1 or 2 tablets 3 times daily or as prescribed. Manufacturer—A. H. Robins Company of Canada Ltd., Montreal.

TRANCOPAL

Indications—Disorders characterized by skeletal muscle spasm, such as low back pain (lumbago), neck pain (torticollis), bursitis, rheumatoid arthritis, osteoarthritis, disc syndrome, fibrositis, joint disorders, myositis and postoperative myalgias. Psychogenic disorders, including anxiety and tension states, dysmenorrhea, premenstrual tension, asthma and angina pectoris.

Administration—Usual adult dosage: 1 tablet of 100 mg. orally 3 or 4 times daily. Usual children's dosage: (from 5 to 12 years of age) $\frac{1}{2}$ tablet (50 mg.) 3 or 4 times daily.

Description—Chlormethazanone caplets 100 mg. muscle relaxant and tranquilizer. Claimed to be highly effective with low incidence of side effects.

Manufacturer—Winthrop Laboratories of Canada Ltd., Windsor.

MOUNT HAMILTON HOSPITAL

offers a three-month Postaraduate Course in Obstetric Nursina to qualified Registered Nurses.

Additional lectures in Teaching and Administration will be given in conjunction with McMaster University.

FINANCIAL ASSISTANCE AVAILABLE.

Course to commence January, April, September.

For further information apply to:

MISS ELIZABETH FERGUSON, R.N., SUPERINTENDENT OF NURSING, MOUNT HAMILTON HOSPITAL, HAMILTON, ONTARIO.

STENISONE

Description—Each tablet contains: 5 mg. prednisone, 20 mg. methandriol, 100 mg. magnesium trisilicate, 60 mg. dried aluminum hydroxide gel, 70 mg. calcium carbonate, 40 mg. magnesium carbonate, 66.6 mg. regonol (guar gum), and 30 mg. egraine (cooked oat flour as binder).

Indications—For the conservative management of disorders requiring adrenal steroid therapy. Because it includes a nitrogen-sparing anabolic hormone and antacid medication, is suggested in disturbances requiring long-term therapy, such as rheumatoid arthritis, bronchial asthma, lupus erythematosus, gouty arthritis, rheumatic fever, pemphigus, ulcerative colitis and dermatomyositis.

Administration—Initial Dose—4 to 6 tablets (20-30 mg, prednisone) daily. Reduce weekly by 2.5 to 5 mg

Maintenance Dose—1 to 4 tablets (5-20 mg. prednisone) daily. Manufacturer—Organon Inc., 286 St. Paul St. W., Montreal.

TEMPOSIL

Indications—As an adjunct to the medical treatment of alcoholism. Acts through the inhibition of one or more of the enzymes which are required to oxidize acetaldehyde, one

Following ingestion of Temposil, an alcohol challenge reaction will still occur 9 to 15 hours later with an average of 12 hours, although reactions have been observed for as long as 24 hours.

Administration—One or two 50 mg. tablets every 12 hours will give optimal coverage. One tablet upon arising in the morning with the second dose 12 hours later would seem to be the best procedure. It may be desirable to administer 2 tablets every 12 hours with some patients. All other methods of rehabilitation should be employed in addition. It should never be administered to a patient in a state of intoxication, nor probably any sooner than 36 hours after the last consumption of alcohol.

Description—White tablets containing 50 mg. of calcium carbimide.

Manufacturer—Lederle Laboratories Division, North American Cyanamid Limited, Montreal 16

RAPACODIN

Indications—Acute and chronic pain.

Administration—1 cc. (30 mg.) subcutaneously every 4 hours.

Description—Dihydrocodeine, rapidly acting opiate analgesic, 30 mg. usually equivalent to about 10 mg. morphine without its undesirable side actions.

Random Comments

Editor's Note: Following the publication of the article entitled "Teaching Community Aspects of Nursing" by B. W. Du Gas and B. Blackwood in the October issue, a letter was received from Mrs. Du Gas describing two additions to this program that were included this fall. Mrs. Du Gas' letter follows:

Firstly, our social workers have consented to take students for a brief period to acquaint them with the hospital Social Service Department. Each student is to spend a day with the assistant director of the Department as a part of her junior surgical rotation and another day when she is a senior, as a part of her Outpatient Department experience. She will attend the social service ward rounds and conference in addition to learning about the various services available to patients. I think this will prove to be a very valuable experience.

Secondly, during the summer months available nursery school experience for students dropped. We were invited to send students for a one-week affiliation to the Alexandra Camp for underprivileged children at Crescent Beach. Through July and August we sent two to three students each week to the camp. Here, the students really had an opportunity to observe and work with the normal, healthy children of all ages from infants to the preteeners. The students were given an assignment by the pediatric instructor so that their observations would have direction and they had pre- and post-affiliation conferences with her.

This was an experimental project. We shall be meeting this month with the camp directors to assess the value of the experience. The students' reactions, however, have been favorable. They feel the experience has given them a good insight into the needs of children, which will help them tremendously with their care of hospitalized children.

Dear Editor:

I wish to express my sincere thanks for The Canadian Nurse. It gives great pleasure to the young students who have already started their training and also to those who are considering presenting their applications. The many photographs make personalities in nursing come to life so much more vividly.

S. M. I., Quebec

THE WINNIPEG GENERAL HOSPITAL

Offers to qualified Registered Graduate Nurses the following opportunity for advanced preparation:

A six month Clinical Course in Operating Room Principles and Advanced Practice.

Courses commence in January and September of each year. Maintenance is provided. A reasonable stipend is given after the first month. Enrolment is limited to a maximum of six students.

For further information please write to:

DIRECTOR OF NURSING
GENERAL HOSPITAL
WINNIPEG, MANITOBA

MONTREAL NEUROLOGICAL INSTITUTE McGILL UNIVERSITY

in
NEUROLOGICAL AND
NEUROSURGICAL NURSING
AND OPERATING ROOM
TECHNIQUE

GRADUATE COURSE

Classes: Feb. 1 & Oct. 1

One half staff salary is paid during course. Students may live in or out.

For information apply:

MISS E. C. FLANAGAN, B.A., R.N.
Director of Nursing,
3801 University St.
Montreal, Que.

NOVA SCOTIA SANATORIUM KENTVILLE N.S.

Offers to Graduate Nurses a Six-Month Course in *Tuberculosis Nursing*, including Immunology, Prevention, Medical & Surgical Treatment.

- 1. Full series of lectures by Medical and Surgical staff.
- 2. Demonstrations and Clinics.
- 3. Experience in Thoracic Operating Room and Postoperative Unit.
- 4. Full maintenance, salary & all staff privileges.
- 5. Classes start May 1st and November 1st.

For information apply to:

SUPT. OF NURSES, NOVA SCOTIA SANATORIUM, KENTVILLE, N.S.

PSYCHIATRIC COURSE

For

REGISTERED NURSES

THE NOVA SCOTIA HOSPITAL offers to qualified Registered Nurses a sixmonth certificate course in *Psychiatric Nursing*.

- · Classes in March and September.
- Remuneration.
- Preference given to Nova Scotia applicants.

For further information apply to:

Superintendent of Nurses Nova Scotia Hospital Drawer 350 Dartmouth, Nova Scotia Dear Editor:

I think *The Canadian Nurse* is doing a wonderful job for those of us who are in small rural hospitals or rural health units. You give us an abundance of information from all of the big centres and we have no excuse for losing touch.

G. M., Alberta

A new audio-analyzer is now available for immediate use in hospitals, schools, industry, hearing and speech centres. Otologists, nurses and audiologists will find it valuable for obtaining pre- and postoperative hearing evaluations. Industrial nurses and safety personnel can utilize it for preplacement hearing tests for new employees.

It is a diagnostic audio-analyzer, a simple channel, 6-tube audiometer with record playback unit and desk speaker that permits the operator to make 13 major pure tone and speech tests. Other special purpose accessories include a desk-hand microphone, patient signal cord, and speech monitor head-set

Further information may be obtained from the manufacturer: Zenith Radio Corporation, Chicago, Illinois.



OF WASHINGTON, D.C.

OFFERS

Registered Nurses a 16-wk, supplementary program in pediatric nursing. Admission dates, January 5, May 3, August 30, 1960, January 3, 1961.

For complete information write to:

DIRECTOR OF NURSING
2125-13th STREET, N.W., WASHINGTON 9, D.C.

McMASTER UNIVERSITY School of Nursing

I DEGREE COURSE IN BASIC NURSING (B.Sc.N.)

A Four-Year Course designed to prepare students for all branches of community and hospital nursing practice and leading to the degree, Bachelor of Science in Nursing (B.Sc.N.). It includes studies in the humanities, basic sciences and nursing. Bursaries, loans and scholarships are available.

II DEGREE COURSE IN SCIENCE TEACHING FOR GRADUATE NURSES (B.Ed.N.)

A Two-Year Course designed to prepare graduate nurses to teach basic sciences in schools of nursing and leading to the degree, Bachelor of Education in Nursing (B.Ed.N.). It includes studies in the humanities, the physical, social and biological sciences, teaching and nursing education. Bursaries of Six Hundred Dollars each are offered in both years of this Course.

For additional information, write to:

School of Nursing,
McMaster University, Hamilton, Ontario.

1959 INDEX

SUBSCRIBERS WISHING TO RECEIVE COPIES OF THE

1959 Index

ARE REQUESTED TO COMPLETE THIS COUPON AND MAIL IT TO

THE CANADIAN NURSE

1522 Sherbrooke St. West MONTREAL 25, QUEBEC

Please print all details.

Street		
City	Zone No	Prov
Number of copies desired		

Name

The New York Polyclinic

MEDICAL SCHOOL AND HOSPITAL • Organized 1881

The Pioneer Postgraduate Medical Institution in America

Announces the following Courses (Six Months Duration) for qualified Graduate Nurses

OPERATING ROOM NURSING
MEDICAL SURGICAL NURSING

OUT PATIENT DEPARTMENT NURSING

Courses include lectures by the Faculty of the Medical School and the Nursing Department

Stipend of \$50.00 per month and full maintenance is provided

For information address:

Director of Nursing Education, 345 W. 50th St., New York, 19, N.Y.

THE MOUNTAIN SANATORIUM

HAMILTON, ONTARIO

TWO-MONTH

POSTGRADUATE COURSE
IN THE IMMUNOLOGY,

PREVENTION & TREATMENT
OF TUBERCULOSIS

This course is especially valuable to those contemplating Public Health, Industrial, or Tuberculosis Nursing.

For further information apply to:

Director of Nursing, Mountain Sanatorium Hamilton, Ontario.

QUEEN'S UNIVERSITY SCHOOL OF NURSING

COURSES OFFERED

Undergraduate

Degree Course, 5 years leading to BNSc. Degree

Graduate Nurses

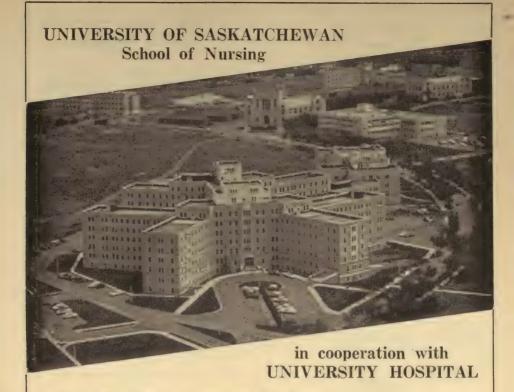
- a. Degree Course, two years.
- b. Diploma Courses, one year. Public Health Nursing

or

Teaching and Supervision in Schools of Nursing.

For information apply to:

DIRECTOR
SCHOOL OF NURSING,
QUEEN'S UNIVERSITY
KINGSTON, ONTARIO



PROGRAMS FOR GRADUATE NURSES

Teaching and Supervision

To meet the needs of nurses wishing to prepare for positions of responsibility in either teaching or supervision in Schools of Nursing.

Public Health Nursing

To meet the needs of nurses wishing university preparation for staff work in public health nursing agencies.

Administration of Hospital Nursing Service

To meet the needs of nurses preparing for head nurse, supervisory or matron positions.

This program is supported by the W. K. Kellogg Foundation.

Diplomas are granted on successful completion of the above programs and credits earned may be applied toward the degree of Bachelor of Science in Nursing.

PROGRAMS FOR HIGH SCHOOL GRADUATES Leading to the Degree in Nursing

Students with senior matriculation may pursue a combined academic and professional program leading to the degree of Bachelor of Science in Nursing. In the final year students will elect to study Teaching and Supervision or Public Health Nursing. This broad educational background followed by graduate professional experience enables nurses to progress rapidly into positions of responsibility.

Leading to the Diploma in Nursing

A three year hospital program is conducted for students meeting the entrance requirements of the University.

For further information or inquiries about scholarships, write to:

DIRECTOR, SCHOOL OF NURSING, UNIVERSITY OF SASKATCHEWAN, SASKATCHEWAN

COURSES FOR GRADUATE NURSES

in various clinical fields.

Terms begin February 8, 1960, May 2, 1960, July 25, 1960 and October 17, 1960.

Room, meals, laundering of uniforms, and honorarium provided.

Apply to:

DIRECTOR,
COOK COUNTY SCHOOL
OF NURSING,
DEPT. C., 1900 WEST POLK ST.,
CHICAGO 12, ILLINOIS

THE NATIONAL HOSPITAL QUEEN SQUARE

London, W.C.1

and

MAIDA VALE HOSPITAL London W.9. England

(Institute of Neurology, University of London)

Postgraduate Nursing Education for Medical Neurology & Brain Surgery

One year courses are open to Nurses on the General Register with good educational background.

3 mo. full time instruction in the school under guidance of the Sister Tutor assisted by a teaching staff of senior neurologists & neuro-surgeons.

8-mo. clinical experience, 1 mo. vacation. Certificate & badge of the hospital awarded to successful students. Staff nurses' salary paid throughout the year. This work has a special appeal to nurses interested in research & the humanitarian aspect of nursing.

Apply, in writing, to Matron,
THE NATIONAL HOSPITAL,
W.C.1.

WILLS EYE HOSPITAL Philadelphia, Penna.

The largest eye hospital in the United States offers a six-month course in Nursing Care of the Eye to Graduates of Accredited Nursing Schools. Operating Room Training is scheduled in the course.

- \$205 per month for the first four months. \$215 per month for the last two months.
- REGISTRATION FEE is \$20
- Course starts March 15 & September 15. Ophthalmic Nurses in great demand for hospital eye departments, operating rooms & ophthalmologists' offices.

For information write to:

Director of Nurses, Wills Eye Hospital, 1601 Spring Garden Street, Philadelphia 30, Penna.

THE JOHNS HOPKINS HOSPITAL

SCHOOL of NURSING

Offers to qualified Registered Nurses a 16-week supplementary course in

OPERATIVE ASEPTIC TECHNIC

with instruction and practice in the general surgical, neurosurgical, plastic, orthopedic, gynecologic, ophthalmologic, urologic and ear, nose and throat operating room services. Maintenance and stipend are provided.

For information write to:

DIRECTOR, SCHOOL OF NURSING
THE JOHNS HOPKINS HOSPITAL
BALTIMORE 5, MARYLAND, U.S.A.

ROYAL VICTORIA HOSPITAL

SCHOOL OF NURSING MONTREAL, QUEBEC

Postgraduate Courses

 (a) Six month clinical course in Obstetrical Nursing.

Classes — September and February.

(b) Two month clinical course in Gynecological Nursing.

Classes following the six month course in Obstetrical Nursing.

- (c) Eight week course in Care of the Premature Infant.
- 2. Six month course in Operating Room Technique and Management.

Classes - September and March.

 Six month course in Theory and Practice in Psychiatric Nursing.

Classes - September and March.

Complete maintenance or living-out allowance is provided for the full course.

Salary — a generous allowance for the last half of the course.

Graduate nurses must be registered and in good standing in their own Provinces.

For information and details of the courses, apply to:—

Miss H. M. Lamont, B.N.
Director of Nursing,
Royal Victoria Hospital,
Montreal, P.Q.

THERE'S STYLE AND FIT

IN EVERY UNIFORM WE MAKE

AND THEY'RE NOT DEAR



Would you like a new catalogue?

MADE AND SOLD BY

BLAND & COMPANY INC.
2048 Union Ave., Montreal, Canada

Precision-made capsules bearing gelatin bands

in contrasting colors are employed for many

Parke-Davis pharmaceutical and antibiotic products.



THIS IS A PARKE-DAVIS PRODUCT

The unique color-banded capsule identifies it as a Parke-Davis product.

PARKE, DAVIS & CO., LTD., MONTREAL 9, P.Q.

C0 00000

THE CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA PUBLISHED

IN ENGLISH AND FRENCH BY THE CANADIAN NURSES' ASSOCIATION

74 STANLEY AVENUE, OTTAWA

VOLUME 55

NUMBER 12

MONTREAL, DECEMBER 1959

A Christmas Reverie

Glory to God and Peace on earth to men of good will

EACHING far back into my childhood memories, my first recollection of Christmas is fixed in my mind by an unusual bit of decoration that intrigued me then and for a long time afterward. Strung from one corner to another of the room where the children had placed their shoes in readiness to receive the gifts of the Christ Child, was a cord to which the flags of many countries had been attached. I can still see the dragon of the Chinese Empire, the Rising Sun of Japan, the star-spangled emblem of the U.S.A. — a fascinating spectacle for my childish eyes. I could never understand how this display had found its way into the midst of the red and green garlands and sparkling stars.

Years later, after the war, this memory came to mind again and I found that this particular decoration was completely appropriate to the Christmas season after all. Was not the angels' message directed to *all* men of goodwill, anywhere on earth?

Let us try to understand what is meant by "men of goodwill" and the peace promised to them. Without resorting to philosophical analysis or weighty research, my definition of the "man of goodwill" is anyone who truly wants to do good and who gives of his best in anything that he attempts. The measure of his goodwill is not in the result obtained but rather in his desire to do what is right



(Marin Portraits)
SUZANNE GIROUX

and the effort he puts forth to attain

this objective.

Viewed thus, how great do even the simplest acts appear and how futile the strife between persons and classes! Quite another sense of values is revealed, if we take into consideration the goodwill brought to bear upon one another in daily living.

Each culture and each country has its varied customs that, in comparison with our methods, may seem shocking or backward. But if we study the history, and development of that area more closely, we find there, as in our own environment, men of goodwill whose deeds are great because of their desire for that which is good. How wonderful life would be if each one of us with all the goodwill at our command would seek to recognize the same quality in the actions of our fellowmen.

Nurses more than anyone else, it seems to me, are "men of goodwill." Consciously or unconsciously they want to do good. Otherwise, how can you explain their calling, their acceptance of weary vigils, their desire to relieve suffering and to help their fellow-creatures? How good it would be to earn one's living in an environment where everyone displayed this eagerness to do good and put the best of themselves into their actions. The advice that Toby gave to his son concerning almsgiving applies here: "If you have little, give little; if you have much, give much but, in all cases, do it willingly."

Each individual has his special talents. We cannot all be scholars or distinguished leaders, but we can all possess the spirit of goodwill and,

through a simple life filled with kindly acts, contribute as much to the peace of the world as the greatest leaders on earth.

One had to experience the war years to gain a true appreciation of the nobility of our profession. When all else seemed to contribute only to destruction, the nurse exemplified the brother-hood of man — a quality characteristic of few professions. At all times she can be "a symbol of brotherly love and joy."

To those who practise the spirit of goodwill in all their activities, peace is the reward. Pascal defined peace as the "sovereign good" or the summum bonum. What more can we ask? Perfect happiness is not the lot of anyone in this world. Wealth belongs to the few but everyone can possess peace. Peace brings a sense of serenity, contentment and confidence into our lives. If we have given of our best at all times, have looked upon our fellowmen as our brothers, how can we not have peace?

Tranquillity or spirit and of conscience gives us peace. It can belong to each one of us whatever our environment or state of life. This peace is almost perfect happiness on earth.

These reflections may seem a bit out of keeping with the general spirit of rejoicing that Christmas brings, but they really are not. They have been put into words for the express purpose of wishing Canadian nurses everywhere that Peace promised by the angels.

SUZANNE GIROUX .Visitor, French Schools of Nursing, A.N.P.Q.

Save Yourself Three Cents!

It has been learned from the post office authorities that our subscribers may send the printed "change of address" forms that are supplied by the *Journal* as third class mail. The postage is only two cents providing the flap of the envelope is turned in, not scaled.

Please be sure to complete all of the in-

formation on the change of address form before you mail it: Registration number and province, name, the old and new addresses, and the date when the change becomes effective.

Please allow as long as possible — six weeks is best — so that the name plates may be changed correctly.

The Problem of Poisons

JOHN DEAN, M.B., M.R.C.P.

NORTH American children are astoundingly healthy these days. Prosperity and preventive medicine have so far reduced the damage done by infectious diseases that the statisticians now tell us that accidents are the biggest threat to physical health faced

by anyone from 1 to 40.

Motor vehicles, falls, burns and drowning of course produce the worst risks but any list of hazards has poisons somewhere quite high up. About 500 children die annually in North America from poisoning and for each death there are probably between 200 and 500 children less severely affected. It is to study, and if possible prevent, this enormous wastage of life that over the last five years a system of poison control centres has been set up. There are now at least 30 in Canada and over 200 in the U.S.A.

These centres are usually found in the larger hospitals and provide a 24hour service of advice to doctors and parents faced with a child, or sometimes an adult, who has consumed one of the multitude of mysterious substances we have in our homes today. Affluence has brought many other things besides health. It has produced an array of cleaning agents, drugs, fuels, cosmetics, inks, glues, paints, pesticides, plants and many other such things which would have quite astonished our grandfathers. They make life much fuller and easier. Mostly we have not the slightest idea of their composition and still less of their effects.

No doctor, however learned, can possibly remember the make-up of the 10,000 or so products that are likely to be in our homes, nor can he keep up with the flood of new products — at least 80 new drugs are marketed every month. It is the job of the poison control centres to keep a reference library of as many of these things as they can, to have someone who knows

Dr. Dean is Clinical Instructor in Pediatrics, University of British Columbia, Vancouver. He is also Director, B.C. Poison Information Centre. how to use it intelligently, to know where to look for further advice when necessary, and to have good facilities for treatment. This often means that they are set up in the emergency departments of hospitals and are staffed by the nurses of these departments. In Canada the Federal Department of Health and Welfare has compiled a great list of household products and proprietary drugs and, together with some of the excellent textbooks published in the last few years, this provides the backbone of most such libraries. The hospital pharmacist is usually well in the picture and attached to each centre are a few doctors who take a special interest in poisonings. In the bigger cities there is often help to be got from the city analyst, the university departments of pharmacology, botany and zoology, wholesale chemists and quite a variety of other people. As a final resort, sometimes a long distance call has to be made to the manufacturers who these days are only too willing to be helpful.

As well as providing advice and treatment, most centres are associated with the local public health departments and report their cases to them so that visits can be made by public health nurses to the scene of the accident. This may sound a little like locking the stable door, but in fact it provides an excellent opportunity for teaching the family, and sometimes the neighbors as well, a good deal about home

safety in general.

From the records of the centres and of the follow-up visits we are beginning to learn a good deal about the how and why of poisonings. They happen mostly to children between one and four — though sometimes the older child poisons the baby while playing doctor. They happen most often between 10:00 A.M. and 5:00 P.M., during mother's telephone sessions or while she is hanging out the washing. They happen anywhere around the house - kitchen, bathroom, bedroom, living room, basement, garage, garden or garbage can. They happen in other people's houses too because a visit is often a time when precautions are relaxed. They happen because people leave acetylsalicylic acid tablets on bedside tables, digitalis in their purses. bleach in milk bottles, lye in cups, turpentine in whiskey bottles and catch drips of fuel oil in soup plates. They happen because people hate to throw away unused medicines and because children can climb to incredibly high places. They happen because people store poisons with foods and medicines and because labels fall off or become unreadable. They happen because medicines come nicely flavored or candy coated. They happen because people use cleaning fluids in poorly ventilated rooms. They happen because people try to poison mice or slugs and poison their children instead. And they mostly happen simply because people just do not realize the risks — acetylsalicylic acid is such a useful drug, used and recommended so often that no idea of danger is ever associated with it.

The list of things swallowed is of course endless. "You name it and some child has eaten it" was one way of defining the problem. But experience soon shows that a small number of things cause quite a lot of the cases and thereby offer hope of control measures. Out of 850 phone calls to the Vancouver centre in 1958, cleaning agents such as bleaches, detergents and polishes made up 168, acetylsalicylic acid in its various forms 64 and kerosene, turpentine, lighter fluid and related compounds another 64. Of 500 cases treated in B.C. hospitals in a recent six-month period, ASA accounted for 125 and the oils for 67. Acetylsalicylic acid is by far the commonest cause of fatal accidental poisoning, though in some parts of the U.S.A. kerosene comes first.

So far not too much has been added to the treatment of poisonings though some of us are becoming more adept at the symptomatic treatment which is so often all that we can offer. The antidote is mostly a fiction writer's dream, though a very few specific ones now exist — for morphine products, for heavy metals and perhaps one or two others. From well-equipped centres we hear more of the use of exchange transfusion or the artificial kidney. All this, however spectacular, comes second best to rapid first-aid

measures to eliminate the poison. Vomiting can be induced under almost circumstances and is certainly quicker and probably more efficient than the horrid gastric lavage. Most people possess a forefinger or a toothbrush handle! In acid or alkali ingestion vomiting is though possibly dangerous and dilution with lots and lots of water is preferred. We are still not certain about kerosene poisoning. But whatever is done speed is essential. Children's stomachs empty very quickly and gastric lavage after about an hour often fails to return any of the poison. Don't hope for the best — do

something!!!

Prevention is the ideal treatment of any disease. Educational effort on the widest scale is needed to warn parents of the dangers in every home. Press, radio, T.V., doctors in private practice, public health departments, Parent Teacher or Home and School Associations and other agencies can all play their part. Parents must teach their children by precept and example that food is the only permissible thing to put into the mouth. Labelling of poisons is a very obvious step but the difficulties of definition, legislation and enforcement are prodigious. So many poisons are admirable substances in their proper places that restrictions on their sale might produce undue hardships to seller and consumer. Progressive manufacturers are certainly alive to the problem and some makers of ASA tablets and insecticides include warnings on their labels. Ensuring that they are read is quite another thing though it is quite certain that a large skull-and-crossbones on a label is unlikely to promote sales! Containers offer another field for improvement. The use of safety caps which would resist the efforts of most three-year-olds would markedly cut down the number of drug poisonings and some makers of ASA tablets are now doing this. The substitution of less toxic products for the ones popular at present offers another possibility -- carbon tetrachloride is an obvious target — but sometimes cost and lessened efficiency are deterrents to action.

Many of the factors which produce poisonings underlie other home accidents. Total unwareness of the dangers of so many household appliances combined with the unguarded moment to produce burns, drownings, falls, lacerations and electrocutions. Nothing can or ever will replace constant vigilance on the part of parents, but it is the clear duty of everyone of us to let them know what they have to be vigilant about. Well child care is now incomplete without the teaching of accident prevention.

Boracic Acid — The Wolf in Sheep's Clothing

CLAIRE HALLIDAY

THE Brown's nine-month-old daughter had diaper rash for which zinc oxide had been prescribed. Not content with the child's progress, the father added a liberal amount of boric acid to the jar. The mixture was used for six days when the blue, almost unconscious baby was brought to hospital. In three hours her temperature was 105° and she died shortly after.

In the last few years, more and more doctors have taken a serious view of this so-called mild antiseptic. They have collected from medical literature reports of babies and adults poisoned by boron products — boric or boracic acid powder, borax, etc. In their survey 109 cases were listed; of these, 60 died. Of the babies under one year, 70 per cent died. One infant died after being breast fed; the mother's breasts were regularly cleansed with boric acid solution.

Because of their poisonous nature and questionable benefits, boron compounds were banned in Montreal and Toronto hospitals three or four years ago and in many other hospitals since. Their popularity seems to have survived only in the home, although some doctors still look upon them as relatively harmless.

Boron is a non-metallic element. Borax, boric acid, boracic acid, sodium perborate, sodium pyroborate — are all forms of boron. It is used for softening water and for making solutions, mouth washes, eye lotions, dusting powders, baby powders, douche powders, ointments, borax and honey preparations, etc. All of these forms

have been involved in poisonings that ended in death. (Some firms make a point of advertising that their product contains no boric acid.)

A two-week-old baby had thrush that the mother treated with borax and honey as her mother had done. The baby liked it, and even after the sores had healed the mother continued to smear the mixture in the baby's mouth. It might prevent another attack. Two months later the baby died of boracic acid poisoning.

At one time borax and boric acid were put into dairy products to preserve them. This is now illegal. In hospitals it was used in the distant past for practically every condition—infected wounds, burns, eczema, and by mouth for peritonitis, diarrhea, kidney conditions, etc. A man died from having boric powder packed into a wound after an operation. It has not been used in hospitals in this way for many years.

Even though in hospitals boron preparations were no longer used internally, they were still kept in hospital nurseries for use as a mild antiseptic until many cases of fatal poisoning proved that the substance was not even safe to have around. One doctor wrote, "When a drug can be shown to be almost entirely ineffective, and at the same time dangerous, even when used in ordinary ways, it is time to remove it from general use as rapidly as possible." Fatalities rose when boric acid was mistaken for something else. At one hospital, six of eight infants died because a solution of boric acid was used to prepare their formulas. In another hospital, 20 babies were poi-

Miss Halliday works in Montreal.

soned when boric acid powder was put into their formula instead of dextrose; five died. In yet another, babies were given boric acid solution instead

of drinking water; six died.

These tragic cases are always reported in the news, but the habit of keeping a can of boracic acid in the bathroom dies hard. So across Canada this dangerous substance is being made into solutions to bathe infected eyes, wash mother's nipples, swab baby's sore mouth, gargle father's throat. But the most common, and the most dangerous use, is in treating diaper rash. Instead of asking the doctor, some mothers apply boracic acid powder every time the diaper is changed. One woman used the lotion on the diapered area for a week, and when there was no improvement she bathed the baby in boric acid solution and dusted the skin for two more weeks before the baby died.

Tested by various groups of specialists, boric acid powder has been found to have "no practical antiseptic effect whatever." The Montreal specialists in children's diseases, Dr. Richard and Dr. Alton Goldbloom state that boric acid powder is one of the weakest antiseptics and any good qualities it may have are out-

weighed by its poisonous ones. It should be emphasized that whether a boron product enters the body by swallowing, or through the mucous membranes of mouth, eyes, or through wounds or chafed buttocks, once in the body it acts as a poison.

Poisoned babies show a red rash on the body; later the skin peels. There is vomiting and diarrhea; the lungs, adrenal glands, liver, kidneys, and brain are damaged. Some babies become blind and deaf before death; others develop pneumonia. The central nervous system is affected as in meningitis. Convulsions frequently develop, followed by delirium and coma. Doctors believe that many mild cases of boric acid poisoning have gone unrecognized because the symptoms are less severe.

Summing up his experience with boric acid after reading reports of casualties, one specialist said, "In my practice I see no indication for the use of boric acid in any form whatsoever. The above report bears out once again the toxic dangers of this substance."

But old remedies gain a certain prestige and nurses will find boracic acid in many Canadian medicine cabinets. Who knows how many babies will still be poisoned by it?

Silicone ointments have been found to give better results in preventing pressure sores than the washing, rubbing alcohol and powder treatment. From previous work it was clear that a silicone preparation with 10% or less silicone was not effective in the prevention of pressure sores. Recently a series of trials was carried out in England to determine what strength of silicone was most effective. Only bedridden patients with healthy skin or skin reddened but without active pressure sores were included.

During the trials, which extended over 12 weeks, only 5 of 54 patients receiving this care, developed bedsores. Four of the five were elderly confused persons whose cooperation in treatment could not be obtained. For general use, the most effective preparation for the prevention of bedsores is silicone emulsion containing 20% silicone. The 15% emulsion is slower in action for cases showing early skin damage over pres-

sure points, and the 25% emulsion causes somes initial aggravation in those cases with skin damage.

Nursing Times, Vol. LV, No. 31

People who have recently received Salk vaccine can give blood without any danger to themselves or the patient who will eventually receive this blood. This was announced recently by Dr. W. S. Stanbury, national commissioner of the Canadian Red Cross Society.

News of Red Cross, Vol. 7, No. 5, 1959.

She took to telling the truth; she said she was forty-two and five months. It may have been pleasing to the angels, but her elder sister was not gratified.

--- Hector Hugh Monro

I am a part of all that I have met.

- TENNYSON

Table of Antidotes

First - Send for doctor immediately. Keep the patient warm.

Second — Determine what substance has been taken if possible. Give specific treatment if poison is known.

Third — If the poison is not known and patient is conscious, give copious amounts of water. Proceed to induce vomiting as in No. 4 if the poison is *not* a corrosive.

1.	Headache and cold compounds, salicylates (Aspirin), rubbing alcohol, antifreeze, oil of wintergreen.	Give a mixture of two tablespoonfuls of powdered burnt toast, one tablespoonful of milk of magnesia, and four tablespoonfuls of strong tea. Induce vomiting by use of finger or tooth brush in throat. Follow by one tablespoonful of soda bicarbonate in warm water. Give strong tea or coffee.
2.	Bleaches — chlorine.	Give one teaspoonful of aromatic spirits of ammonia in a glass of water. Hot coffee or strong tea plus one egg white.
3.	Lye and washing soda.	Give two tablespoonfuls of vinegar in two glasses of water. Then two egg-whites or two ounces of olive oil. Do not induce vomiting.
4.	Hydrocarbons (cleaning fluids, gasoline, kerosene, turpentine, carbon tetrachloride).	Induce vomiting with a) one tablespoon of mustard and warm water or b) soap and warm water or c) salt and warm water. Give four ounces of mineral oil, then hot coffee or strong tea.
5.	Lead, paint, DDT, mushrooms, food poisoning, bromides.	Induce vomiting as in No. 4. Give two tablespoonfuls of epsom salts in two glasses of water. Then, large quantities of hot coffee or strong tea.
6.	Barbiturates, sleeping medicines.	Give mixture as in No. 1. Induce vomiting. Follow with No. 5.
7.	Morphine, opium, paregoric, codeine.	Give mixture as in No. 1. Then two tablespoonfuls of epsom salts in two glasses of water. Keep patient awake.
8.	Belladonna and strychnine.	Give mixture as in No. 1, then give as in No. 4, induce vomiting. Do not restrict movements. Give artificial respiration if necessary.
9.	Arsenic and "pep" medicines.	Give mixture as in No. 1 followed by No. 4.
10.	Carbon monoxide.	Rush victim into fresh air. Make patient lie down. Hot coffee or strong tea. Artificial respiration if necessary.
11.	Carbolic acid.	Give two tablespoonfuls of whiskey in eight table- spoonfuls of warm water. Then a glass of milk with two egg whites. Then hot coffee or strong tea.
12.	Phosphorus.	Four ounces of hydrogen peroxide. One tablespoonful of soda bicarbonate in a quart of warm water followed by four ounces of mineral oil. Do not use vegetable or animal oil. Induce vomiting as in No. 4.
13.	Sodium fluoride.	Give two tablespoonfuls of milk of magnesia, followed by a glass of milk. Induce vomiting as in No. 4.
14.	Corrosives, acids.	Give one ounce of milk of magnesia in a large quantity of water. Do not induce vomiting!
15.	Iodine tincture.	Give two ounces of a thick cornstarch and water paste. Then two ounces of salt in a quart of warm water. Drink until vomit fluid is clear, then give a glass of milk.
16.	Camphor, powder from fluorescent tubes.	Induce vomiting as in No. 4.
17.	Bichloride of mercury.	For each tablet swallowed give whites of two eggs

in a glass of milk. Give mixture as in No. 1. Follow with one ounce of epsom salts in a pint of water.

Death from Plastic Film

FRED W. JEFFREY, M.D.

WE are now confronted with one more hazard, which is causing us increasing concern . . . thin, pliable,

plastic film.

The use of plastic film has been gaining rapidly in popularity, due to its unquestionable advantages over other materials. Its protective qualities are unsurpassed and its transparency and durability make it ideal for its intended purpose. It will find a continuing application in the packaging of a wide range of consumer products—food-stuffs, clothing, house furnishings, even hardware and sporting goods. Plastic film preserves the life of merchandise, both in the store and the home, as well as food in the refrigerator and bread box.

There are, however, inherent dangers associated with its use. When thin plastic film comes in contact with the face it adheres, partially from the act of inhaling, which draws it tightly over the mouth and nose, and partially from the static electricity generated by the movement of the plastic film itself. Unfortunately, under these circumstances, one of its virtues becomes an additional hazard. The strength of the film makes it difficult for an enmeshed toddler to tear. If plastic film is not removed from an infant's face within one minute, the baby will die of suffocation.

The adhesion of plastic from static electricity is increased in a dry atmosphere. In Phoenix, Arizona, where the air is particularly dry, four deaths from plastic film were reported within a few weeks. After the tragedies, Dr. Paul B. Jarrett, chairman of the Maricopa County Medical Society Safety Committee warned:

A child playing with a poisonous snake would not be in as much danger as one playing with plastic film, which clings with such diabolical tenacity. Such needless deaths can be prevented by keeping

Dr. Jeffrey is chairman Ontario Medical Association Conference on Child Safety. This material has been prepared and distributed by the provincial safety organizations.

plastic bags away from young children.

As of August 1959, there have been 16 reported accidental deaths in Canada due to suffocation from thin plastic film. Of these, 15 occured in infants from six weeks to eleven months of age. In reviewing these infant deaths, we find that ten were due to plastic garment bags being used to cover mattresses of cribs or baby carriages; two were due to infants being allowed to sleep on cushions covered with thin plastic; three deaths were due to plastic bags being given to infants to play with by older children.

The urgent need for solving this problem is clearly indicated and the solution can not be better presented than in the resolution passed by the Canadian Pediatric Society at their annual meeting on July 24th, 1959:

Plastic film as a cause of accidental deaths among infants and young children, should receive the same consideration as other hazards found in all Canadian homes, such as poisons, knives, matches, electrical appliances, etc.

The need for a sustained educational program to instruct the public in its safe use is clearly indicated. Plastic film, after it has fulfilled its intended purpose, should be destroyed or stored in a place inaccessible to children.

The advantages of plastic film have been so well established, that the prohibiting of its use does not seem justified.

The sustained educational program suggested in this resolution, has now been launched by the provincial safety organizations and Departments of Health and Welfare across Canada.

Banning of the products is certainly not warranted. Science, as it progresses, will supply us with more and more hazardous conveniences. We have been provided with automobiles, washing machines and wringers, electric appliances, effective but potent drugs, and now plastic film — all with their potential perils. We cannot be expected to do without these conveniences that are now accepted as necessities. However, it is our responsibility to understand the dangers associated with their use and learn how to guard against

them. The following precautions in the use of plastic film are recommended:

1. Never use thin, limp plastic film such as used by dry cleaners for garments and blankets, as makeshift covers for crip and carriage mattresses or pillows. Special covers of heavy gauge plastic or rubber are designed for this purpose and are safe.

2. Keep thin plastic bags away from small children as you would matches or

knives.

activities.

3. Explain to older children the danger of plastic film. Warn them not to

place plastic bags over their heads and to keep them away from younger children. Because of the irresponsibility of childhood, it would seem preferable to keep plastic film away from all children.

4. When thin plastic film has served its intended purpose, it should be discarded safely by burning, using it to wrap garbage or tying it in a knot before throwing it in to the garbage container. If it must be kept for future use, store it in a place inaccessible to children.

Get Down to Brass Tacks-Prevent Home Accidents

IRENE M. ROBERTSON

You probably think of your home as one of the safest places in the world. Well, you are wrong! You are wrong because more adults and children have accidents at home than anywhere else. In fact, for children from 1 to 14 years of age, four out of every ten fatal accidents happen at home. Home, then, is where safety is needed most and where it should truly begin.

By eliminating known hazards and learning to do things correctly at home you will make your work easier and your home itself, a more pleasant, more comfortable and above all, a safer place in which to live. Learning and following safe habits at home will also encourage safety consciousness at work, while driving a car, while playing or while participating in other outside

One of the main efforts of Safety organizations is to make people home safety conscious. They are directing much effort toward cooperation with architects, builders, prospective homeowners and all builders, prospective homeowners and all agencies connected with home building, to have safety built into the home from the blueprint to the driving of the last nail.

Whose job is it to prevent home accidents? The housewife must act as the safety director in her own home,

Miss Robertson is nurse supervisor with Imperial Oil Limited in Edmonton, Alta.

if she is really going to keep herself and her family free from injury and free from the pain and financial hardships that so often accompany accidents.

Can the housewife do the job alone? No. She, like the safety engineer in the plant, will need the cooperation of others. Her husband can help by making necessary repairs. The children can help by picking up their toys, putting away their bicycles, etc. In other words, the entire household must be safety conscious.

Most people are in such a frantic rush these days that safety principles are likely to be ignored unless everyone is made aware that the safe way of life is the proper way. That safety practices in the home are incontestably important is revealed by the figures of the American National Safety Council. They estimate that annually:

32,000 are killed accidently at home

130,000 are permanently injured 4,750,000 are maimed, disfigured or disabled

These figures are further broken down to show that:

16,000 are killed by falls

5,600 are killed by burns or explosions and fires

2,000 suffocate

1,500 are poisoned

1,200 die of firearms accidents

1,000 asphyxiated

4,700 killed other ways

It is also interesting to note, that

in the age group below five years, one out of three accidental deaths is due to poisoning and one out of three deaths is due to burns. Even with these appalling statistics most people are probably provoked to murmur "Think of that" or "What a shame!"

Nurses have a big job to do because it seems that we are prone to be forgetful about home accidents and to take home safety for granted. Traffic accidents make the headlines in the news along with drownings, major fires, train and plane crashes. Yet homes quietly go on piling up the most appalling record for needless death, pain and sorrow, worry and expense. We continue to think of those accidents as always happening to others, until a member of the family is hurt in the apparent safety of our home. Then we wake up to the need for day-by-day carefulness and attention to hazards.

Let us start with the protection of children. Often a child's unhappiness or lack of self-confidence may be the underlying cause of a series of what appear to be simple mishaps. The child who is disturbed and unhappy may express his feelings unthinkingly in the form of hurts and injuries to himself. It is most important that parents make sure their children are free from undue worry or tension. If a child is getting more than his normal share of cuts, burns, scrapes and falls, look for a cause and try to remove it with as much care as would be used in safeguarding him against infection or illness. Factors other than mere chance, or awkwardness resulting from the poor muscle coordination of the physically handicapped, may be to blame for a history of repeated injuries. It seems likely that the child who has unusually frequent accidents may well grow into an adult who is "accident prone" and the bane of the safety department.

It is vital for parents to see that their homes are free from conditions which prove unsafe and to give their children adequate safety instructions.

Children are imitators. No amount of safety education can be completely effective unless mother and father obey the rules. Telling Johnny to cross the street only when the light is green is not going to seem important to him if

he sees his dad dashing across on the red light. If he sees mother use a wabbly chair to reach into the cupboard instead of a ladder or other sturdy support when she needs to reach for something, it will simply seem silly to him to be told not to climb up to the cupboard. If parents make sure that their way of doing things is safe they will have the satisfaction of seeing their children take pride in acting as they do. Children are imitators and adults must be proper models for them.

Children are investigators. As an integral part of their growing-up process, children need to touch, to feel, to investigate. Many of these activities can be dangerous if they are unsupervised. Parents should try to direct the child's curiosity into safe channels. A start can be made by seeing that matches, sharp knives, cleaning fluids, etc. are locked up. Children are drawn to electrical outlets and fixtures like bees to honey, with the resultant dan-

ger of shock or fire.

Since pots and pans on a stove are potential hazards in the kitchen, the handles should be turned to the back. Such a simple procedure may prevent a severe burn. The bathroom is another dangerous place for inquisitive children and all are inquisitive. Always throw away what is left of no-longer-needed medicines. Get rid of used razor blades. Never leave a young child alone in the bathtub even for a few minutes. He can drown while you answer the doorbell or the telephone. In the bedroom small scatter rugs should be secured. The baby's crib should have its sides securely up. In the yard, clotheslines should be high enough to prevent a from running into Garden tools should be put away and not left with the sharp edges turned up. If garbage is being burned in an incinerator children will be there to investigate. Watch them until the fire is out.

Young children should never be left alone in the house. Accidents which are very minor in nature when an adult is present can become tragic when there is no grown-up around. If a "baby-sitter" is employed take a few minutes to explain the simple rules of safety before leaving her in charge. Give her a telephone number where a responsible person can

be reached.

On the streets and sidewalks parents cannot foresee or control all the hazardous situations that children can encounter. They can feel certain that their children are less likely to have serious accidents if they have created an environment where safety is practised at home.

There are some common hazards that can endanger any of us. Let us start with the outside porches and stairs. Many of the home accidents occur here and most of them are falls. There should be good, clear lighting. If there are more than two steps to the porch or entrance a handrail is added safety. A roof or canopy is useful protection over the porch and steps from snow and ice.

One building practice that has been too prevalent is the designing of stairs and banisters for eye appeal rather than protection. The upright balusters of the banister should be close enough together to prevent a child from pushing his head or sliding through. Other common stairway hazards especially of the attic and basement stairs is insufficient head room. Stairs with torn carpets edges and any articles left on the steps will cause painful bumps and falls. Every inside stairway should be well lighted and there should be a twoway switch in order to have light before starting down as well as before starting up the stairs.

Another important room is the kitchen. Though the way to a man's heart may be through his stomach it seems that the way to a woman's "hurt" very often follows a route through the family kitchen. Accidents here include burns and falls. There is much that can be done in the arrangement of space and equipment to safeguard the members of the family. The stove should not be placed too close to a window or door, where they commonly are to be found. With a gas range there is danger that the flame will be extinguished by drafts or the window curtains blow across the burner and cause a fire. Sliding doors on the cupboards instead of those that open out into the working space is one way to avoid a bump on the head. All too often, cupboard space is too high, so that you are tempted to climb on a kitchen chair or pull out a lower drawer to stand on with the risk of

falling. Fortunately, the modern trend is toward lower and more accessible cupboards which is an encouraging sign.

Careful consideration should be given to the lighting in the home with a sufficient number of electrical outlets. Electric switches ares safer than pull chains. Never turn on a light with one hand while touching a faucet with your other hand. It is better protection not to have switches near a sink. This principle also holds true in the bathroom. Faulty wiring and improverished cords, carelessness with cigarettes, dirty furnaces put into winter operation and storage rooms full of rubbish, all contribute to our high fire statistics. Many people use gasoline or lighter fluid to remove spots from clothing, or as a general cleaner for machinery. Gasoline is one of the most dangerous fluids that can be used around the home. It evaporates readily and the vapor it forms explodes easily. Another cleaning fluid often used is carbon tetrachloride which is a highly toxic chemical. In industry, safe methods for controlling the danger from this liquid are practised, while in the home many people do not realize that the poisonous fumes from this chemical can prove fatal unless there is ample ventilation to carry them away. The safest precaution is not to use carbon tetrachloride or any cleaning compound to which it has been added.

Packages and bottles in the medicine cabinet should be clearly labelled in order to prevent mistakes. A band of adhesive around bottles containing poisonous drugs will serve as an added reminder that they are dangerous substances. All labels should be clean and read three times before taking the drug.

It is advisable to have a fire extinguisher in the home but not one containing carbon tetrachloride. The older members of the family can be instructed how to use it safely. The extinguisher should be placed on a wall, well out of the reach of small children.

A first aid kit is another valuable asset in the home. It need not be elaborate. Any metal-type box with a lid could be used. Some suggested contents for kits are: adhesive tape, gauze pads, gauze bandages (2" and 3"), band aids, a mild antiseptic, an oint-

ment for minor burns and a pair of good tweezers for removing slivers. Choose a drawer or cupboard in the kitchen where the kit will be readily available.

Periodic surveys of the home from the basement to the roof, are most important in order to find existing dangers and eliminate them. If common sense is used towards health, safety habits, and anticipation of certain hazards with correct precautionary measures taken against them, then home can truly be a sanctuary. It need not and it should not, be a place of potential danger. Remember, the life you save may be your own or that of one of your loved ones.

Hospital Housekeeping

R. N. WICKENS

M ospital housekeeping is the care and maintenance of the inside of the hospital, its furniture and equipment. Housekeeping functions for hospitals must produce the utmost cleanliness and be well planned in order to control infection. The day of the "man and a broom," or "maid and a mop" is gone. Scientific planning is as important in this field as in other administrative functions.

In order to achieve the most effective results, housekeeping must be directed from the administrative level. The housekeeper should be responsible to one person — preferably, the administrator. If the housekeeper is to have undivided authority, then the selection of the right person is of utmost significance. It is essential that he have a complete knowledge of building and equipment cleaning and maintenance procedures, as well as knowledge of disinfection methods and products, and public sanitation. He will need a mastery of the art and skills not only of administration, but equally important, of teaching. He must develop a close association with the bacteriology department and other department heads in order to ensure the development of proper techniques and products as they apply to the various hospital areas. It is important that a goal of all persons in executive or departmental authority be that of a clean building and furnishings and that they have an understanding of the role

Mr. Wickens is Administrative House-keeper at the Montreal General Hospital.

of the housekeeping department in achieving this goal. Without this, the value of all other measures of infection control are sharply reduced in their effectiveness.

Ways and Means

In order to keep the hospital clean and simplify planning, the building can be divided into specific functional areas, such as offices, kitchens, patient

rooms, operating rooms, etc.

Regular general cleaning techniques for offices, stock rooms, corridors, kitchens, dietary and laundry areas, comprise daily dry or damp dusting of furniture and equipment. (Floors are discussed under "Special techniques for floors.") Air vents and radiators should be cleaned both inside and out, quarterly, as well as ceiling lights and other high dusting and damp mopping areas.

Annual cleaning, and more often if necessary, consists of washing of walls, ceilings and windows, with reduced attention to window cleaning in the winter. The exception to the above rule, is that the kitchen and dietary areas have this annual-type coverage, quarterly, and that all kitchen utensils and culinary equipment be cleaned by dietary and kitchen staff.

Patient Rooms — Non-infected

Public and private wards and general treatment areas which are non-infected, require regular daily cleaning as outlined for patient areas. Permanent and mobile equipment, and furnishings should be damp-wiped. Patients' rooms require complete cleaning annually or more frequently as required, as well as special cleaning of individual "check-out" units in multiple bed rooms or complete cleaning of single rooms. Toilets should be cleaned twice daily.

Preventive disinfection cleaning of dressing and treatment rooms on wards

should be done daily.

Preventive Disinfection Housekeeping

Operating rooms, obstetrical units, nurseries, outpatient department, surgical dressing and treatment rooms: Regular routine cleaning of all surfaces is to be done after each non-infected case, including damp or wet floor mopping. Every night all surfaces should be wiped down and floors cleaned (see "Special techniques for floors.") There should be a four-week rotation special cleaning of all surfaces, air vents and radiators (see "Specific technique for eliminating air-borne bacteria.")

Laboratories, x-ray, pathology, bacteriology and similar areas require the same daily, quarterly and annual coverage as previously cited for offices. A special program of equipment and work area cleaning, as carried on in the O.R., should be done in these areas daily and on a four-week rotation basis. Full scale disinfection should be carried out

after use for an infected case.

Occupied Infected Rooms and Wards

First, loose dust should be removed with an adequately equipped vacuum cleaner. Floors should be damp mopped daily. Furniture, bed-frames. and permanent and mobile equipment, dampwiped or washed also daily. Toilets, pictures and cupboards should be cleaned twice daily. Weekly, toilets should be done with Aerosol Fog, and air vents and radiators cleaned inside and out (for detail see Aerosol). The last act of daily cleaning is the elimination of air-borne bacteria by vacuum in one to four-bed, but no larger, rooms, with the doors and windows closed. All mop-heads and rags used for cleaning, should be left in the soiled isolation linen bag in the infected room. Regulation isolation clothing is to be worn, once only, in each room and also

left in the isolation linen bag. All cleaning equipment should be wiped down with disinfectant before taking it out of the room or ward.

For individual infected cases in multiple bedrooms that are not fully isolated, furniture, equipment and toilets, should be washed or damp wiped daily. This patient arrangement should be avoided if at all possible, by transferring the patient to an isolation room or ward.

Vacated Infected Rooms and Wards — Final Disinfection

At check-out and when infection is ended all disinfection housekeeping in infected rooms should be done by a specially trained isolation housekeeping team. After the room is vacated or during a temporary absence of the patient from the room, it should be closed by the charge nurse. No bedding, mattress, furniture or equipment should be removed. The Aerosol Fog is sprayed on the room, the ward toilet, and all their contents (see following, "Specific techniques for eliminating air-borne bacteria.")

In multiple bedrooms that are never fully vacated, all walls are washed down monthly. Floors are damp mopped daily and the linoleum rewaxed quarterly or oftener if required. Buffing may be dispensed with if emulsion (no buff) resin finishes are used. Complete stripping and rewaxing can only be carried out when the ward is

completely empty.

Special Technique for Floors

Dry sweeping and dry mopping are not used in patient areas, operating, treatment or special sterile areas. They may be used in business, stock room and other non-treatment areas with or without use of dust control treatment, sweeping compound, or treated sawdust. Clean, laundered mop-heads should be issued to start the day and more often if necessary.

Dry vacuum machines are used in conjunction with wet or damp mopping to remove in advance all surplus dust in all hospital areas, including infected rooms. Specially adapted machines should be used, with the supplementary filters being changed twice weekly in non-infected areas, and at least daily in infected areas. For

daily room vacuuming by maids, a specially constructed machine with supplementary filter and sealed disposable dust bag should be used.

Wet and damp mopping of hard floors should be done daily or oftener, and scrubbing done at least weekly, daily in heavy traffic areas. Linoleum should be damp mopped and buffed weekly in non-infected patient rooms and all general areas if emulsion buf-

fing wax finishes are used.

Water vacuum pick-up should be used for pick-up of scrub water, whenever possible, if an automatic scrub combine is not used. Disposal of soiled solution from the pick-up tank should be done at frequent intervals. In isolation or other infected rooms or wards. disposal is carried out in the toilet in the room, or in adjoining cleaners' cupboards. Each time the disposal area is used it should be well cleaned and disinfected. At frequent intervals there should be a change of solution in ordinary patient and other rooms, and fresh solution used for each isolation room.

In infected rooms, use a damp mop only on the hard or linoleum floors, wax linoleum and do not buff. Clean laundered mop-heads are necessary daily, using a different clean one for each infected room or ward. Use of mops for wet mopping can be kept to a minimum where auto-combine and wet vacuum pick-ups are used in conjunction with scrub machines.

Linoleum Floor Resurfacing

In ordinary traffic areas, the floor should be damp mopped and buffed, weekly. Quarterly, it should be refinished as required, or stripped and rewaxed. In heavy traffic areas, corridors require daily mopping and buffing, weekly refinishing, and monthly stripping and rewaxing. Water wax emulsion (no buff resins) should be used for resurfacing linoleum in all nursing unit areas, including non-infected patient and treatment areas.

If all areas are not so treated, synthetic emulsion resin wax is best for resurfacing linoleum in infected areas, as it requires no buffing. If there is an isolation ward or individual room used for no other purpose, synthetic wax is recommended. It will damp mop to a reasonable finish without

buffing and can be resurfaced by adding a coat or more of the product. There is a danger of "build up" in all floor finishes, in which bacteria may be imbedded. A periodic strip and rewax must be carried out. This does not apply to water emulsion wax to the same extent, as repeated moppings remove the wax more quickly than the synthetic, and it must be renewed oftener. The water wax surface requires buffing, however.

For hard floor (terrazo, cement) resurfacing use an emulsion resin, and because it gradually washes away, renew at periodic intervals. It never creates a traffic path, resists absorption of stains and dirt and makes floor maintenance easier. Always scrub the floor clean and disinfect before applying

the product.

Conductive floors of operating room. etc., must be washed, mopped or scrubbed with a nonsoap base germicidal detergent solution to prevent build-up film which would destroy conductivity and would undoubtedly contain dormant bacteria. The floor must be washed after each case, with a clean mop, used once only. Every day, preferably at night, the floor should be scrubbed by machine, soiled solution picked up by water pick-up vacuum or automatic combine and disposed of in hopper sink in, or adjoining the area being cleaned. Clean solution and mops should be used for each room. Use of mops can be kept to a minimum by use of autocombines and wet vacuum pick-ups used with scrub machines.

Paste or spirit-based liquid wax is expensive and difficult to lay, maintain and remove. Spindle oil, glycerine, etc., is recommended by many specialists as a control factor for bacteria and infection from dust and other droppings. Its usefulness must be determined by "in use" tests in areas such as O.R.'s, treatment rooms, and infected patient rooms and wards. One essential would be a frequent stripping of the floor, followed by reoiling. A problem is presented from the standpoint of general appearance and tracking to other areas. It would probably be most effective in single rooms used only for infected cases or separately located isolation areas of considerable size. I have never used this method.

Mops and rags used in infected

areas should be taken out of these areas in isolation linen bags. These should be used once only in one room, and laundered and disinfected before re-use.

Eliminating Air-borne Bacteria

The Aerosol spray is used in preventive housekeeping disinfection and final disinfection. It is not to be used while the patient is in the room. When used, there should be a primary fogging and a final fogging when the work is done. In the O.R. use only a monthly rotation fogging for preventive housekeeping disinfection and after known infected cases.

The vacuum machine should have specially constructed primary filters and supplementary filters that further prevent dust escape and also disperse the exhaust, thereby preventing disturbance of dust elsewhere in the room. It can be used in occupied and unoccupied rooms whether infected or non-infected. Doors and windows should be closed during the process of air filtration. Run it for twenty minutes in an ordinary sized room. There is little to be gained by use in large multiple bed wards.

Aerosol fog and the vacuum machine can be combined for air filter and disinfection and used during final "check-out" cleaning of isolation and other rooms, including O.R. and treatment areas, but not in occupied rooms. Aerosol fog the room first, then after a 20-minute wait start the cleaning program. Have vacuum running during the entire period to filter bacterialaden dust in the air caused by the movement and work of cleaners. Run it again for 15 minutes on conclusion of cleaning. No one should remain in the room, and doors and windows should be closed. Give the room a final Aerosol spray. The room will be ready for reoccupancy in an hour. A greater use of the Aerosol spray during occupancy would be possible if the disinfectant used could be non-toxic and non-irritating, but fully lethal in effect.

Ultra-violet disinfection for airborne bacteria and general housekeeping disinfection should not be overlooked, but it has many limitations.

Radiators and ventilators in patient isolation rooms and other infected areas should all be carefully cleaned and disinfected inside and out. This should be done at each patient "check-out" or room closing and during uninterrupted occupation at least once every four weeks. If these places become dust-laden, they undoubtedly add to air-borne infection because bacteriological tests of dust prove them to be heavily contaminated with pathogens.

Refuse Pick-up and Disposal Procedures

Special methods should be planned for the entire program for all hospital areas and particular care taken in the removal of refuse from infected rooms. Caution must be exercised in sealing adequately in a paper or polyethylene bag, all refuse from infected rooms before placing in refuse containers for pick-up by the refuse team. Swill cans, for swill and other wet substances, should be washed, disinfected and steam sterilized each time they are emptied. Dressing cans require the same treatment once a week, Isolation and other infected room cans should be given the above treatment at patient "check-out," on completion of occupancy and whenever a can is changed while, for non-infected areas, this should be done every two weeks. Dressing cans and cans from infected rooms should be taken to the garbage room in cotton bags, where they are emptied and sterilized.

Normal ordinary refuse in all areas should be collected in cotton bags on janitor carts which, when they are full and carefully closed, are placed in cleaners' areas for pick-up by the refuse team. Each maid or cleaner should be supplied with sufficient clean cotton bags each morning. Bags are used for only one filling and are to be laundered before re-use. Swill cans are to be picked up after each meal, the full can replaced, then taken away to be emptied and sterilized. All refuse from isolation and other infected rooms should be separately and securely sealed in paper or polyethylene bags, and placed in regular collection cans. Isolation cans are kept in each infected room. Dry refuse, filled polyethylene and paper liner-bags, and all wet or dry refuse from infected rooms is burned in the incinerator. Unburnable refuse is taken by the garbage collector, with the exception of infected refuse

which is incinerated and taken away with ashes. Polyethylene or paper liner-bags of good wet-strength are used only for isolation, treatment rooms, O.R.'s, utility and dressing rooms, and laboratories for wet or moist refuse. The paper bags are closed on pick-up and taken away in a covered carrier. Before the refuse team leaves the floor they reline the cans.

An experiment has been completed with polyethylene liner-bags for cans. They are satisfactory and are no more costly than paper and are disposable. They can be closed more tightly to prevent escape of dust.

Mattress Sterilization

Known or suspected mattresses at "check-out," are transported in sealed canvas envelopes after having been sprayed or wiped with disinfectant. They should be gas sterilized before re-use. Envelopes are used only once to transport them and then laundered before re-use. If gas or other sterilization is possible, it would be advisable to have a six-month rotation disinfection of all presumably clean mattresses. This method is currently under investigation.

Curtains and Blinds

Bed, shower and bath curtains in single rooms or individual bed curtains in multiple-bed rooms should be changed at "check-out," in an emergency, and not less than every two weeks in non-infected rooms. In infected rooms these should be changed at least once weekly. Window curtains non-infected rooms should be washed quarterly, in an emergency and certainly at the end of each occupancy by an infected patient. Venetian and pull blinds should be cleaned annually if enclosed between panes and weekly if not enclosed; daily in infected areas. In non-patient areas, monthly is sufficient.

Bed Blankets

These should be changed for each new occupancy, laundered and disinfected for re-use. For continued occupancy change blankets weekly, and oftener in infected rooms. I would recommend Acrilan or a similar synthetic wool blanket that will withstand repeated laundering at prescribed temperatures. They can tolerate much higher temperatures than pure wool. Spare wool blankets used for bed throws may be wrapped in low cost disposable polyethylene envelopes. While sealed they remain sterile, so there is no need to launder them unless they are opened.

Isolation Clothing

Housekeeping staff working in infected rooms wear regulation isolation clothing, which includes a cap, mask, gown and overshoes. Clean clothing is used for each room. After use it is placed in the isolation linen can in the infected room.

Further Suggestions

Investigation should be made and consideration given to the possibility of procuring synthetic sponge rubber floor tools with water-squeezers attached or a separate squeezing unit. Nylon strip mop-heads also can be used. These resist retention of dirt and bacteria if properly washed and rinsed in disinfectant after each use. These take the place of string mops for wet-washing or damp wiping of all floors.

Investigation should be made into the possibility of procuring wetstrength paper dusters and wipers for both dry and wet wiping processes at a cost allowing disposal in refuse cans after use. This would be particularly good in infected areas because they could be destroyed before there was any possibility of use elsewhere.

In conclusion, careful investigation and testing should be carried out on all modern mechanical and other special equipment in conjunction with the bacteriologist and other professional medical personnel. All cleaning must include coordination of thorough scrubbing, mopping, washing and wiping, and good old fashioned "elbow grease."

In England we have come to rely upon a comfortable time-lag of fifty years or a century intervening between the perception that something ought to be done and a serious attempt to do it.

- HERBERT GEORGE WELLS

Pneumonia

Eleanore de la Mare

NEUMONIA is an infection of the lung which results in inflammation. It may be classified according to the type of invading organism or according to the location in the lung, i.e. pneumococcal, streptococcal, viral or lobar, bronchial etc. Usually, the lung is able to defend itself against air borne infection due to extraordinarily efficient defense barriers in the respiratory tract:

1. the epiglottis reflex

2. the sticky mucus that lines the bronchial tree and traps microorganisms

- 3. the cilia of the respiratory epithelium which keep the infected mucus moving constantly upward toward the pharynx
 - 4. the cough reflex
- 5. the lymphatics which drain the terminal bronchi and bronchioles
- 6. the mononuclear phagocytes which are ever-present in the normal alveoli
- 7. the alveoli are normally dry and so provide a poor growth medium for bacteria.

The nature of the infection will depend upon the balance between the contending forces: the susceptibility of the host, and bacteria, chemicals and viruses.

Susceptibility

The susceptibility of the host is increased by:

- 1. exposure to wet and cold
- 2. fatigue, malnutrition, chronic alcoholism
 - 3. overcrowding
- 4. immaturity in young children it may be associated with measles, whooping cough, etc.
- 5. anything that interferes with the cough reflex (anesthesia, unconsciousness, fractured ribs or severe chest injury, upper abdominal surgery)
- 6. debility associated with old age, cancer, chronic heart disease or renal

disease.

Causative Agents

In *lobar pneumonia* — pneumococcus Types I, II, and III and occasionally Friedlander's bacillus.

In bronchopneumonia — usually a sequel to spread or inhalation of bacteria from some upper respiratory source, e.g. streptococci, staphylococci, B. influenzae: vomitus or other foreign material, especially following atelectasis or partial collapse of a lung.

Lobar Pneumonia

Pathology: The virulence of Types I, II, and III pneumococci is so high that the predisposing causes are of less importance than in infections with most other bacteria. The pneumococci invade the alveoli and an inflammation results. The alveolar walls become thickened owing to congestion and edema, and the alveoli themselves become filled with an exudate containing fibrinogen and red cells. These stages are known as engorgement and red hepatization respectively and are followed by the stages of grey hepatization (white blood cells present in exudate) and resolution. The stage of resolution, owing to the diminished blood flow, reveals a diminution of blood-borne anti-enzymes. Later, the ischemic anoxia means a rising acid reaction in which macrophages enter and are more active. The alveolar contents slowly disappear by solution, phagocytosis and expectoration.

Signs and Symptoms: Lobar pneumonia has an acute onset of chills and fever (often 102° to 104°F). The face is flushed and herpes febrilis is comconly present on the lips or cheek. The respirations are rapid and the nostrils may move with respiration. This sign denotes a fairly serious disease of the respiratory system. The pulse rate rises, but not in proportion

to the rate of respirations.

In a day or so the cough becomes moist with typical "rusty" sputum, which is thick and tenacious.

Physical examination reveals alterations in the breath sounds over the consolidated lobe which may be detected readily with a stethoscope. X-ray examination shows the infected lobe to be a dense shadow.

Treatment: The specific treatment

for lobar pneumonia is chemotherapy with antibiotics: penicillin, sulphonamides or one of the tetracyclines. The drug should be continued until the temperature has been normal for a few days. The symptoms are usually severe for only two or three days excepting in infants and elderly people who may not respond well in spite of specific therapy.

Complications: Due to consolidation of one or more lobes pulmonary circulation is handicapped, causing overtaxation of the right ventricle. Cyanosis may accompany the dyspnea and severe attacks of delirium may also

occur.

The pleura lining the affected lobe, may be inflamed causing one form of pleurisy. This condition is suspected if there is severe pain in the chest on inspiration. The cough becomes short and suppressed, as it causes pain.

Empyema, a more serious complication, is the effusion and accumulation of purulent exudate in the pleural cav-

ity.

Bacterial invasion of the blood stream can cause pericarditis, meningitis, peritonitis, arthritis, or acute bacterial endocarditis.

Toxicity plus anoxia endanger life by causing generalized capillary injury, myocardial degeneration, peripheral circulatory failure and death.

Bronchopneumonia

Pathology: Bacteria of less virulence than pneumococcus Types I, II, or III are commonly found in the mouth and upper respiratory passages of healthy people. Given the necessary predisposing factors infection may occur, often following bronchitis. The result is a number of irregularly scattered nodules of pulmonary consolidation, known as bronchopneumonia. There are two forms of consolidation:

1. Because the bacteria are less virulent than pneumococci, there is less over-all reaction when they enter the alveoli. The groups of alveoli affected are those immediately surrounding the inflamed bronchiole. These areas are like nodules embedded in soft lung

tissue.

2. When other small bronchi and bronchioles become occluded by thick mucus, the air imprisoned in their aveoli soon become absorbed and the area collapses. These are dark blue, collapsed areas and contrast with the more bulky consolidated inflammatory nodules.

Both lungs may be affected — the lower lobes more than the upper — and the nodules may vary from the size of a pea to large areas formed by coalescence of many nodules, perhaps

a whole lobe.

Signs and Symptoms: Since the causative agents of bronchopneumonia vary widely, the forms that the disease takes also vary; e.g., hemorrhagic, edematous, purulent and fibrinous. In general, the onset is less acute than in lobar pneumonia, with less fever. There is usually no associated pleurisy, but there may be a more drawn-out course and it is more apt to become chronic.

Treatment: The treatment is the same as for pneumococcal pneumonia but the antibiotic should be of the type that is specific for the organism. Isolation of that organism may be difficult through sputum specimens because staphylococci and streptococci are normally present in the nasopharynx.

Complications: Irreversible damage to the lung resulting in multiple abcesses, bronchiectasis, and pulmonary fi-

brosis may occur.

Nomenclature in Bronchopneumo-

nia:

Chemical — following inhalation of poisonous gases in industry or warfare. Hypostatic — chronic cardiac disease, marked debility or coma.

Postoperative -

1. Aspiration pneumonia, following inhalation of septic or vomited matter under anesthesia or following surgery.

2. Mild infection of segments of lung following blocking of tubes by excessive secretion of mucus during anesthesia

3. Following septic pulmonary emboli.

Interstitial Pneumonia

Pathology: The viruses of measles, influenza, whooping cough, and virus pneumonia produce a different reaction in the lungs, namely, an acute inflammation of which the outstanding features are: an exudate that is much more marked in the interalveolar walls than in the alveoli themselves. There is a preponderance of the lymphocytes

and plasma cells over polymorphonuclears.

The infection begins in and is usually confined to the upper respiratory passages, but may spread to the bronchioles and alveoli as described. The picture is always complicated by secondary invasion by bacteria (B. influenzae, streptococci, staphylococci) which are responsible for purulent exudates into the bronchioles. The result is bronchopneumonia, abscess, gangrene, empyema etc.

Signs and Symptoms: The symptoms are like those of lobar pneumonia, but the signs are conspicuous by their absence. Diagnosis may be made following the lack of response to penicillin and the sulphonamides. The virus pneumonia about which the most is known is called primary atypical pneumonia. It is probably caused by a virus, although it has not been identified. The disease tends to occur in sporadic form, but many localized outbreaks have been reported. It was more common among the armed forces in World War II than all other forms of pneumonia.

Signs and Symptoms: Characteristically there is more or less extensive patchy bronchopneumonia with areas of hemorrhagic consolidation. Localized atelectasis or emphysema may be present as the result of bronchial ob-

struction.

The onset is usually gradual. Symp-

toms of general malaise with fever, cough, headache, chilly sensations are non-distinctive. The cough is the most significant, dry and paroxysmal at first, productive of mucoid or muco-purulent sputum, later. Temperature is within the same range as in lobar pneumonia. Fine or medium rales are usually present and may be the only abnormal sign. The duration of symptoms is variable, sometimes lasting for three weeks, with the temperature falling by lysis.

Treatment: Recent studies have indicated that aureomycin has a curative effect on primary atypical pneumonia. It should be continued for three days after the temperature has returned to normal. Another tetracycline (terramycin) has been reported to be effective as well as chloramphenicol.

Complications are relatively uncommon, and the prognosis is excellent.

Bibliography

1. Apperly, Frank L. Patterns of Disease. Montreal: J. B. Lippincott Co. 1951.

2. Cecil, R. and Loeb, R. Textbook of Medicine, 8th ed. Phila.: W. B. Saunders Company, 1951.

3. Toohey, M. Medicine for Nurses, 4th ed. London: E. & S. Livingstone Ltd., 1959.

4. Van Haam, Emmerich, Fundamentals of Disease, New York: Springer Publishing Co. Inc., 1953.

There has been much criticism in recent times of our present-day youth. You will agree that there have been instances of indiscipline and lack of ideals which are a cause for regret and shame. Steps must be taken to check these evils, but this cannot be done by mere commands or exhortations. We must find out the causes of such unrest and take steps to remove them. I am convinced that if at times the young are restless and turbulent, it is not due to any intrinsic defect in them. Their restlessness is largely due to the fact that they do not have enough channels for the expression of their youthful urges.

The problem of discipline must be looked at from the point of view of the proper utilization of the abundant energy of youth. If youthful energies and urges are canalized and fields are found which will use all their enthusiasm and devotion, there will be little occasion to impose restrictions from above. Discipline must be achieved by giving proper direction to the energy of the youth and not by suppression.

- Maulana Abul Kalam Azad

Marlex linear polyethylene is capable of withstanding a temperature of 250°F. at 15 pounds per square inch steam pressure for 20 minutes or more. Such products as emesis basins, water pitchers, culture tubes, filtering funnels and beakers are in use. For further information write to: Phillips Chemical Company, Bartlesville, Okla.

Wisdom is never dear, provided the article be genuine. — HORACE GREELEY

Right Lobar Pneumonia

AMARYLLIS EATON

т 4:00 р.м. on a pleasantly warm day Mary Duval, 15 years of age, came to the emergency department. She stated she had pain in her right chest which had developed suddenly the night before together with a feeling of being generally ill. Although she was wearing a heavy jacket, she was very chilly. Her temperature, pulse, and respirations were increased indicating the presence of infection accompanied by a chill. Because of these findings Mary was admitted to the hospital and placed on a medical ward. Once she was settled the following history was obtained.

History

Mary had had a very unhappy childhood. Her parents are separated, her father's whereabouts are unknown, and her mother is frequently intoxicated. Mary said she was relieved when she was made a ward of the provincial government. At her request the Child Welfare Department placed her in a

private foster home.

In October 1956, Mary had stepped off a city bus into the path of an oncoming car and had suffered a severe compound fracture of her right leg. This accounted for a previous admission to the hospital. The wound had become infected so she had been hospitalized for over a year. Having become accustomed to hospital routine, she knew that to receive treatment she had better get herself admitted since her foster parents refused to believe she was ill.

Symptoms

Subjective symptoms described by the patient were:

1. A dry, non-productive cough for nine weeks.

2. Sudden feeling of being ill.

3. Rightsided chest pain for one day on deep breathing and coughing, with raising of small amount of sputum.

Miss Eaton is a recent graduate of the School of Nursing, University of Alberta Hospital, Edmonton, Alta.

- 4. Feeling of being chilly, then hot, for the past 24 hours before coming to hospital.
- 5. Headache, anorexia, aching of muscles and other symptoms of general malaise.

Objective findings were as follows:

- 1. Temperature, pulse and respirations were 104.6° 120 28. The body was reacting to the presence of infection with resultant high temperature and pulse rate. Respirations were rapid because the basal lobe of the right lung was not being aerated, and shallow because of pain.
- 2. Physical examination revealed dullness and decreased breath sounds over the right lower lobe due to exudate. filling the alveoli.
- 3. Chest anterior-posterior x-ray revealed an area of density at the base of the right lung giving the appearance of pneumonitis. Remainder of the lung field was clear.
- 4. Blood culture revealed the presence of the Diplococci pneumoniae.
- 5. White blood cell count was 14,650 per cu. mm. The normal is 5,000 to 10,000 per cu. mm. This indicated the body's reaction and attempt to control the infection caused by the organisms.
- 6. Sedimentation rate was 54, revealing that an inflammatory process was taking place (the normal is 0 15).
- 7. Hemoglobin was 10.5 gm/100 cc. of blood or 72% (normally it is 11 to 15 gm.) This was indicative of some anemia.
- 8. Hematocrit was 32% (normal is 37 to 47%). This indicates a lowered number of red blood cells per unit of circulating blood.
- 9. Sputum from the lungs sent for routine culture and antibiotic sensitivity examination revealed no evidence of Diplococcus *pneumoniae* or unusual flora in three specimens. This was perhaps due to the sputum not being produced from deep in the base of the right lung.

Nursing Care

Mary was admitted to the ward by wheel chair, immediately screened, helped to undress, and put to bed. She was placed in semi-Fowler's position to ease dyspnea, and ordered on complete bed rest, the aim of which is to ensure rest physically, mentally, and emotionally thus permitting the body to combat infection and promote faster recovery. Her temperature, pulse, and respirations were taken every four hours to reveal chills and to assess the course of the disease. Since she appeared so ill she was not weighed, but stated her weight was 115 pounds.

Though Mary felt very chilly, her skin was hot to touch; extra blankets were applied. A tent was erected over the head of her bed, into which steam was running continuously. The purpose of the steam was to help loosen the thick, tenacious sputum and thus promote expectoration. It also soothed

irritated mucous membrane.

Since no cyanosis of lips or fingertips was observed, oxygen was not required. An immediate sputum specimen as well as a specimen of blood were obtained; both were sent for culture and antibiotic sensitivity for the purpose of determining the infective

organism.

Chloromycetin 500 mgm. was given every six hours orally for three doses, then continued with 250 mgm, every six hours for 29 doses to produce antibacterial activity against the organisms. S.R. Penicillin, 800,000 units was given immediately, followed by 800,000 units every six hours for seven doses. The order was then changed to 800,000 units intramuscularly twice a day for 14 doses. This drug possesses bacteriostatic and bactericidal action against gram positive organisms. To produce antipyresis, to relieve headache, and to ease muscular aches and pains, two analgesic tablets were administered every four hours as neces-

A paper bag was pinned to the bed for the disposal of celluwipes. Mary was instructed to cover her mouth while coughing to reduce the risk of contagion. A sputum cup was not supplied since copious amounts of sputum were not produced and celluwipes were sufficient. She was encouraged to drink as much as possible to correct dehydration, to lower her temperature, and to promote urinary output thus preventing toxic substances from collections in the last substances from collections in the last substances from collections and the last substances from collections in the last substances from collections and the last substances from collections and the last substances from collections are substances from collections and the last substances from collections and the last substances from collections are substances from collections and the last substances from collections are substances from collections and the last substances from collections are substances.

ing in the body.

Instructed not to get out of bed, Mary used her call bell pinned at the head of her bed when she required a pan. Since she felt very weak her hands and face were washed by the nurse and she was aided in eating. A soft diet was ordered, since it was easier to eat as the patient was weak and her appetite was poor. It provided carbohydrate and protein, and was of a high caloric value.

By that evening, the temperature had dropped to 100.2° due to the action of the medication and the forced fluids. The patient was feeling much more comfortable. If the temperature had not fallen, a cooling sponge would have been given. She was coughing harshly and perspiring profusely. The bed linen was changed, flannelette sheets being used to promote comfort and absorb moisture. Care was taken to see that all windows were closed and no draught was blowing during the procedure. Her headache and muscular pains were relieved by the analgesics. Fluids were encouraged, taken well, and recorded.

Mary was given mouthwash, had her face and hands washed, her bed linen again changed, her back rubbed, and made ready for a good night's sleep. She stated she had some pain on coughing, but was resting quite comfortably with two pillows beneath her head to ease dyspnea.

By the next morning Mary's temperature had returned to 98° and she felt much improved. A sputum specimen was sent to the laboratory. She had a complete bedbath though she washed her own face and hands. She gave one of the nurses money to buy a tooth-brush and toothpaste at the Canteen.

Her frequent dry harsh cough still bothered her, but she had stopped perspiring. She was thirsty, and took fluids very well, finishing a quart of tomato juice (which she preferred) in just over an hour. Continuous steam was running at her bedside into the steam tent. Cheerful when awake, she slept long periods most of the day. Her appetite was poor. She took only light custard and fluids from her meal tray. Deep breathing and coughing were encouraged each morning during her bedbath.

That evening her temperature rose to 101.8°. Extra blankets remained

on her bed. She was coughing less frequently and had less chest pain.

The next day she had another chest x-ray for the purpose of defining the progress of the area of pneumonitis found previously. She was transported by wheelchair well wrapped in blankets. The report stated: "The area of density in the base of the right lung appears unchanged." Her chest pain had disappeared, her cough was infrequent, her production of sputum was scant, but she appeared weak and lethargic, sleeping much of the time.

Continuing to feel better, after being allowed to dangle, she got up in a wheelchair on the third day. She was surprised at being so weak while up but began to feel restless and bored while in bed. She continued to drink large quantities of fluids and have steam running into her steam tent. Bathroom privileges were granted.

Slowly her appetite improved until she progressed to a full diet. Staying up longer each day, she soon was anxious to go outside. Since she was missing school, her textbooks were brought to her and she concentrated on homework. She mixed well with other younger patients and one evening joined them at a show in the hospital auditorium.

Mary's elimination was watched closely. While taking fluids only, she did not have a bowel movement, but upon progressing to a soft and later a full diet her bowels moved regularly. Even though she was up most of each day, she frequently took an afternoon

nap.

A chest x-ray done on the eighth day revealed that the rounded area of density had diminished in size and density. Laboratory work was repeated with the following results: the hematocrit rose to 37%, showing an improvement in her general condition; the sedimentation rate dropped to 44. Her temperature remained at 98.6°.

Complications for which we as nurses should be on the alert with any

patient having pneumonia:

1. Septicemia; bacterial invasion of the blood stream was a possible complication of Mary's pneumonia, and was combatted by large doses of penicillin.

2. Meningitis, purulent arthritis, acute sinusitis, peritonitis, acute otitis media, or acute bacterial endocarditis

may result from pneumococcal infection invading the tissues from the septicemia.

3. Atelectasis, collapse of the lung, is caused by the obstruction of a bronchus with accumulated secretions.

The Future

Mary's foster parents accused her of sneaking out late at night and being rebellious, which she denied. They refused to allow her to return. She cried and did not want to leave hospital until her social worker reassured her by taking her to a new foster home.

Since she has come under the Department of Child Welfare she has been given sufficient essential clothing; previously she did not even own a winter coat. If she became established in a good foster home, she stated, she would like to know others in the community

and earn money baby-sitting.

Being in grade nine, she had to write departmental examinations, which was the reason for her being so upset about changing foster homes. However, her new home was within bus distance of the same school. She was concerned about her schooling, and worked with her textbooks frequently during her stay in hospital. Her school principal showed interest in her and she highly respected him. She has planned for several years to finish high school and enter nursing.

Of her own choice, she had joined a church less than two months before entering hospital. She was a member of the choir, and enjoyed a visit with her minister during her stay. She said that she was getting religious training for the first time in her life.

Mary recovered from her pneumonia with no after-effects. Her prognosis is excellent, but she should be careful to avoid contact with people having upper respiratory infections, not to become chilled or fatigued, to obtain sufficient rest every night, to take an adequate diet including foods that are rich in iron.

What I learned

While caring for Mary Duval I came to realize the importance of understanding the factors pertinent to recovery. Her social misfortune, economic needs, and spiritual want all were contributory to her condition. A realization of the nursing care involved

and a clearer understanding of upper respiratory infections was mine after caring for her; also how vital health teaching is since Mary's pneumonia could be directly traced to lack of proper care.

Her minister, principal, social worker, guardian (the latter two appointed

by the Department of Public Welfare, Provincial Government) and others she has met through the hospital must give her love and security which she so desperately needs. She is dependent on these friends to help fill a little of the gap caused by lack of a proper home.

Spina Bifida and Hydrocephalus

SHIRLEY PERRET

SPINA bifida is the simplest of the spinal malformations that may be present at birth. It results from the incomplete fusion of the bony arches of one or more vertebrae. The protusion of meninges through a spina bifida, a meningocele, may occur. Even more serious is the condition known as myelomeningocele when the spinal cord elements protrude into the sac of

the meningocele.

Medical science has not been able to explain why these developmental defects of the spine occur. The lumbosacral region is the most frequent area involved though a spina bifida occasionally is seen in the upper cervical region. Involvement in the thoracic region occurs very rarely. The area involved in the incomplete fusion may be so small as to appear simply as a dimple in the skin. An x-ray is taken to verify that it is due to defective bone structure. When a meningocele is present there is an external bulge of a sac covered by a thin layer of skin, sometimes cyanotic, containing cerebrospinal fluid. This sac is translucent. When other spinal elements are extruded into the sac, it does not transilluminate clearly.

The protective skin of the meningocele may be extremely thin so care must be taken constantly to avoid irritation. Rupture of this sac with leakage of cerebrospinal fluid and consequent risk of infection must be guarded against at all times. Meningitis may follow the rupture or infection of the sac.

Closely associated with this abnormality is possible alteration in the shape and size of the head. Its circumference should be recorded in centimeters each morning. The fontanelles should be examined at least three times each day and any signs of tension or bulging reported immediately.

An infant with a lumbosacral meningocele should be placed on the abdomen with the head turned to the side. The hips and pelvis should be elevated to prevent possible contamination of the sac by urine or feces. Sandbags are placed on either side of the baby to prevent it from rolling over. A small cradle should be used to support the weight of the bedclothes. The use of cotton doughnuts over the sac should be avoided as they may cause friction. If some protection of the immediate area is required, as for example when it is necessary to transport the baby for any distance, a wire strainer of suitable size may be used.

Baby Jean

A twenty-five-year-old multipara was admitted to hospital in labor, two weeks after the expected date of her confinement. After a long and difficult delivery, she gave birth to a seven and three-quarter pound daughter. The baby's cry was loud, her color good and her temperature normal.

An abnormality diagnosed as spina bifida was apparent in the lumbar region. There was a "jelly-like mass" beneath the surface of the skin from which a slight serous discharge was oozing. Hydrocephalus was evident in the bulletshaped head.

Miss Perret is a graduate of Holy Family School of Nursing, Prince Albert, Saskatchewan.

The baby was admitted to the nursery where careful posturing was done to avoid pressure and irritation on the meningocele. A cow's milk formula was prescribed which she took fairly well. The mother was in great distress emotionally each time the baby was brought to her. The nurse was able to persuade the mother to overcome her fear of holding the infant.

By the second day it was observed that the meningocele was enlarging. The temperature was elevated to 102.2°F. Normal saline, 50 cc., was given interstitially and Achromycin, 10 drops every eight hours, was started. The next day the baby's bowels began moving almost continuously, the loose stools showing traces of serosanguinous discharge. It was noted that the rectum had prolapsed. Examination by a neurologist revealed that the baby was an incurable hydrocephalic.

Neosporin ointment and a dry sterile dressing was applied to the protruding meningocele. It was observed that her breast were engorged and quite hard.

Baby Jean fussed considerably during feedings but took her formula with persuasion. Pablum feedings were stared and she made good attempts at eating.

By the time she was three weeks old the baby's head was becoming noticeably enlarged. There was abnormal bulging of the frontal bone. The eyes were sunken with a staring downward glance.

At six weeks of age the circumference

of the baby's head had increased by another inch. She was regurgitating most of her feedings so she was fed by gavage. She became very cyanosed with shallow, wheezy respirations. Mucus in her throat became troublesome. When it was suctioned out, it was noted that the mucus was blood-tinged indicating the presence of bronchopneumonia, Oxygen was started but the baby did not respond.

Postmortem examination revealed that the fontanelles were widely open, the brain tightly compressed against the overlying dura. There was a purulent exudate obstructing the Aqueduct of Sylvius which produced the internal hydrocephalus.

What I learned

It was apparent from birth that this congenital abnormality could not be cared for in the same way as a normal infant. It needed frequent extra care and attention, especially to prevent infection of the protruding meningocele. Special care to the buttocks was also important.

Though the parents knew that the baby was not going to live they wanted to be reassured constantly that everything possible was being done for their baby. The mother was very apprehensive regarding the possible malformation of any children she might have subsequently. She was made to understand that it was very unlikely that there would be an other abnormality in later pregnancies.

A new chemical preparation that softens impacted ear wax so that it may be easily removed is now available.

The standard method for removing ear wax is to irrigate the ear and then remove the wax with a blunt instrument. If the wax has been impacted for a long time, the outer layer of the ear canal skin may become attached to the wax. When the wax is removed, the skin is torn. A wax-dissolving substance will prevent such injury to the skin.

The new preparation, with the tradenames Cerumenex and Cerulau, is put into the ear a day or two before the wax is removed. By that time, the wax is soft, loose and easy to remove. The preparation was used on 230 patients with varying degrees of excessive and impacted wax. A "dramatic" wax dissolution was observed in most instances, with complete removal in 204 patients (88.7 per cent). Nineteen (8.2 per cent) had good results and seven (3 per cent) poor results. No patient showed an adverse reaction to the agent.

- The Health Bulletin, North Carolina State Board of Health.

I love the Christmas-tide, and yet, I notice this, each year I live, I always like the gifts I get, But how I love the gifts I give.

-- CAROLYN WELLS



PREPARED IN YOUR NATIONAL OFFICE, CANADIAN NURSES' ASSOCIATION, OTTAWA

Season's Greetings

The staff of National Office join hands in wishing all members of the Canadian Nurses' Association a happy and joyful holiday season. A Merry Christmas to one and all.

Chairman Resigns

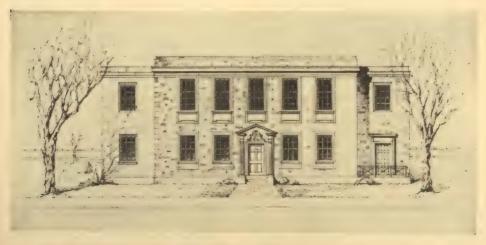
Mrs. Ogden Martin, who has been chairman of the National Office Auxiliary since its organization in 1954, has found it necessary to resign. We are pleased, however, that Mrs. Martin has consented to continue as a member. We record grateful appreciation for the contribution which she has made to our Auxiliary during its organizational period.

The National Office Auxiliary, for those who may have forgotten, is a group of volunteer nurses in the Ottawa area, who assist with the entertainment of international visitors, cataloguing of Archives and proofreading of manuscripts which, incidentally, is a sizeable task in National Office. Beside these duties the Auxiliary, as a means of raising money for the CNA House Fund, has served refreshments following meetings of the local chapter of the RNAO. This fund now stands at \$2000.

From staff to volunteer — our Rita MacIsaac, now Mrs. E. J. Egan, after five years as a valued member of National Office staff returns to the CNA program as chairman of our National Office Auxiliary. Mrs. Egan knows the functions of the Auxiliary exceedingly well having worked closely with the chairman in every detail of the program. We welcome this continued association with our former colleague.

We've Moved

As you read these notes the staff of National Office will be busily engaged in settling into their new offices, located on the second floor of



New CNA Offices are at the Royal College of Physicians and Surgeons of Canada.

the new home for the Royal College of Physicians and Surgeons. A description of this spacious and attractive building was included in this column

in September.

It would be an understatement to say that we are delighted with our new surroundings. These bright, new, quiet offices are conveniently located at 74 Stanley Avenue on the Bank of the Rideau River, about ten minutes by bus from the Chateau Laurier Hotel.

May we issue to all members of the Canadian Nurses' Association a most cordial invitation to visit your new National Office when you come to Ottawa. We will be delighted to welcome you.

Canadian Council on Nutrition

One of the privileges of your National Office staff is to represent the Canadian Nurses' Association at important meetings. The 25th annual meeting of the Canadian Council on Nutrition, of which the general secretary is a member, met in Ottawa

last September.

Besides experts in nutrition research the Canadian Council has representation from Canadian Home Economics Association, Canadian Dietetic Association, Canadian Teachers' Federation, Canadian Medical Association as well as the Canadian Nurses' Association. It is an advisory group to the Department of National Health and Welfare.

Nurses Invited to Nutrition Course

The Canadian Home Economics Association is holding its biennial convention in Edmonton, July, 1960. A three-day course on nutrition is being organized to precede the convention. Through the CNA, nurses are invited to attend this course. This is an opportunity for members of the nursing profession to join with nutrition experts' teachers and representatives of other disciplines in the study of newer trends in nutrition. More detailed information will appear in this column later.

CNA Committee Meetings

As the second year of the biennium speeds along your national committees are continuing the activities to which they pledged themselves in 1958. The following is an indication of what is planned in the way of meetings:

Committee on Nursing Education -

November 26, 27.

Curriculum Workshop — to be held in conjunction with the meeting of the Committee on Nursing Education — November 23, 24, 25.

Committee on Nursing Service — November 12, 13, 14.

National Committees on Finance, Legislation and By-Laws, and Public Relations will also be meeting before the new year.

Previous issues of Nursing Across the Nation have indicated the projects undertaken by these committees. Watch this column for further information concerning committee activities.

The 30th Biennial Meeting Convention Program

Careful consideration is being given to the program of the 30th Biennial Meeting of the CNA to be held in Halifax June 19-24, 1960. Regardless of your field of nursing there will be much to interest you. In the general sessions nursing topics which concern all of us will be discussed.

In outlining the program your committee, under the chairmanship of Elizabeth Reed, is bearing in mind the convention theme "Faith" and the fact that 1960 is World Mental Health Year. The initial draft of the program for this meeting is included in this issue.

Prospective Post-convention Tours

Plan now for your vacation following the Biennial Meeting. Tentative plans are in progress for several interesting short tours in the Maritime provinces — from one to ten days in length—by boat, plane, bus or train. These historic Atlantic provinces have a unique charm and beauty, with many special places of interest, that are well worth enjoying.

A preview of the tours which are now in the planning stage, is introduced here for your consideration. Final plans and costs, which are dependent on the number of nurses who wish to participate, will appear later

in The Canadian Nurse.

Nova Scotia with its ever-changing beauty and hospitable people offers you

Preliminary Program Watchword -- "Faith"

Sunday, June 19th

Registration

Evening Church Services:

St. Paul's Cathedral (P)

St. Mary's Cathedral (RC)

Monday, June 20th

Invocation

Official Opening: Keynote Address

Presidential Address

Finance Committee Report

General Secretary-Treasurer reports on CNA activities including CNA Retirement Plan

Special Student Session

Garden Party

Halifax Public Gardens 5:00 - 7:00 p.m.

Tuesday, June 21st

Pilot Project —

Report of the Director

Report of the Special Committee

General Discussion —

Is it desirable to initiate a program of accreditation? Upon your judgment rests the future course of nursing in Canada.

Special Luncheons with Speakers

Special interest group discussions Evening will be devoted to Special Speaker and summary of group discussions

Wednesday, June 22nd

Panel Presentation dealing with the patient's return to the community

Free Afternoon

Cruise on the Harbor followed by a Lobster Supper at H.M.C.S. Stadacona

Thursday, June 23rd

"President's Conference"

Presentation of Committee Reports

Special Speaker to be announced

Panel Discussion

President's Reception —

For CNA members and special guests

Music and Entertainment

Friday, June 24th

Voting on Resolutions

Report of Scrutineers

Editors' Conference —

"Communications in the Health Field"

Address related to theme "FAITH"

Conferring of Honorary Memberships

Installation of Officers

Closing Reception — Nova Scotian Hotel guests of R.N.A.N.S.

Make Plans Now to Attend and Take an Active Part in the Welfare and Future of Canadian Nursing

a tremendous vacation with a variety of interests. The Acadian Bus Lines have five different tours that cover interesting areas. On Cape Breton Island, the Cabot Trail and the Keltic Lodge invite you to a week of relaxation and fun. Canada's ocean playground can also be seen by motorcar with a special guide who will assist passengers to select the most interesting route.

New Brunswick's natural wonders and mementoes of early Canadian History; Prince Edward Island, the red and green vacation fairyland; Newfoundland, Britain's oldest colony and Canada's youngest province, which has a rugged beauty of its own all warmly invite you to pay a visit.

The excitement of New York's Broadway, the interesting tours to the United Nations, Greenwich Village, and the Bowery can be yours for six days by boat or plane. There is also a possibility of a short sojourn in Bermuda, that island of beauty, where there are many fascinating sights and activities.

We have been advised by the Halifax Tourist Bureau that local tours will be available during convention week. If you are touring in personal cars, guide material may be requested for easy and selective planning.

An expression of your interest in any one or more of these tours will be welcomed. For further information

The Canadian Nurses' Association, 74 Stanley Avenue, Ottawa, Ontario.

The CNA Resarch Committee

The committee held its first meeting in Ottawa last September. It proposed to set up working parties to prepare a statement of:

1. The philosophy (or theories) of nursing and its role in contemporary society. This statement will be submitted to the CNA Executive Committee for acceptance as CNA philosophy.

2. The functions of nursing personnel and the probable changes that will take place in the foreseeable future. This statement is to include all categories of nursing personnel in all fields of nursing and will clearly define the terminology of nursing categories.

The Committee feels that these statements are necessary preliminary steps to further studies of nursing service. They also discussed the need for summaries of reports of Canadian studies in nursing already undertaken. Two types of summaries of a selected Canadian study are to be prepared for the consideration of the Committee members. A decision will then be made as to the type of summary most useful to Canadian nurses.

Ideal Retirement Plan for Nurses

Ideal for the nurse who wishes to provide for herself security in retirement conveniently, with high earnings, income tax deductions and a pension in the dollars of the day.

Ideal Features

- Especially designed for nurses.
- Deposits where and when convenient (monthly, annually) at your closest Bank of Montreal.
- Amount of deposit adjustable to nurses' circumstances.
- High interest rates and dividends with bank security.
- Choice of type of pension at retirement.
- Pension rates highest possible for your accumulated dollars.
- Contributions deductible for income tax purposes.

Underwriters of the plan are specialists in fields of pensions and investments:

The Royal Trust Company — foremost investment experts in Canada.

The National Life Assurance company of Canada — specialists in group pension coverages.

The Bank of Montreal — branches coast to coast where deposits can be made.

The usual plans available to you as an individual can offer only a very few of these desirable features. Only your Canadian Nurses' Association Retirement Plan can give you all of them.

JOIN NOW BY SIGNING THE APPLICATION ON THE NEXT PAGE AND RETURN IT TO THE CANADIAN NURSES' ASSOCIATION, 74 STANLEY AVENUE, OTTAWA, ONTARIO. You do not have to make any contributions immediately. This sets up the facilities to permit you to take advantage of this exceptional plan — with the added privilege of tax relief from your 1959 contributions.

Application for Participation in the

CANADIAN NURSES' ASSOCIATION RETIREMENT PLAN REGISTERED RETIREMENT SAVINGS PLAN SECTION

I hereby apply for participation in the Canadian Nurses' Association Retirement Plan, the provisions of which are familiar to me. I understand that such participation entitles me to membership in certain Retirement Savings Plans, arranged with The National Life Assurance Company of Canada and the Royal Trust Company, and my application for such membership is indicated by my request that contributions be allocated to such Plan or Plans. I request that the instruments evidencing the terms of such membership be registered as Retirement Savings Plans under the Income Tax Act (Canada). I understand that as a consequence of such registration payments out of the Plans can only be made in the form of a life-contingency annuity or a death benefit and that such payments to me or to my beneficiaries, executors or legal representatives will be subject to tax under the provisions of the Income Tax Act of Canada.

I understand that I am required to make payments into C.N.A.R.P. on a regular basis of at least \$100 yearly, and that the first \$100 of contributions in each contribution year will be directed to the Insured Annuity Retirement Savings Plan. underwritten by The National Life Assurance Company of Canada. In respect of contributions in excess of \$100 in any contribution year, I request that I percent of these future excess contributions be apportioned to my account in the Insured Annuity Retirement Savings Plan, underwritten by The National Life Assurance Company of Canada, and that the remainder of such future excess contributions be apportioned to the Common Stock Retirement Savings Plan, managed by the Royal Trust Company, and be commingled therein with the payments made by other members. I understand that this percentage allocation may subsequently be varied by written notice in accordance with the provisions of C.N.A.R.P.

I undertake, upon request, to provide proof of age satisfactory to the issuer in respect of any annuity contracts provided to me as a benefit under these Plans.

I hereby appoint The Canadian Nurses' Association to act as my Agent in the negotiation of contracts and agreements to carry out the provisions of C.N.A.R.P. and through the Association, I grant discretionary investment power to the managers of the Common Stock Retirement Savings Plans.

DATE SIGNATURE			
WITNESS PLEASE PRINT OR TYPE REQUIRED INFORMATION			
NAME COMPLETE CHRISTIAN NAMES CERT. No.			
ADDRESS STREET AND No. CITY OR TOWN PROVINCE			
DATE OF BIRTH SEX MARITAL STATUS DAY MONTH YEAR			
CONTRIBUTIONS — Regular payments through your local branch of the Bank of Montreal BRANCH CITY OR TOWN			
Check (V) method of payment Payment to the Bank of Montreal of certain regular amounts to be charged to your account in a branch of another bank.			
NAME OF YOUR BANK BRANCH CITY OR TOWN			
Each contribution year ends or the ninth day of the month of February. All contributions made during each yearly period — February 10th to February 9th — are classified for tax purposes as contributions made during the calendar year which ends during this specific period. Thus, contributions made prior to the pinth day of February, 1960 are considered to be 1959 contributions. In order to so quality, your contributions must be deposited in a branch of the Bank of Montreal on or prior to February 9th, 1960			
Each contribution will be acknowledged by the Bank of Montreal by an entry in a special pass-book Each year you will receive a statement of accumulated contributions and a certificate for income tar purposes.			
DEATH BENEFITS — Benefits payable after your death will be paid to your executors or legal representatives. You may however, indicate below the name of a beneficiary to receive that portion of any such benefits which arises out of your participation in the Insured Annuity Retirement Savings Plan.			
BENEFICIARY'S NAME CHRISTIAN NAMES			
ADDRESS STREET AND No. CITY OR TOWN PROVINCE			
RELATIONSHIP TO YOU			
DATEYOUR SIGNATURE			
WITNESS			

Mental Effects of Head Injury

JOHN GIBSON, M.B., Ch.B., D.P.M.

Two world wars and the high incidence of road accidents have brought into prominence the mental effects of injuries to the head. In severe injuries the brain substance may be torn, hemorrhages may occur in it or in the extradural space, cerebral edema may follow, and nerve fibres may eventually become demy-elinated. The nature of the change that produces instant concussion of

slight degree is unknown. Concussion may be slight, moderate or severe. In slight concussion, unconsciousness may last from a few seconds to a few hours, or there may be only incomplete loss of consciousness. On coming round the patient may pass through a short stage of confusion and have a headache and drowsiness. He has a loss of memory for the injury and for a short period after it. In moderate concussion he is unconscious for several hours; emergence is a slow process, and for some hours or days he may show some clouding of consciousness with irrational thought processes, disorientation in time and place, misidentification of people and misinterpretation of events. He may develop an acute delirious state with delusions, hallucinations, excitement and violence, after which he may pass into a dull and apathetic state and show gross loss of memory. In severe concussion the patient may be unconscious for several days, be severely shocked and die. In those who do not die, acute delirium and prolonged

During convalescence after any degree of concussion the patient may have headaches, be slightly confused at times, and have an amnesia for the injury and for a time after it. The post-traumatic amnesia is the time from the injury until the time when the patient becomes continuously aware of his surroundings. It has been shown

clouding of consciouness are likely.

Dr. Gibson is a psychiatrist at St. Lawrence's Hospital, Caterham, Surrey, England. This is the fourth of a series of articles on psychiatric subjects.

that the length of this time is a measure of both the severity of the concussion and the length of time the patient will be off work. A patient with a post-traumatic amnesia of under one hour usually returns to work within four to six weeks, one with an amnesia of from one to 24 hours within six to eight weeks. The EEG is made abnormal by the injury, and the worse the injury the longer the EEG remains abnormal, except in those patients whose brain cells have been extensively destroyed and are therefore unable to produce electrical discharges.

The postconcussional syndrome is a common condition and one liable to become in some degree chronic. It is more common among neurotics, people with a neurotic predisposition, and people with a family liability to develop neurotic patterns of behavior. Symptoms are numerous and include: chronic headache, giddiness, anxiety, difficulty in concentrating, blackouts, insomnia, fluctuating moods, irritability, hypochondriasis, fatigue and a characteristic inability both to work and to play. It is more common in industrial accidents than in accidents received in sport, and a prospect of receiving compensation for the injury is a factor in maintaining the condition.

Post-traumatic epilepsy occurs in about 2-4 per cent of head injuries. Convulsions usually appear within two years of the injury, but may appear much later. Those occurring within the first few days usually stop spontaneously, and the longer the interval between the injury and the first convulsion the more likely they are to persist. Grand mal attacks are the most common variety, but other forms may occur. The treatment is as for idiopathic epilepsy.

Post-traumatic dementia is liable to occur especially in patients who have been seriously injured, been severely concussed, and had a prolonged delirium; and in old people and arteriosclerotics. Typical symptoms are a progressive loss of memory, retardation, inability to concentrate, poor

association, poverty of ideas, and reduction in reasoning power. Degenerative changes in the prefontal lobes are particularly liable to produce explosive mood changes, lack of control, irritability, and outbursts of violence.

Punch-drunkenness is a post-traumatic dementia produced in boxers by repeated blows to the head and by hitting the head on the floor of the ring. Typical features are: loss of memory, decline in intelligence, retardation, dullness, fatuousness, ataxia, tremor of the arms, and slurred speech.

Chronic subdural hematoma is due to bleeding into the subdural space. The bleeding may be slow and symptoms may not appear for several weeks or months. A trivial injury, such as knocking one's head in getting into a car, may be sufficient to produce the bleeding. The symptoms are: headache, drowsiness, apathy or excitement, confusion and convulsions. Typically, the symptoms vary very much from day to day, the patient appearing seriously ill one day and much better the next. Treatment is by surgical removal of the hematoma.

Psychoses of the schizophrenic, paranoid or manic-depressive kind may occasionally follow head injury, but rarely if ever can it be attributed to it. Almost all affected in this way have had previous psychotic attacks or have shown a definitely abnormal personality of the appropriate prepsychotic variety before receiving the injury. Treatment is that appropriate to the psychosis.

Psychiatric treatment should be begun as soon as the patient recovers consciousness. In addition to his uncertain hold on consciousness and his confusion and headache, he will be bewildered by what has happened. He should be told simply. It may be necessary to repeat this information many times over several hours or days. From the very first he must be surrounded by positive optimism, be reassured of recovery, and possible symptoms must not be mentioned to him.

As soon as possible he should get out of bed, and engage in exercises, games, occupational therapy, and work designed to give him reassurance and to promote a return of his former skills. The treatment of an acute neurosis may be necessary. Patients with special disabilities may require re-education and training. A quick payment of any compensation and the resumption of work are of importance in the prevention of a postconcussional syndrome.

Relieving Pressure on Acute Wards

Patients who come into hospital for diagnosis or who are having long but not incapacitating treatment from a department in the hospital, may not need full admission to a hospital and could be happier in an annex or hostel environment.

Convalescent patients, too, are now found alongside the acutely ill, although their needs are quite different. Provision of "recovery" beds attached to outpatient departments for those whose treatment can be completed in a few hours would free more beds for the acutely ill.

Sunday Times, London

Between the ages of one and three, children frequently turn from "eager eaters" to "negligent nibblers."

During the first year of life, babies usually triple their birth weight; during the second year, a gain of about five pounds is average. Moreover, this relatively small weight gain, as compared to the first year, is never steady. For two or even three months at a time the weight may be stationary. During these lulls in growth, the appetite wanes and not only does the child need little food, he wants little. In addition, the youngster has reached the "negative stage," in which he is developing a will of his own.

In most cases, children will select what they need and want if left alone over a period of time. However, the mother must still provide the opportunity for the eating of a balanced diet. If the mother will watch the trend of the child's appetite and serve his plate accordingly, it will cut down on waste and spare her nerves.

Today's Health, American Medical Association

BERNAS 1

JEW

nultiple antigen for pediatric use

QUADRIGEN

athernal Tetanias Pertussas Phalomyeaths, Alamin on Phalphare Alexandria Phalol Olives

nmunizes against 4 diseases

newly developed multiple antigen, QUADRIGEN is designed for rultaneous immunization of infants and preschool children against ohtheria, tetanus, pertussis, and paralytic poliomyelitis. Sod antibody response has been demonstrated in children munized with QUADRIGEN within this age group.*

te antigens in QUADRIGEN are adsorbed on optimum amounts of aluminum osphate to provide a potent and compatible product.

single dose of QUADRIGEN is only 0.5 cc. See package for dosage schedule. tth QUADRIGEN, multiple protection can be obtained with fewer ections at low dosage levels—a regimen that appeals

th to patients and parents.

rrett, C. D., Jr., et al.: J.A.M.A. 167:1103, 1958;
d.; Am. J. Pub. Health 49:644, 1959.

'arke, Davis & Co., Ltd. Iontreal 9, P.Q.



Hurler's Disease

MARILYN PHILIPPE

DAVID aged five, was the youngest member of a family of five children. Accompanied by his parents, he was admitted to the pediatric department of the hospital for diagnosis and treatment. At first he was frightened in his new surroundings and cried almost continuously. However, a few minutes spent in the arms of a friendly nurse who carried him about the ward showing him the pictures, the toys, the aquarium and the other children, helped him to settle down quietly with his own play things.

Medical History

The history received from the parents indicated that David had had difficulty in breathing and had been brought to hospital for a general check-up. Previous records showed that he had been admitted at the age of four months for treatment of acute bronchitis with nausea and vomiting. When David was five months old he was admitted again with bronchopneumonia and at seven months of age, he had a severe upper respiratory infection.

On examination shortly after this admission it was found that he had definite bilateral corneal opacities and a small umbilical hernia. His abdomen and liver were enlarged and a mass was felt in the left hypochrondrium. There were obvious skeletal deformities, e.g. a short neck and the anterior and posterior diameter of the chest appeared greater than normal. The tentative diagnosis was gargoylism.

tive diagnosis was sargoynsin

Signs and Symptoms

David had the typical signs of gargoylism. He had dyspnea on little exertion and profuse nasal discharge at all times. His chest was greatly expanded with kyphosis in the dorsolumbar region. He walked with a peculiar gait. His head was malformed and his cheeks were pouched. His neck was short and his tongue was

Miss Philippe is a graduate of St. Joseph's school of nursing, Hotel Dieu Hospital, Kingston.

slightly enlarged. His abdomen was enlarged, and a small umbilical hernia was easily recognized. The joints of his fingers showed limited extensibility, the breadth being greater than the length. The fingers were maintained in a clawing position. David did not speak plainly either. His mother believed that he was mentally retarded. It was her wish that he would be sent to an institution for such children.

David did not show severe mental retardation. He was alert and bright with a good memory. One afternoon as I colored pictures with him I was pleased to observe that he had learned to know the colors of the crayons. He could point out pictures in a book and name them. Only his speech and size were indicative of retardation. He was a very lovable child and a favorite with all of the staff. He seemed to crave affection. He could play easily with the other children and he showed no shyness with anyone.

His temperature, pulse and respiration were normal when he was admitted and remained so throughout his stay in hospital.

Laboratory Results

Blood and urine studies were essentially normal.

The diagnosis as confirmed was gargoylism, also called Hurler's Syndrome, dysostosis multiplex or lipochondrodystrophy.

Definition

This disorder is the result of metabolic disturbance that affects the skeletal structure as well as the soft tissues. Although the metabolic disturbance is present at birth the symptoms develop only in postnatal life. The disease exhibits cloudy corneas, hepatosplenogaly, mental deficiency, skeletal changes and dwarfism. Either sex may be affected. The disorder is genetically determined. Most cases are due to a single recessive gene. Sex-linked recessive transmission has also been observed.

The basic metabolic disturbance results in the accumulation of an abnor-

Make Nursing

an adventure

with practical advantages

As a Nursing Sister with the Royal Canadian Army Medical Corps, you get the excitement of adventure and travel... serving with Canada's Army at home and overseas.

Opportunities exist to work in the various fields of nursing such as teaching and supervision, nursing administration, public health, and operating room techniques and management.

You receive officer's pay, allowances for uniforms, food and accommodation, plus 30 days annual holidays with pay.

You may apply for a Regular Army appointment for a lifetime career, or a Short Service Commission whereby you engage for a period of three, four or five years.



mal extra cellular material that affects the cells and the structure of many organs. The nature of the stored substance has not been determined. It is considered a lipid by some and a mucoproteid by others.

Clinical Manifestations

The skull is frequently malformed and may be scaphocephalic, oxycephalic or hydrocephalic. The closure of the anterior fontanel may be delayed. The supraorbital ridges are prominent, and the bridge of the nose is depressed. A profuse nasal discharge is usually present. The tongue is enlarged and the neck is short. The heart is frequently enlarged and a systolic murmur can be heard. Dyspnea is noticed on slight exertion and cvanosis occurs in advanced stages. The liver and spleen are enlarged. Externally, the sex organs appear normal but in the female maturation does not occur.

The combination of the claw-like hands, the large head, the grotesque facies and deformed limbs accounts for the designation of "gargoylism." The thickness of the head contributes to the characteristic picture. Corneal opacities and mental retardation occur in a large percentage of these children. In the white blood cells abnormal granulations. *Reilly bodies*, may be found, but laboratory studies show no other characteristic changes.

The stunted growth, the thickness of the skin and mental retardation suggest cretinism, but the splenomegaly and roentgenographic changes are adequate for differentiation. Roentgenograms show the sella turcica to be elongated in many cases. The changes of the spinal column are best seen in the lateral view. The vertebral bodies are shortened in the sagittal directions, their anterior and posterior outlines appear concave and the spinous processes are directed downward. The first or second lumbar vertebra is smaller and displaced backward, resulting in a marked deformity of the spine. The lower ribs are clubshaped. The humerus is long and thick. The ulna and radius are short and thick. Their epiphyseal ends and their epiphyses have irregular outlines. metacarpal bones are bottle-shaped, the basal phalanges cylindrical. The femur, tibia, fibula are moderately thickened and their epiphyses are angular.

The disproportionate shortness of the extremities of classical chondrodystrophia is absent in gargoylism. The deformities of the head, the appearance of the hands, and the mental retardation distinguish gargoylism from Morquio's disease or eccentro-osteochondrodysplasia.

The prognosis is unfavorable. The patient remains retarded in mental and physical development. Orthopedic treatment helps to correct the deformity of the spine.

Diet

David had a fairly good appetite and was able to feed himself. He liked milk especially well. He was on a regular diet for his age.

Nursing Care

David's skin was very dry. Quite frequently he was rubbed with baby oil and this helped a great deal. He required constant nasal care due to the profuse discharge.

The main problem encountered in caring for David was his homesickness. His parents never came to visit him. He made friends with the parents of a little girl in the next room and usually became upset when it was time for them to leave. He could always be persuaded to go to his bed if someone read a story to him. He would settle down quietly and once the light was turned off, would go to sleep.

David usually amused himself by playing with a large boxful of toys. Quite often we could hear him singing happily to himself.

Medication

The only medication that David received was thyroid tablets one grain daily. It was thought that this might help him if he had a deficiency of thyroid gland secretion.

Patient Teaching

- 1. Personal hygiene David was taught to place his hand over his mouth while coughing and to blow his nose. We showed him how to brush his teeth and attempted to teach him to comb his hair sometimes he did very well. He learned to wash his own face and hands; to use toilet tissue; to dress himself.
- 2. We tried to help him speak more plainly but we did not succeed too

CONFORMS to any shape

KLING BANDAGE

ADHERES TO ITSELF

- will not slip or slide

STRETCHES

- will not constrict



KLING Bandage makes easier, neater bandages that allow more freedom of movement, yet stay in place.

Trade Mark



well although at times he could say

certain words very clearly.

3. He learned to color pictures neatly and to recognize the different colors of the crayons.

4. We taught him to eat with a

fork instead of his fingers.

5. We made him realize that after lunch he and all the other children had to have an afternoon sleep. At first this did not please him too well but after a few days when his dinner tray was taken away he went to the bathroom, came back to his bed and asked for his blanket. It was not long before he was fast asleep.

Summary

When he was ready for discharge from hospital David's father came to bring him home. He said that they had not decided definitely about send-

ing the boy to an institution.

David needs loving and may not live beyond the age of seven. He presented no problem in care to the nurses. It would seem preferable if his parents, in full realization of his poor prognosis, would be willing to give him the love and attention that he craves, for the short time he has to live.

We tried to impress on his father that David needed a great deal of love and attention. Apart from this, dietary and medication orders were the same as they had been in hospital.

Glossary

chondrodystrophia — a defect in the formation of bone from cartilage, congenital in origin.

dysostosis — defective formation of bone.

lipochondrodystrophy — a congenital disease characterized by dwarfism with a short, kyphotic spinal column, short fingers, etc.; another name for gargoylism.

Morquoi's disease — a type of imperfect ossification due to eccentric centers of ossification in which the bones of the extremities fail to develop normally and become rarefied and deformed.

oxycephalic — a conelike appearance of the head.

scaphocephaly — a projecting, keellike sagittal structure of the skull due to premature ossification.

Hospital Sepsis: A Communicable Disease

We were privileged to be present at the Canadian première of a half-hour color film "Hospital Sepsis: a Communicable Disease" that was shown at the World Medical Association convention in Montreal in September, 1959. This is a documentary film that was produced to help educate hospital personnel concerning the spread and control of infection. The film begins with a series of pictures of patients in the 18th century. It depicts the first awareness on the part of doctors of the problem of the spread of infection. The same problem exists in our modern institutions 200 years later, in spite of our increased understanding of microbiology.

The documentary portions of the film trace the hospitalization of a patient with a ten-year history of carbuncles and boils, from the time of her admission to a private, germ-free room. Subsequent scenes reveal that the organisms can be located in every corner of the institution, having travelled

via personnel, the air-conditioning system, stairways, laundry chutes, cleaning apparatus and a multitude of other carriers and growth media. The film frightens the viewer, but methods of control and prevention are possible if we understand the complexity of the problem and are willing to take the necessary action. The film cannot be too highly recommended for viewing by all categories of hospital employees.

Sponsored jointly by the American Medical Association, the American College of Surgeons and the American Hospital Association, and made possible through a grant from Johnson and Johnson, this film is available on request.

A discussion manual supplementing the film is now available to hospital administrators. This 44 page manual, contains 39 questions and answers, 29 illustrations, charts and pictures, and is in color.

Write to: Johnson and Johnson, 2155 Pie IX Blvd., Montreal.



EXPAND without pressure...

When your heir is apparent, baby yourself with the sure, gentle support of Daisy Fresh. The all elastic pull on girdle expands as naturally as you do. Inner bands provide a cradle of comfort. The embroidered cotton bra is well elasticized and constructed to change to your exact size just as easily and pleasantly.

Naturally, being Daisy Fresh, they're doctor approved designs. At stores throughout Canada.

DOMINION CORSET CO., LTD., QUEBEC, MONTREAL, TORONTO, VANCOUVER

Nursing Profiles

The Vancouver branch of the Victorian Order of Nurses has a new district director in the capable person of Christine E. Charter. Miss Charter took over the responsibilities of this position during this past summer following the retirement of Miss Alberta Creasor. She had been the assistant director of this branch since 1944.



(Campbell) CHRISTINE E. CHARTER

Born in England, Miss Charter came to Canada at an early age. She is a graduate of Saint John General Hospital, N.B., holds her certificate in public health nursing from the University of Toronto, and a Bachelor of Science degree from Columbia University. Her experience with the V.O.N. began in Eastern Canada with her appointment as a staff member of the Halifax unit. Later she spent several years as nursein-charge of the Liverpool, N.S. branch before going on to a supervisory post with the Toronto branch. In 1944 she joined the Vancouver unit.

Apart from her interest in professional matters, the new director has a variety of favorite leisure-time activities. Weaving, music and reading occupy quieter moments with Scottish country dancing as an outlet for suppressed energy. We take great pleasure in extending warmest congratulations and best wishes to Miss Charter on this special occasion.

A few months ago we welcomed the news

that a school of nursing was to be opened in connection with the University of New Brunswick, under the capable guiding hands of Miss Katherine MacLaggan. Now the school is a reality and we are pleased to introduce two of the nurses who have recently joined the faculty.

Margaret G. McPhedran, associate professor, is a graduate of Charlotte Eleanor Englehart Hospital, Petrolia, Ont. with a Bachelor of Arts degree from the University of Toronto and a Master of Arts degree from Columbia University where she studied as the recipient of a W. K. Kellogg Foundation fellowship. In addition she obtained postgraduate preparation in nursing education at the U. of T. school of nursing. Miss McPhedran taught in schools of nursing in Saskatchewan and Ontario, During the years 1948-52, she was on the staff of the Demonstration School, Metropolitan Hospital, Windsor, Immediately prior to her present appointment she was assistant professor in nursing, University of Toronto School of Nursing.



MARGARET MCPHEDRAN

Irene Leckie, associate professor of nursing, graduated from the Provincial Mental Hospital, Ponoka, Alta. in 1948. She holds the degree of Bachelor of Science from the University of Alberta and, that of Master of Science from Wayne University, Detroit, Michigan. She received a graduate teaching fellowship for study in the latter institution.

Miss Leckie's experience has included a year as assistant superintendent of nurses at the University of Alberta Hospital and a



IRENE LECKIE

similar length of time there as instructor in nursing arts. During 1956-58 she was instructor in nursing at Wayne State University College of Nursing and for the past year had held the position of assistant professor of nursing.

Congratulations and good wishes are extended to Miss McPhedran and Miss Leckie. The inauguration of the University of New Brunswick School of Nursing has been a major event in Canadian nursing during this past year, and of interest to nurses across the country.



ADA SQUIRES

Ada Thomas Squires has been appointed director of nursing of Hamilton General

Hospital. Born and educated in England. she is a graduate of this same hospital and thoroughly familiar with its organization. Shortly after her graduation Miss Squires became operating room supervisor at H.G.H., remaining in this role for 17 years. In 1942 she joined the RCAMC and was awarded the R.R.C. upon her discharge in 1946. Following her military service she went to Whitehorse General Hospital in the Yukon where she served as superintendent of nurses for some time. Two years as night supervisor at H.G.H. succeeded this appointment, and then Miss Squires became superintendent and administrator of the Nora Frances Henderson Hospital, Hamilton. She left this position to take on her present responsibilities.

Among her off-duty activities she counts one unusual and rather exotic hobby — growing orchids as house plants. She is a member of the Quotarian Women's Service Club and active in various professional organizations as well.



(Gaby of Montreal)

FLORANNA D. BRYANT

Floranna Dorothy Bryant has been appointed director of nursing, Queen Elizabeth Hospital of Montreal. She is a 1940 graduate of Q.E.H.M. and holds her certificate in teaching and supervision from McGill University School for Graduate Nurses. With the exception of brief periods, she has served on the staff of her hospital in several capacities since her graduation, most recently as instructor in nursing practice and as student health supervisor.

Possessed of a keen and continuing interest in nursing education, she has partici-

pated enthusiastically in the work of committees dealing with this topic. She is a past chairman of the Instructors Group, secretary to the provincial Curriculum Committee and chairman of the English section of the provincial Board of Examiners. Her duties as the director of a busy and expanding hospital plus the foregoing responsibilities leave a minimum of time for recreation. As time and opportunity permit, she enjoys travelling, exercising her talent for interior decorating, swimming, skiing, and "educating one budgie and one dog."

Joan Muriel Gilehrist is the new director of nursing of the Jewish General Hospital, Montreal. A native of Toronto, she attended school, was employed by the Bell Telephone Company and received her basic nursing education there.

Following graduation in 1950, Miss Gilchrist did general staff nursing at Wellesley, her home hospital, Victoria Veteran's Hospital, Victoria, B.C., and St. Ann's Hospital, Juneau, Alaska.



(Geraldine Carpenter)
JOAN GILCHRIST

Acquisition of her diploma in clinical supervision at the University of Toronto in 1953 helped Miss Gilchrist to prepare herself for head nurse responsibilities and later those of science instructor at Wellesley. The year prior to attending McGill University, she was a nursing office supervisor at the New Mount Sinai Hospital in Toronto. Following the completion of studies for a Bachelor of Nursing degree in Nursing Education, she returned to N.M.S.H. as assistant director of nursing education.

Miss Gilchrist has been active in nursing education with the Registered Nurses' Association of Ontario as convener of the working party on refresher courses and as a member of the sub-committee on examinations. As interested in her own education as that of others, she attended night classes through the Department of Extension of the University of Toronto.

Part of her leisure time for the past four years, has been taken up with her membership in No. 4005 Auxiliary Medical Unit, R.C.A.F., while the few hours that are left are spent in reading and golfing. Travel is another activity from which she derives much pleasure.



ALBERT WEDGERY

The Registered Nurses' Association of Ontario has added a new leaf to the pages of Canadian nursing history with the appointment of Albert Wedgery as assistant nursing education secretary. Mr. Wedgery becomes the first male nurse in Canada to serve on a provincial office staff. He is a graduate of Ontario Hospital, Whitby and obtained a certificate in teaching and supervision from the University of Toronto School of Nursing. For several years he did general duty in the operating room of Oshawa General Hospital and was subsequently appointed science instructor and clinical instructor in operating room technique. In 1956 he became the operating room supervisor of Oshawa General Hospital, leaving that post to accept his present duties. During World War II, Mr. Wedgerv served in the Sick Berth Division of the R.C.N.V.R. in Canada and overseas.

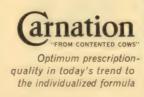


Why Carnation Merits Your Recommendation

No other form of cow's milk supplies more complete nourishment for infant feeding. A Carnation Evaporated Milk formula provides:

- All the food values of pasteurized whole milk, in a more digestible form.
- All the butterfat of whole milk, so important for normal energy.
- Increased Vitamin D-800 units per pint of Carnation.
- · Known bacteriological safety.
- Safeguards of uniformity.

Carnation protects your recommendation—warrants your specification.





In 1956 when the Male Nurses' Committee was formed, he was appointed chairman and his efforts on behalf of the male nurses in Ontario are well-known. His staunch belief in the potential role of his colleagues in Canadian nursing has strongly influenced his professional activities. Congratulations are extended to him on this occasion in the knowledge that it will be a source of great encouragement to him in his attempts to gain recognition of the role that the male nurse can play in our profession.

Mary Alice Rita Doyon has been named assistant chief nurse, Department of Health, Montreal. A graduate of the Hotel Dieu Hospital, Cornwall, she obtained her certificate in public health nursing from McGill University, and a Bachelor of Science degree from Columbia University where she majored in supervision in public health nursing. She has, at various times, worked with the Child Health Association in Montreal, served as an industrial nurse with the Lake St. John Power and Paper Co. Ltd., and on the staff of the St. Lawrence Sanatorium, Cornwall. She joined the Department of Health as a supervisor prior to her present appointment.



RITA DOYON

Apart from her duties with this Depart-

ment, Miss Dovon has been an enthusiastic supporter of the activities of the Red Cross Society, especially in the field of home nursing. She joined the Society as a volunteer instructor in 1948 and since that time she has been extremely active in the Home Nursing program. She was responsible for the organization of the University of Montreal Home Nursing Instruction at Montreal Branch headquarters whereby nurses attending that University obtained practical teaching experience in the home nursing classes. She continues to serve as consultant and advisor to each student-teacher in this program. In recognition of her services she was awarded the Red Cross Badge of Service in 1957.



(M. Karklin)

MURIEL E. NIBLETT

Muriel E. Niblett is the senior public health nurse for Weyburn-Estevan Health Region, Weyburn, Sask. She is a graduate of Estevan Hospital, and obtained her certificate in public health nursing from the University of Toronto School of Nursing. During World War II, Miss Niblett served in South Africa as a nursing sister. Following her discharge, she spent several years as an office nurse before entering the public health field.

Off duty she is an enthusiastic curler, and has a great interest in sports such as hockey and baseball. Quieter moments are used for handiwork that includes needle-point.

'Tis with our judgments as our watches, none go just alike, yet each believes his own.

— POPE

If one does not know where one is going, how then, is he to know when he has been there?

— H. E. RICE

Voice of the Past

To modern nurses, the "old days" of the profession are regarded as an interesting facet of the early history of nursing, enlivening the pages of our history books but so far removed from the present as to seem almost fictional. And then, suddenly, we are startled to find that the past is not

nearly so distant after all.

In September, 1959 the Sisterhood of St. John the Divine celebrated the 75th anniversary of the founding of its Canadian community. To Torontonians, the life and work of the sisterhood is a familiar story but others may not realize that this is the first — and still the only — religious order for women in the Anglican church that originated in Canada. Founded in 1884 by Mother Hannah, a widow, the Order pioneered in the fields of surgical nursing, development of convalescent hospitals, social services, homes for the the aged and work for retarded children. For 64 of those eventful 75 years, Sister Beatrice has been a member of the Order and her record of service has been an outstanding one. In 1954 she retired from hospital service, after she had attained the distinction of being the first member of the Community to reach her diamond jubilee — 60 years under Vows of Profession. Since then she has given devoted and valuable service as the convent librarian.

It is as we examine the events of her lifetime that we can see the past just over our shoulders. At the time of her birth in 1874, "Sairey Gamp" had not quite vanished from the nursing ranks. The Montreal General Hospital had begun its early efforts to found a training school and, in that year, Miss Nightingale's advice and practical assistance were requested. In 1884, when Sister Beatrice was in her eleventh year, the Order that she was eventually to join was founded and Miss Mary Agnes Snively, working

We are indebted to Mother Aquila, Superior of the Sisterhood of St. John the Divine for supplying us with the historical facts presented in this article. at the Toronto General Hospital, had begun to lay the foundation upon which Canadian nursing was to build. By 1890, another great lady in nursing, Miss Nora Livingston, was directing the much-improved fortunes of the Montreal General Hospital School of Nursing. Six years later Sister Beatrice was received into the Noviciate of the Sisterhood of St. John the Divine and was immediately assigned to St. John's Hospital "to learn nursing." She proved an apt pupil. At the time of her retirement in 1954, she had risen to the rank of administrator of St. John's Convalescent Hospital.

St. John's Hospital began as a tiny institution "for the treatment of the Diseases of Women" — in other words, to provide gynecological service. The excellence of the care provided speedily attracted the attention of the medical profession and the influx of patients made new and larger accommodation imperative. Property was acquired in the then "new section" of the city and, in 1889, a new hospital with an adjoining convent was erected. There was one 12-bed public ward, seven private rooms, 3 semi-private rooms and an operating room. The building possessed all of the most upto-date features of "modern" hospital construction of the day. The charge for indigent patients was \$3.00 per week; for private rooms, \$7.00 - \$12.00 per week! Eventually units for general surgery and sick babies were added and the bed capacity rose to 75.

In 1934, increasing financial expense among other factors led to the Sisters to investigate the need for provision of convalescent care rather than general hospital care. Professors the University of Toronto, the Lieutenant-Governor Dr. Bruce, and others encouraged the project, with the proviso that it was to be an active, convalescent service having close relationships with the general hospitals and offering a continuation of treatment received there. It was arranged that applications for admission would be made through the Social Service department of the various institutions concerned. St. John's Convalescent Hospital was incorporated in 1936 and became one of the public hospitals of Ontario, and a model for convalescent hospitals in Canada generally. At present over 200 patients can be accommodated and every possible rehabilitative service — physical, mental and spiritual — is offered. An important feature is the library, containing some 2,000 books.

This story would not be complete without a description of the school of nursing that formerly existed in connection with St. John's. Who can do this better than Sister Beatrice?

When the new hospital building on Major Street, Toronto, was opened in 1889, the Sisters continued to do all of the nursing themselves by day and night. Gradually young women came in to assist as "Lady Helps." In return for their services they were "trained to nurse" and they received a small fee. Their hours of duty were from seven to seven, day or night. The day nurses had onehalf day a week free, and (theoretically) two hours off duty daily. But no free time was alloted to those on night duty. Indeed they were required to sit in the room with a fresh operative case when not engaged in doing routine duties. Another order was that they should wear bedroom slippers after the patients were settled, to maintain the quiet neces-



(Randal MacDonald Eaton's)
SISTER BEATRICE

sary for the sick. A few of these young girls who began as "Lady Helps" remained on the staff for several years and became proficient nurses in their day. One of the first nurses on record to have received a diploma graduated in the year 1903, after fulfilling her three years of training. (It was mostly of a practical nature). She had many years of most successful private duty at the New York Hospital.

The uniform of the School was a pink and white striped dress with kerchief and waist band apron. Later this was changed to include a stiff collar and starched bib. The almost round cap had ruching around its edge. It was a rule that everyone should wear laced boots. Short hair was prohibited until one member of the staff (a St. John's graduate who loyally supported the Sister's wishes) came to me with the pathetic tale that she was unable to buy a new hat as none were made to fit over a head of hair! There was only one reply to make - "Go and have your hair cut, child! So with a struggle we came up-to-date! Boots and long skirts came to the same end in their turn. Subsequently, a new cap which could be ironed flat and folded into shape before use, was substituted for the original model. Senior nurses were given an S.J.H. monogram to wear on their arm bands. This is still being worn by two or three nurses.

Candidates were received into the school singly for several years. The first class, graduated in the year 1917, had three members. Up to that date our nurses were obliged to take postgraduate courses in public hospitals to broaden their training. At the time this first class graduated, we were seeking affiliation with the training schools of Toronto General Hospital and the Hospital for Sick Children in order to include it within the three years. The next year's class (1918) and all subsequent ones had the benefit of it. However, before it was obtained, the theoretical instruction had to be brought into line with that of these hospitals. Members of our medical staff were approached. They promptly consented to supply the need for lecturers. The training schools of all hospitals were likewise depending upon the members of their medical staffs for lectures to their students. Eventually it was realized

"MOTHER" by A. Lewin-Funke Courtesy of The Metropolitan Museum of Art



Jlassic therapy for preventing and healing diaper rash excoriation, chafing, irritation

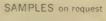


- ... enduring in its efficacy
- ... pleasing in its simplicity
- ... exemp!ifying pharmaceutical elegance

SAMPLES on request **DESITIN CHEMICAL COMPANY**

Sole Canadian Representative and Distributor:

LESLIE A. ROBB 54 Baby Point Rd., Toronto 9, Canada



that this involved much duplication of teaching and absorbed too much time of professional men.

Under the capable leadership of Miss Gunn, superintendent of nurses at the Toronto General Hospital, a plan was evolved by which eight of the standard subjects of the curriculum were given in lectures to the combined student groups of schools within a reasonable area. The lecture hall of the medical building of the University of Toronto was put at our disposal. In addition to the economy in time, this plan standardized the instruction. Ethics, anatomy, dietetics and chemistry were left as the responsibility of the home schools. The examinations papers were read by a committee consisting of representatives of each participating school. Each examiner kept to the same question throughout to ensure equality of judgment in estimating its value. When instructors from the new course instituted at the University were available, each school again became responsible for its own teaching program.

Before medicine came into its own, surgery had begun to make dramatic strides and to challenge the interest of young men entering the profession. It eventually gave rise to the "specialist." At the end of the last century private patients in hospitals were unknown. Sickness was dealt with in the home, including operations. These were mostly of a minor character.

With the coming of the trained nurse, surgeons began to appreciate the advantage of using the hospitals, and encouraged their private patients to do so. When I began my training at St. John's in 1896, no private patient would think of going to the operating room. Instead, a compromise was made and surgery was done in her own room.

The hour for operation was usually 10:00 a.m. At 7:00 a.m. the patient was taken into the sitting room and rested on a couch. Meanwhile the floor rug of her room was removed, the open bed was prepared and pushed into a corner, the furniture was carbolized, the water jug and basin and its accompanying small hand jug and basin were washed and filled. This was the doctor's "scrub up" spot. Dry mustard was placed here and rubbed on the hands to make them surgically clean! Clean (not sterilized) towels were laid

on the different pieces of furniture. The bureau, being the largest object was usually the sponge table. Four or five white jugs were filled with sterile water, and covered with towels soaked in a carbolic solution. They were left in the operating room until morning. Sea sponges were used. They were kept in readiness in covered jars containing a carbolic solution. The preparation of the sponges was a great trial. They often contained fine slivers of shell, like tiny flakes of glass, which got into the hands as one prepared them for use by putting them through many rinsings of water. Rubber gloves were unknown. Instruments were put into granite trays containing carbolic solution. At this early period of our history each surgeon provided his own instruments and sponges.

When possible, patients were sent into hospital several days prior to operation. From a psychological standpoint, it was considered that much of their nervous tension would be relieved if, on the eventful day, their environment and nurses were familiar to them. It also gave an opportunity to prepare the system by means of diet, laxatives and enemata. The target of postoperative treatment was to obtain an early peristalsis. There was frequently a fight for life. Abdominal surgery being in its infancy, the fear of postoperative peritonitis was a bogey. When drainage was needed a perforated glass tube, about six inches long, was inserted into the abdominal cavity and at specified intervals a rubber catheter with a suction bulb attached. was put down the tube and the amount of serum drawn up was measured in a graded china spoon and recorded on the chart. Between treatments this appliance was kept in a bichloride solution. It is hardly necessary to relate that the patient sometimes developed a hernia as the result of the retarded healing caused by the tube! In the course of time rubber tubing was substituted for the glass tube, suction was discontinued and nature was left to do her own work.

Two other customs are worth mentioning. The patient was kept routinely on her back for several days lest the ligatures that clamped the blood vessels should give way. She was not allowed water or fluids of any kind for a day or two in the belief that it would increase vomiting and, further endanger the hold of the sutures. Experience, that great-



'TERYLENE' STAYS CRISP

Resists wrinkles... welcomes washing... keeps you ever-cool!

Whether the weather's hot or not, uniforms of 'Terylene' stay trim, fresh and neat. Won't wrinkle even in the laundry. Wash by hand or machine . . . drip or tumbledry...wear again after a little light pressing. A summerweight uniform of 100% 'Terylene' chevron weave taffeta by WHITE SISTER. Comfortable convertible collar, pearl buttons, half-belt in back. Sizes 8 to 20, about \$12. At stores everywhere. Style 3950

takes care of itself

Look for this name on the label



*REGISTERED TRADE MARK. 'TERYLENE' IS MADE IN CANADA BY C-I-L.

est of all teachers, has taught us much of nature's healing power since that day. It is indeed a far cry from the precautions of those earliest ventures in the beginning of this century to the assured confidence of the present time that sees a patient out of bed within a few hours of operation!

It was at the instigation of the medical staff that, when we were preparing to open a new operating room suite in 1915, I was sent to the U.S.A. for intensive observation. I visited the operating rooms of New York and Philadelphia hospitals, and the Johns Hopkins Hospital, Baltimore, I returned prepared to set up the new suite and adopt the best techniques as yet discovered. As superintendent I continued to attend all operations until such time as a nurse took over in 1922. Early in the century the Mother Foundress introduced white habits for the nursing Sisters, an appropriate action that was subsequently adopted in other Sisters' hospitals. In 1922 we opened an outpatient department in a downtown parish as a memorial to the men who gave their lives in the First World War. In 1937 the Toronto Western Hospital took it over.

While my personal experience is limited to surgery in an intensive degree, and that is the angle from which this resume is made, I am not unmindful of the fact that the discoveries in medicine have been equally as dramatic. The x-ray, vaccines, antibiotics, anesthetics,

etc., have revolutionized medical practice. All this has come about within the last few decades.

Sir Arthur Grimble when holding office for the British Government in the Gilbert Islands, relates his experience of being initiated into one of the tribal clans as "a member of the family." Following a very painful tatooing he was addressed by the leader in these words:

— "Our roots are the generations of old. Know the roots and thou shalt know the tree. Know the tree and behold! it shall answer to thy cultivation." Perhaps there is something for us to learn from this sage advice!

Sister Beatrice is outstanding both as a Religious and as a nurse. Her influence upon those with whom she has come in contact has been profound. Her greatest achievement has been the part that she has played in the development of the surgical treatment of diseases of women and convalescent care. Her outstanding work has been in the field of hospital administration, in the development of the educational program of her hospital, in outpatient department organization, in research in convalescent care, and in supervision and organization, in research in convalescent Convalescent Hospital.

This is our anniversary tribute to her and to the Order that she represents with such excellence.



White Mop Wringer Company of Canada, Paris, Ontario, has just published a new catalogue of floor cleaning equipment that illustrates a complete line of mechanical floor cleaning equipment and maintenance accessories. It also includes useful information on the floor maintenance applications of each of the items of wringers, squeezers, buckets, trucks, tanks, squeegees, mop sticks, dust pans, utility trucks and mopping outfit combinations.

The magic of the tongue is the most dangerous of all spells.

- HENRY GLASSFORD BELL

Every man who is very high up loves to think that he has done it all himself; and the wife smiles, and lets it go at that.

- James M. Barrie

Just stand aside and watch yourself go

Think of yourself as "he" instead of "I."

— STRICKLAND GILLILAN

NEW! Swift's Balanced Meat Dinners-IN GLASS



So pure and fresh in sparkling glass, Swift's new Meat Dinners for Babies are a carefully balanced combination of Swift's lean, 100% meat, vegetables and a little cereal. Like Swift's well-known 100% Meats for Babies, they're prepared from only the very finest ingredients. The leanest, freshest meats... the youngest, freshest vegetables—all trimmed, cooked, and pureed with the greatest care—make Swift's Meat Dinners nutritious, easy to digest.

Swift's new Meat Dinners provide another fine way to include the important values of meat in the infant diet. You can recommend Swift's Meat Dinners for Babies with confidence. 5 varieties: Beef, Chicken, Ham, Veal and Lamb. (Most are also available in chopped form for Juniors.)

OTHER MEATS FOR BABIES FROM SWIFT . . .

Beef • Lamb • Pork • Veal • Chicken • Chicken & Veal • Ham • Liver • Liver & Bacon • Beef Heart • Pork with Applesauce • Ham with Raisin Sauce • Lamb

sauce • Ham with Raisin Sauce • Lamb with Mint flavour • Egg Yolks • Egg Yolks & Bacon.



In Memoriam

Bérangère Anctil who graduated from Notre Dame Hospital, Montreal in 1927 died in August 1959. Her professional career had been devoted to industrial nursing.

Edith (Williams) Chorley, a graduate of Pembroke Cottage Hospital, Ont. in 1914, died on May 28, 1959 after a long illness. Private nursing and service with the Victorian Order of Nurses occupied much of her professional life.

Cecile Dupré, a graduate of St. Jean de Dieu Hospital, Montreal in 1925, died recently.

* * *

Isabelle Fairfield who graduated from Toronto General Hospital in 1929 died on September 23, 1959. During World War II she served overseas with the 15th General Hospital Unit. In 1947 she was awarded the Royal Red Cross. Following her return to civilian life she joined the Ontario Society for Crippled Children and was responsible for the organization and direction of the Society's program for its camps.

June (Stunden) Gardner, a graduate of the Royal Victoria Hospital, Montreal in 1952, died during the past summer.

Alice Hayes, who had just completed her first year as a student nurse at Stratford General Hospital, Ont. was drowned recently.

Mabel (McColl) Leggett, a graduate of the Lady Stanley Institute, Ottawa in 1911 died September 5, 1959.

Emily (Miller) McManus, a graduate of the Royal Alexandra Hospital, Edmonton in 1911 died on June 11, 1959. She served overseas during World War I with the

Canadian Army Medical Corps and was one of the first members of the Overseas Nursing Sisters' Association. She was the night supervisor at R.A.H. for some time prior to and following her military service.

Jean Lundy, a graduate of St. Joseph's Hospital, Chatham, Ont. in 1909, died in August, 1959. She had engaged in private nursing for 42 years.

Sister Anita Roy a graduate of the Hôtel Dieu of St. Joseph, Campbellton, N.B. in 1946, died on September 4, 1959 from injuries received in a car accident. At the time of her death she was the Superior and administrator of the Hôtel Dieu of St. Joseph.

Ila Mae Smith who graduated from the University of Alberta Hospital, Edmonton in 1954 died on September 14, 1959. She had just completed the requirements for her Bachelor of Science degree in nursing at the University of Alberta when stricken with her final illness.

Anne C. Stark, a graduate of the Royal Victoria Hospital, Montreal, in 1914 died on September 21, 1959. She had served overseas with No. 3 Canadian General Hospital during World War I.

Mrs. Katherine Louise Watson, a graduate of Newport School of Nursing, Newport, Rhode Island died recently in West Vancouver. She was a nursing sister in the Canadian Army Corps during the First World War and served in military hospitals in Canada and England.

Lillian E. (Furey) Young who graduated from St. Joseph's Hospital, Hamilton in 1914, died on July 20, 1959.

How many desolate creatures on the earth have learnt the simple dues of fellowship and social comfort, in a hospital.

- ELIZABETH BARRETT BROWNING

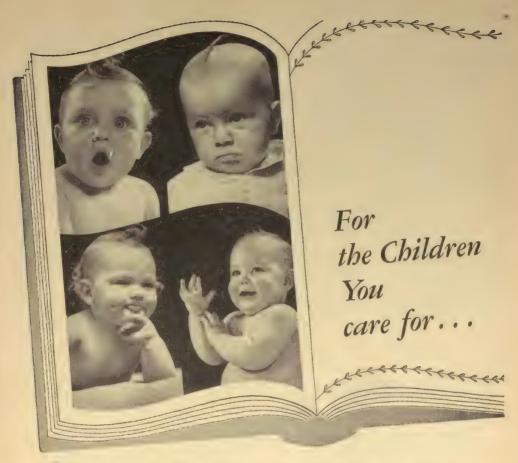
For after all, the best thing one can do when it is raining, is to let it rain.

— Longfellow

The highest possible stage in moral culture is when we recognize that we ought to control our thoughts. — Charles Darwin * * *

And when you stick on conversation's burs,

Don't strew your pathway with those dreadful urs. — OLIVER W. HOLMES



Nurses know that the great value of Crown Brand Corn Syrup in infant feeding formulae and on baby cereals cannot be underestimated. Crown Brand Corn Syrup contains the balanced mixture of Dextrin, Dextrose and Maltose that doctors recommend . . . in an easily digested . . . well tolerated . . . ready-to-use form.

Nurses know, too, that Crown Brand is the perfect energy food for children at all stages of their growth . . . and so easy to serve on cereals, on bread, or as a delicious dessert by itself.



CROWN BRAND CORN SYRUP

is a product of

THE CANADA STARCH COMPANY LIMITED

Makers of Karo & Lily White Corn Syrups
Also recommended for Infant Feeding
and makers of

BENSON'S AND CANADA CORN STARCH

To Use or Not to Use

THE TOURNIQUET has been with us for about as long as the hot soak, but even today it is the subject of much controversy and confusion.

Many decry its use. Others consider it indispensable. Some label it a technique of last resort. A few exhort that it should be used without delay. We are told that it can be used only above the knee or elbow. Experience, however, proves that it works at the wrist and in midcalf. We are told, "It must be loosened every 20 minutes." And again, "Put it on and leave it alone."

We are often taught that the tourniquet is a last resort; that it is to be used only if all other methods have failed. So we try elevation and a pressure dressing. What if these methods fail? Then we use a tourniquet. In the meantime the trial and the failure may have cost the patient another unit of blood. And that may be the last unit he has left to spare before his compensation breaks and he goes into profound shock. No, the tourniquet is not the last resort. Its application may be the least desirable method, but it is not the last resort. When there is bleeding from a major artery of an extremity, and when your judgment tells you that a pressure dressing will not hold it adequately, then use a tourniquet without delay. There is no time for trial and error.

A blood pressure of 120 millimeters of mercury is equivalent to a column of blood (or water) about five feet high! Suppose we have a woman who has lacerated a radial artery. We place her supine on the floor. We elevate her extremity as high above the level of her heart as is anatomically possible. She will have to bleed down to a pressure of 40 millimeters or so before elevation alone will control the bleeding!

Whenever there is an amputation stump or an open wound with a severed major artery, the only effective means of control of hemorrhage are: the tourniquet, digital pressure, clamping or ligation.

A tourniquet is admittedly a hazard to the viability of the limb. For that matter so is a tight compression dressing. Perhaps you have seen the tragic aftermath of a blood pressure cuff inflated and forgotten for hours. Or the complication of a constricting

plaster cast. Obviously a tourniquet can do the same thing. That hazard must be considered when you are deciding to use a tourniquet. But if the hemorrhage is a threat to life, you must accept the threat to the limb.

When you put a tourniquet on, do not loosen it until it is no longer needed. That time has come when the patient is in the operating room ready for surgery, or in the emergency room with clamps and ligatures ready, or when reconsideration leads to the conclusion that a tourniquet is not indicated. Then it comes off, but it is not loosened at any periodic intervals. A few moments of loosening may cost a liter of blood, particularly if you have been treating the patient and have raised his blood pressure in the meantime!

Not only do you not "loosen" a tourniquet, you take pains to put it on tightly in the first place. It takes care to put a tourniquet on correctly. It is usually painful to the patient (if he is conscious and not in deep shock) if it is as tight as it should be.

Just how tight must it be? The only way to learn this is to try it on yourself. Feel for your own dorsalis pedis artery. Put a tourniquet on your thigh. Twist it until it begins to hurt. Feel again for the dorsalis pedis. Chances are it is still pulsating. You will have to twist some more! When you put a tourniquet on a patient, the answer is not always to "tighten until the bleeding stops." It may have be n stopped already — by a precariously loose clot, or by a dangerous degree of hypotension. An amputation stump needs a tourniquet even though it is not dripping blood when you first see it.

The tourniquet is a useful device, but it is not used often enough. It is often misused. Here are the rules:

- 1. Use a tourniquet as soon as your judgment indicates that elevation and dressings will not do the job do not prove the point by trial and error.
 - 2. Put it as low on the limb as possible.
- 3. Put it on tightly and do not loosen it. A tourniquet can save a life. Perhaps your own!

Douglas Lindsey, M.D. American Journal of Nursing.

You can tell the ideals of a nation by its advertisements.

—George Douglas

Not to advance is to go back.

- Latin Proverb



Her mother might help, but

SHE'D RATHER TALK TO YOU ABOUT PIMPLES

Only two people easily available to the adolescent can offer advice with assurance that it will be gratefully accepted. One is the mother and the other is the nurse in school, doctor's office, or elsewhere. Actually, the nurse, because of her professional stature and knowledge, can help where a parent often fails.

There is now a clinically-proved medication for pimples* which you can recommend with confidence...CLEARASIL Medication. Many nurses do in fact suggest CLEARASIL—as a recent survey of readers of RN, A Journal for Nurses, indicates.

CLEARASIL combines sulphur and resorcinol in a new, scientific, oil-absorbing base. It works with a gentle, penetrating, drying action. And it's antiseptic, to stop

bacteria that can cause and spread pimples. Skin-coloured, too . . . hides pimples while it works.

Each package of CLEARASIL contains an authoritative, helpful leaflet on general skin hygiene and living habits. CLEARASIL is guaranteed to help clear skin fast or money back. 69¢ or \$1.19 at all drug counters.

For FREE, PROFESSIONAL SAMPLE of CLEARASIL and copy of clinical report, write CLEARASIL, Dept. N-3, 429 St. Jean Baptiste St., Montreal. (Expires Feb. 1, 1960).



*Original clinical reports in our files.

CANADA'S LARGEST-SELLING PIMPLE MEDICATION . . BECAUSE IT REALLY WORKS

59-15R

Canadian Tuberculosis Association Annual Meeting

When the Canadian Tuberculosis Association met in Halifax last spring, the Nursing Section held its sixth annual meeting with representation from British Columbia to Newfoundland. In the reports of the provincial representatives, certain similarities were evident. There was an increasing number of older patients and in some areas an increasing number of children. It was the difficult patient with special problems who was remaining in hospital and so, despite lowered bed occupancy, the demand for professional nursing care was just as great and in some areas greater than ever before. Because special skills are required of those who work with these patients, it was felt important to emphasize the need for the continuing education of staff members in order to maintain high levels of service.

In most places, the number of patients in hospital was less. This was due to a shorter stay in hospital rather than an actual reduction in the number of patients. This has increased the need for more concentrated patient education. Although the death rate has declined markedly, the morbidity

rate has been at a virtual standstill for the past several years with new cases being reported at a rate of nearly 9,000 a year. It would seem therefore, that more effort must go into the work of prevention if we are to continue our advances in the control of this disease.

There was considerable discussion regarding affiliation of student nurses in tuberculosis nursing. The length of these courses varies from one week to two months. It was agreed that we need to examine our aims and practices to determine whether they are truly educational and to adjust them so that they comply with changing patterns of care. It was also agreed that in all teaching the emphasis should shift to the case-finding and preventive aspects of the program giving special recognition to the key role of the public health nurse.

Next year, the Canadian Tuberculosis Association will hold its sixtieth annual meeting in Ottawa. We look forward to representation at the nursing section from all parts of Canada.

MADGE MCKILLOP,

Montreal.

Emotionally Disturbed Patients

Due to the constantly increasing number of patients with psychiatric problems who are being admitted to general hospitals, the nursing staff at the Edmonton General Hospital expressed a need for better understanding of this type of patient. The need was probably increased because many of the nurses have not had the opportunity of psychiatric affiliation.

In view of this situation, a two-day institute on "Nursing Care of the Emotionally Disturbed Patient in Hospital Today" was held last June. The purposes of the workshop were.

- 1. Modification of our attitude toward patients with emotional disturbances, by gaining an understanding of the problems involved in their nursing care.
- 2. Need for renewed emphasis on mental hygiene due to the large number

of emotionally disturbed patients we are treating.

- 3. To review the principles and techniques of treatment of the emotionally disturbed patient.
- 4. To aid the nurse in anticipating, identifying and relieving symptoms of emotional disturbances by demonstrating the dynamics of human inter-relationships.
- 5. To stimulate growth and interest of our nursing staff in psychiatry and related fields.

Psychiatrists, doctors, social workers and nurses were in the group of guest lecturers, all of them active in various aspects of psychiatry.

Arrangements were made within the departments for the release of the nursing staff. This cooperative effort made possible the attendance of all who desired to be-

Saunders texts...

To give your nursing students up-to-date guidance in their professional activities

New (10th) Edition! Frobisher and Sommermeyer Microbiology for Nurses

This text gives the student nurse a clear understanding of how microbiology is applied to daily patient care. Almost entirely rewritten for this new edition, text material centers around the transmission of bacteria and the portal of entry into the body. Transfer of infection is stressed. There are 60 new

illustrations, an entirely new bibliography and new questions at the end of every unit.

By Martin Frobisher, S.B., Sc.D., Special Consultant, Laboratory Branch, Communicable Disease Center, U.S. Public Health Service; and LUCILLE SOMMERMEYER, R.N., B.S., Ed.M., Professor in Nursing, Chairman of Department of Biological and Physical Sciences, Assistant Dean, Boston University School of Nursing. About 596 pages with 199 illustrations. New (10th) Edition—Ready in January!

New (5th) Edition! Frobisher, Sommermeyer and Goodale - Microbiology and Pathology for Nurses

The first section of this text consists of the complete contents of Frobisher & Sommermeyer's New (10th) Edition mentioned above. The second section gives the student a thorough yet simplified coverage of Pathology, and is divided into 3 clear-cut units: General

Pathology, Applied Pathology and Clinical Pathology.

By Martin Frobisher, S.B., Sc.D.; Lucille Sommermeyer, R.N., B.S., Ed.M.; and Raymond H. Goodale, B.S., M.D., Lecturer in Pathology at the Worcester Hahnemann Hospital School of Nursing. About 990 pages with 293 illustrations.

New (5th) Edition—Ready in January!

New! Geddes - Premature Babies

This well-written little text covers all problems of prematurity, emphasizing the essentials of nursing care. Dr. Geddes writes from his own experience in teaching this course to Canadian nursing students for some 20 years. Coverage includes such topics as: cyanosis, deficiency states, congenital anomalies, vomiting, birth injuries, etc.

By A. K. Geddes, M.D., Associate Professor of Pediatrics, McGill University, Montreal. About 122 pages, illustrated. New-Ready in January!

New (5th) Edition! Brownell and Culver The Practical Nurse

Virtually a new book, this new edition orients the student to the role of the practical nurse; her functions and responsibilities in today's community health service. The authors clearly describe basic principles of body structure and function, prevention and control of illness, nutrition in health and disease, administration and action of drugs.

By Kathryn Osmond Brownell, R.N., B.S., Member of Committee, Brooklyn Y.W.C.A., School of Practical Nursing; and Vivian M. Culver, R.N., B.Ed., Executive Secretary and Educational Consulant, North Carolina Board of Nursing Registration and Nursing Education. 899 pages with 102 illustrations. \$6.00.



gladly sent to teachers for consideration as texts

W. B. SAUNDERS COMPANY

West Washington Square, Philadelphia 5, Pa.

Canadian Representative: McAinsh & Co. Ltd., 1251 Yonge St., Toronto 7

come informed. The subject material presented was stimulating and interesting.

It was pointed out that childhood experiences are very important in the determination of future emotional problems; also that all patients admitted to the hospital have emotional, as well as physical problems. The nurse receiving the patient can do much to alleviate or aggravate these anxieties by her manner and attitude.

The emotional reaction the patient has toward the nurse, in the form of dependency or hostility and aggression, was well depicted. It was also shown that emotion begets like emotion; for example, when a patient shows hostility to the nurse, hostility may be shown in return. The hostility increases in subsequent contacts. The nurse can overcome this situation, first by having an understanding of herself and her emotions; secondly by controlling these reactions and displaying kindness and understanding instead. The old adage, "smother your enemies (patients) with kindness" is suitable in these cases.

The principles of electrotherapy and insulin therapy were outlined and the nursing

care of the patient was discussed in detail. Emphasis was placed on the role of the nurse which is to give support and reassurance.

The care and treatment of the emotionally disturbed patient involves moral implications and responsibilities. The non-judgmental attitude of the nurse was stressed and clarified. Discussion was encouraged and this active participation was enjoyed by the group.

An evaluation of the benefit accruing to those attending was made and the response was gratifying. The 120 nurses indicated that this was an excellent method of practical problem-solving, with the assistance of experts in the field. The nurses also expressed a desire to increase their knowledge and improve patient care by having institutes of this kind more often.

Having met with such success, it is felt that this form of inservice education in similar hospital situations would stimulate greater interest in current trends of nursing, not only for those actively engaged in nursing, but for those who are not actively employed.

(MRS.) B. WARD, R.N.

Book Reviews

Fundamentals in Nursing Care by Mildred L. Montag, Ed.D., R.N. and Ruth P. Stewart Swenson, M.A., R.N. 581 pages. W. B. Saunders Company, West Washington Square, Philadelphia 5. 3rd ed. 1959. Price \$5.00.

Reviewed by Miss Helen McHale, Clinical Instructor, Hotel Dieu Hospital, Moncton.

Fundamentals of Nursing Care is a complete and concise study of the principles underlying nursing care. It is refreshingly different in its presentation with emphasis placed on normal body functioning and health teaching contrasted with variations that occur in illness and the care thereof. Although the introduction or orientation to nursing is rather detailed the remainder of the book shows no such digressions.

The integrated subject matter restricts itself to principles rather than details of methods and procedures; this makes it adaptable to almost any situation.

The illustrations are both pertinent and descriptive. For example, the illustrations

on body mechanics show not only pictures but diagrams relating to specific movements.

There are, however, two technical points which require some clarification. One of these (p. 87) suggested the use of boric acid solution in the care of an artificial eye. In view of present medical thinking regarding the use of boric acid solution this point is questioned. The second point (p. 279) is as follows, "There is a new preparation of insulin which may be administered orally." The new preparations used in treating diabetes such as orinase are antidiabetic hormones and are *not* preparations of insulin.

The major objective of the authors in rewriting the book is to answer the question "What does the nurse need to know in order to give good nursing care?" This question is continually asked by those concerned with nursing education. The authors have accomplished their purpose remarkably well in this comprehensive study of the principles underlying the nursing care of patients whether at home or in hospital. This book is there-

Isn't it time to take the curse off menstruation?

"Ignorance, fear, shame and guilt intermingled with a generous sprinkling of folklore serve to make the menses even today thought and spoken of as 'the curse'." 1

"The chief virtue of the tampon is that it gives the woman complete freedom . . ." It has "the advantage of being wholly internal and much more comfortable than wearing a pad or napkin." 3

"Complete efficiency is provided by the purse-size package of regular Tampax 10's, designed to absorb considerably more than the average monthly flow." 4

Because of its efficiency and its 22-year clinical record for safety,⁵ Tampax is recommended widely by the profession to free women from the physical discomforts and the psychical hazards of the difficult days... from menarche to menopause.



TAMPAX The world's leading internal menstrual guard.

3 absorbencies to meet varying needs: Regular, Super, Junior.

Canadian Tampax Corporation, Limited, Brampton, Ont. 1. Novell, H.A.: Obst. & Gynec, 10:213, 1957. 2. Bernstine, J.B. and Rakoff, A.E.: Vaginal Infections, Infestations and Discharges, New York, The Blakiston Co., Inc., 1953. 3. Janney, J.C.: Medical Gynecology, Philadelphia, W.B. Saunders Co., 1950. 4. Dickinson, R.L.: J.A.M.A. 128:490, 1945. 5. Karnaky, K.J.: Clin. Med. 3:545, 1956.

fore recommended as a valuable aid for nursing instructors and students.

The Psychiatric Aide by Alice M. Robinson, R.N., M.S. 200 pages. J. B. Lippincott Company, 4865 Western Ave., Montreal. 2nd ed. 1959. Price \$3.50.

Reviewed by Miss Edith Kemp. Director of Nurses, Provincial Mental Hospital, Ponoka, Alta.

This book is written primarily for the psychiatric aide; the approach is very good concerning itself mainly with relationships between people and the attitudes that are the essential tools used in modern psychiatric treatment.

The author has been successful in presenting material in a simple, meaningful way that is both positive and stimulating. There is close correlation between fundamental psychological principles and their practical application in every day care of the mentally ill. There is enough history to make the reader feel enthusiastic about the tremendous progress that has been made in psychiatry in the past 20 years. The role of the aide is depicted as an important and satisfying one, with encouraging prophecies of improved working conditions.

Attitudes are stressed throughout. There is a brief description of normal growth and development and the use of defense mechanisms. Accepting the patient and understanding his behavior is emphasized, with practical illustrations, both word and sketch. Enough information is given about special therapies to make them meaningful to the aide. The revised edition has omitted lobotomy and hydrotherapy and added group and individual therapy, the ataraxic drugs, and industrial therapy. Consideration for the individual patient is stressed and precautions are clearly stated, giving good examples. The importance of a healthy and safe environment is well stated, giving suggestions for organizing work in order to obtain the best results for the patients and to prevent accidents.

An excellent chapter has been added describing the aides' role in newer developments in psychiatric nursing — communication and human relations, remotivation, rehabilitation and "open door" policy. Relationships and the art of communication are presented in such a way that the reader is made aware of the importance of understanding himself in order to function effectively with the patient.

The author has succeeded in her objective to provide a text that will assist the aide to develop a better understanding of his own and his patients' attitudes, feelings, and behavior and guide him in his role as a therapeutic tool in the care of the mentally ill. This book should be useful for inservice educational programs in mental hospitals and for student nurses; it could also be useful in an orientation program.

The aides' place in the nursing team should have been discussed; its omission may reflect the fact that there are so few nurses in some of the large mental hospitals.

First Studies in Anatomy and Physiology by John Cairney, D.Sc., M.D., F.R.A.C.S. and John Cairney, B.Sc., M.B., Ch.B. 223 pages. N. M. Peryer Limited, Christchurch, New Zealand. 2nd ed. 1959. Price 30/.

The purpose of this elementary text is to provide a sufficient presentation of anatomy and physiology for groups of students whose course in nursing is shorter than that of the registered nurse. The authors state that this text is not to be regarded as a substitute for a text in anatomy and physiology that is necessary as a basis for the study of medicine and surgery.

This little book is well written, easy to understand and the illustrations are excellent. The larger part of the content is devoted to anatomy although the title would imply equal discussion of both anatomy and physiology. The need to supplement this text with others will depend on the course content of the individual teacher.

The amount, selection, and simplicity of content would qualify this text for use in schools for nursing assistants, practical nurses or trained attendants.

Introduction to Human Anatomy by Carl C. Francis, A.B., M.D. 548 pages. The C. V. Mosby Co., St. Louis, Mo. 3rd ed. 1959. Price \$5.75.

Reviewed by Mrs. Grace Bobey, Instructor, University of Alberta Hospital, Edmonton, Alta.

The author stated that his purpose in writing this book was to "describe simple human structures in an understandable fashion." To this end he has presented the material in the traditional system pattern with practical applications and functions added that stimulate interest and make the facts assume more importance for the learner.

Pictures and diagrams help the reader to grasp the material more readily. The pictures of movements which occur at joints recent pediatric report:

all constipated babies* all teething babies*(but)

with gastrointestinal upset and malaise

were relieved by

Baby's Own Tablets

with complete easing of straining at stool, gas distress, disturbed sleep, restlessness, crankiness and anorexia.

REMARKABLY SAFE — "Throughout the study . . . in no instance was there any untoward reaction" whatsoever.

BABY'S OWN TABLETS provide Phenolphthalein %6 grain, mildly buffered with Precipitated Calcium Carbonate ½ grain, and Powdered Sugar q.s. Pleasant, convenient.

*2 months to 24 months of age.

For a sample supply and literature citing references 1-15 write...

Typical Case History

CASE #23. Baby M.P., age 7 months, weight 17¼ lb., had poor bowel movements with excessive straining. Stools were very hard, small, stony masses, and occasionally bloody. Baby was irritable, cranky, restless and cried incessantly. Inspissated fecal masses were palpated in the lower abdomen ('sausage').

BABY'S OWN TABLETS were given, one tablet each night at bedtime.

On examination, one week later, baby was feeling well and happy. Bowel movements were good, no straining or bleeding. Stools were soft and well formed. Abdomen was soft, no masses palpable.

G. T. FULFORD CO., LIMITED, Brockville, Ontario

illustrate terms such as flexion and extension very clearly.

In some areas extra headings would have avoided any possible confusion. There is not a clear division between gross and microscopic structure in the discussion of the kidney. In the section on the endocrine glands there is no heading to indicate where glands of known endocrine function end and those of possible endocrine function begin.

As an instructor's reference in anatomy this book is valuable; however, because anatomy and physiology are usually taught as one course in the nursing curriculum, the book would probably not be suitable as a text for student nurses.

Gynecology and Gynecologic Nursing

by Norman R. Miller, M.D. and Hazel Avery, A.B., R.N. 447 pages. W. B. Saunders Company, Philadelphia. 4th ed. 1959. Price \$5.50.

Reviewed by Mrs. Elva Crawford, Clinical Instructor, Royal Victoria Montreal Maternity Hospital, Montreal, Que.

This text will be familiar to many instructors of gynecological nursing. In the previous editions, the authors have given specialized coverage of the care of the gynecological patient, with detailed descriptions of such subjects as benign and malignant lesions, infections, and menstrual dysfunctions.

The book has been augmented by chapters on the psychology of gynecology, gynecology of infancy and childhood, gynecologic geriatrics, and terminal care of the advanced cancer patient. The last of these was particularly impressive. Minor changes include rearrangement of the material to provide better sequence, rewriting, and extensive revision throughout.

The authors rightly stress the fundamentals of and reasons behind nursing care, rather than providing complicated descriptions of procedure. Health teaching for the patient has been included in the nursing care material. The fourth edition, like the previous ones, is very clearly illustrated with pen and ink sketches, some completely new.

Further revision of the presentation and content of the chapter on irradiation would be an improvement. As in any detailed text, there are some statements which might annoy the specialist by their lack of completeness, but these do not detract from the book as a whole.

Not only instructors, but also students of gynecological nursing will find the text useful as a reference.

In the Good Old Days

Of all individuals connected with the hospital, none can do more to disturb its peace than the nurses and orderlies. Those who show a lack of suitable temperament and of sound, sensible dependable qualities, and who persist in disturbing the wards by boisterous behavior and frivolous conduct, show a glaring want of consideration for their patients and must undergo careful training to eradicate these defects.

When we work with others, we should know them in order to work effectively. It is amazing the number of people the public health nurse finds interested in the health game. If she is inexperienced, a good plan for her to follow is to list the people who are, or should be, interested in the health of the baby, school child, or adult, in whom she happens to be interested. She might at

the same time, compile a list of the individuals and organizations interested in the health of the community, recording also the reason for their interest and possible influence they might exert. As her knowledge of the community deepens, the list will grow in length and interest.

Don'ts for the private duty nurse:

— don't imagine that you can discipline a patient in his own home as you would in a hospital ward. It can't be done.

— don't expect your patients to provide you with special appliances or tools for your work. Every doctor has his own appliances, every carpenter and plumber has his set of tools. Have yours too.

don't forget to study your patient.
 Humor his likes and dislikes when it makes no difference.

The Lady Stanley Institute for Trained Nurses

A permanent record of the history of the "Lady Stanley Institute for Trained Nurses" has been preserved in book form by Mrs. Madge Mac-Beth of Ottawa. This Institute, established in 1889, differed from other training schools of that period in Canada by being independent of a hospital.

This volume is concerned mainly with the history of the Institute but there is more to the book than that. Included is the history of the founding of early hospitals in Ottawa and the need for competent nurses to care for the sick.

In 1901 the Institute was taken over, and maintained by the County of Carleton General Protestant Hospital, with which it was amalgamated by Act of Parliament, but did not lose its identity. Eventually the Hospital and the Institute were merged in the Ottawa Civic Hospital.

This is an interesting book with numerous photographs of the various buildings and personages connected with the Institute and the Hospital. The names of many famous early Ottawa nurses and doctors pass through these pages.

An active Lady Stanley Institute Alumnae Association still exists. It was instrumental in the publication of this history. Copies may be obtained by writing to Mrs. Pearl Bryce, 61 Ossington Street, Ottawa, Ontario. Price \$4.00.

A Diamond Jubilee

The alumnae association of the school of nursing of St. Joseph's Hospital, Victoria, B.C. is planning a "homecoming" to observe the 60th anniversary of its founding. This will be held at the hospital June 15-19, 1960. If you are a graduate of St. Joseph's, start planning now to be present for this very special occasion in the life of your school of nursing.

I leave this rule for others when I'm dead,

Be always sure you're right — then go ahead.

- DAVID CROCKETT

Matinée

SETS A NEW
HIGH STANDARD
IN SMOKING
SATISFACTION



- ... new, improved filter
- ... extra-fine tobaccos
- ... delightful mildness



CASH'S NAMES

Permanent, easy identification. Easily sewn on or attached with No-So Cement. From dealers or CASH'S Belleville 5, Ont.

CASH'S: 3 Doz. \$1.80; 9 Doz. \$3.00; NO-SO NAMES: 6 Doz. \$2.40; 12 Doz. \$3.50; 35¢ per tube



ONTARIO PLACEMENT CENTRE

or Professional, Supervisory and Administrative Nursing Staff DIRECTOR: MISS H. E. JONES, REG.N. SUITE 304, 97 EGLINTON AVENUE E., TORONTO, ONTARIO. HU. 1-6301 or HU. 1-6362

NURSING WITH INDIAN AND NORTHERN HEALTH SERVICES



OPPORTUNITIES

REGISTERED HOSPITAL NURSES, PUBLIC HEALTH NURSES, AND CERTIFIED AUXILIARY NURSES

for Hospital Positions and Public Health Positions in Outpost Nursing Stations, Health Centres and Field Positions in the Provinces, Eastern Arctic Northwest Territories and the Yukon Territory.

SALARIES

- Public Health Nursing Supervisors: up to \$5,220 depending upon qualifications and location.
- (2) Directors of Nursing in Hospitals: up to \$4,950 depending upon qualifications and location.
- (3) Public Health Staff Nurses: up to \$3,780 per year depending upon qualifications and location.
- (4) Hospital Staff Nurses: up to \$3,540 per year depending upon qualifications and location.
- (5) Certified Nursing Assistants or Licensed Practical Nurses: up to \$200 per month depending upon qualifications and location.
- Room, Board and Laundry in residence at reasonable rates.
 Statutory holidays. Three weeks' annual leave with pay. Generous sick leave credits. Hospital-Medical and superannuation plans available.
- Special pay and leave allowances for those posted to isolated areas.

For interesting, challenging, satisfying work apply to — Indian and Northern Health Services at one of the following addresses:

- (1) Regional Superintendent, 4824 Fraser Street, Vancouver, B.C.
- (2) Regional Superintendent, 11412-128th Street, Edmonton, Alberta.
- (3) Regional Superintendent, 735 Motherwell Building, Regina, Saskatchewan.
- (4) Regional Superintendent, 803-9 Confederation Life Building, 457 Main Street, Winnipeg, Manitoba.
- (5) Regional Superintendent, 4th Floor, Booth Building, 165 Sparks Street, Ottawa, Ontario.
- (6) Zone Supervisor of Nursing, Box 493, North Bay, Ontario.
- (7) Zone Superintendent of Indian Health Services, P.O. Box 430, Upper Town, 3 Buade Street, Quebec 4, P.Q.

(or) Chief, Personnel Division,

Department of National Health and Welfare, Ottawa, Ontario.

Employment Opportunities

Advertising Rates — \$5.00 for 3 lines or less; \$1.00 for each additional line. U.S.A. & Foreign — \$7.50 for 3 lines or less; \$1.50 for each additional line.

Closing date for copy and cancellations: Six weeks prior to date of publication. All letters should be addressed to: The Canadian Nurse Journal, 1522 Sherbrooke St. W., Montreal 25, Quebec.

ALBERTA

Matron for 32-bed hospital. Reply stating salary required & experience. Apply: Secretary, Macleod Municipal Hospital, Fort Macleod, Alberta.

Registered Nurses or Graduate Nurses (2) for General Duty in 16-bed hospital. Salary schedule according to the current A.A.R.N. suggested schedule. Basic salary \$255 for R.N. plus increment increases according to experience. Hospital is centrally located between two (2) lake resorts etc. Apply to: Mrs. J. Bergquist R.N., Matron, Municipal Hospital no. 43, Bentley, Alberta.

Public Health Nurse (Qualified) for rural Health Unit in Alberta. Salary range from \$3,180 - \$3,660 with annual increment of \$120, transportation is provided on duty, provision made for sick leave & holidays, pension plan is available. Apply to: Dr. K. A. Barrett, Medical Officer of Health, Minburn-Vermilion Health Unit, Vermilion, Alberta.

General Duty Nurses (2-immediately) for 21-bed hospital, \$250 per mo. plus room, board & laundry, 4-wk. vacation with pay after 1-yr. service. Increments of \$5.00 every 6-mo., sick time accumulative $1\frac{1}{2}$ days per mo. Matrons position will be vacant next June. Anyone interested apply: E. A. Richardson, Matron, Municipal Hospital, Berwyn, Alberta.

Graduate Nurses for General Duty in new 30-bed hospital 90-mi. from Calgary on Trans Canada Highway. 44-hr. wk., generous personnel policies. For particulars apply to: The Matron, Municipal Hospital, Bassano, Alberta.

General Staff Nurses (immediately) for new modern hospital of 243-beds, 37-bassinettes. School of nursing has a present enrollment of 58 students. Temporary residence available in new nurses' home. 40-hr. wk., with liberal personnel policies. Apply to: Director of Nursing, Municipal Hospital, Medicine Hat, Alberta.

Registered Nurses for General Duty in 25-bed new Hinton Municipal Hospital (to open December 1, 1959) & new nurses' residence in α busy pulp mill town on the Jasper-Edmonton Highway. Salary \$275 per mo. less \$35 per mo. for full maintenance, 40-hr. wk. Policies according to the Alberta Assoc. Reg. Nurses. Apply to: The Matron, Box 130, Hinton, Alberta.

Public Health Nurses (2) Salary range \$3,630 - \$4,158 according to experience. Car provided, pension, M.S.I., Blue Cross, etc. Apply: Dr. J. B. Sherman, Health Unit # 21, Peace River, Alberta.

BRITISH COLUMBIA

Operating Room Supervisor for modern 154-bed General Hospital. Please reply stating age, qualifications & experience. Salary based on above. **General Duty Nurses.** Generous personnel policies, nurses' residence. Apply to: Director of Nurses, Trail-Tadanac Hospital, Trail, British Columbia.

Nursing Supervisor (B.C. Registered) for new 26-bed General Hospital opening January 1960. Starting salary \$335 per mo. Consideration given in deciding salary to past experience & postgraduate courses. Full maintenance \$48 per mo. in new modern nurses home. Scenic location, excellent working conditions, friendly surroundings, for full particulars write: C. F. Collins, Secretary, Golden & District General Hospital, Golden, British Columbia.

Laboratory Technician (1) Graduate Nurses (3) for 41-bed hospital. Starting salary for R.N.'s, \$265 per mo., \$255 till registered. 40-hr. wk., 10 statutory holidays, 28 days paid vacation after 1-yr. service, 1½-day sick leave per mo., uniforms laundered. Apply: Sister Superior, Providence Hospital, Fort St. John, British Columbia.

Registered Nurse for new 26-bed General Hospital in the Fraser Valley, 100-mi., from Vancouver. Accommodation available in new residence. Apply: Director of Nurses, Fraser Canyon Hospital, Hope, British Columbia.

Registered Nurses (3) for 30-bed hospital in Central B.C. on the Jasper-Prince Rupert Highway, 70-mi from Prince George. Salary \$290 per mo., 10 legal days with pay per year; 1½-days sick leave per mo., 28-days vacation after 1-yr. Laundering of uniforms by hospital; modern nurses' residence \$50 per mo. Also Certified Practical Nurses (3) salary \$190 per mo., 1½-days sick leave per mo. 10 legal days with pay per year; 2-wk. vacation after 1-year. Kindly apply giving qualifications & references to: Sister Superior, St. John Hospital, Vanderhoof, British Columbia.

Registered Nurses (3) for 30-bed hospital. Starting salary \$270 per mo. with \$10 yearly increment. Past service recognized for salary purposes. Board & room \$40, $1\frac{1}{2}$ day sick leave per mo. 40-hr. wk. 11 statutory holidays & 28 days vacation after 1-yr. service. Comfortable nurses' residence next door to hospital. Rotating shifts. Please apply to: The Matron, Community Hospital, Grand Forks, British Columbia.

General Duty Nurses for small active hospital. Salary \$250 for unregistered, \$260 registered with yearly increments. Nurses' home available. For further particulars write, The Administrator, Lady Minto Hospital, Ashcroft, British Columbia.

General Duty Nurses — O.R. Nurses with postgraduate or equivalent for 146-bed General Hospital. Personnel policies in accordance with B.C.R.N.A. Rooms available in nurses' residence. Nurses Aides — with vocational training. Salary \$167-\$190 per mo. We do not have a residence for our Nurses Aides. Apply to: Director of Nursing, General Hospital, Chilliwack, British Columbia.

General Duty Nurses for 200-bed General Hospital with School of Nursing. Salary \$275-\$327. Pre-planned shift rotation, B.C. registration essential. 4-wk. vacation after 1-yr. Apply: Director of Nursing, Royal Inland Hospital, Kamloops, British Columbia.

General Duty Nurses for 110-bed General Hospital located in British Columbia's beautiful Northwest. Salary \$283 per mo. with \$10 increments for 3 years. Modern residence facilities available. For complete information apply to: Director of Nursing, General Hospital, Prince Rupert, British Columbia.

General Duty Nurses: starting salary \$288 if 2 yr. experience, \$275-\$330 in 4 yr. Non registered \$260. Maintenance \$50, 10 statutory holidays, 4-wk. annual vacation. 1½ day sick leave per mo. very active town, world famous Cariboo cattle country, annual stampede. Apply: Director of Nursing, War Memorial Hospital, Williams Lake, British Columbia.

General Duty & Operating Room Nurses for 434-bed hospital with training school; 40-hr. wk., statutory holidays. Salary \$280-\$336. Credit for past experience & postgraduate preparation; annual increments; cumulative sick leave; 28-days annual vacation. B.C. registration required. Apply: Director of Nursing, Royal Columbian Hospital, New Westminster, British Columbia.

Graduate Nurses for 70-bed acute General Hospital on Pacific Coast. Starting salary \$275 with regular increases. Board & room \$25 per mo., 5-day wk., 28 days vacation plus 10 statutory holidays. Apply: Matron, St. George's Hospital, Alert Bay, British Columbia.

Graduate Nurses for general duty (2) for 27-bed Community Hospital. Salary: \$280 per mo. with 3 annual increments of \$10 per mo. Room, board & laundry \$40. 28-days vacation after 1-yr. service. Graduate complement 6. Apply: Matron, Slocan Community Hospital, New Denver, British Columbia.

Graduate Nurse for 31-bed hospital, salary \$275 per mo., with semi-annual increments of \$5.00 - \$305. 40-hr. wk., 4-wk. vacation, 1½-days sick leave per mo. Lodging \$11 per mo., full board \$33 per mo. Fare from Vancouver refunded after 6-mo. For personnel policies & information apply to: Administrator, General Hospital, Ocean Falls, British Columbia.

Graduate Nurses for 25-bed hospital, 35-mi. from Vancouver on the coast. For salary rates & personnel policies, apply to: Director of Nursing, Squamish General Hospital, Squamish, British Columbia.

Supervisors & General Duty Nurses (Female) for Clearwater Lake Hospital, The Pas, Manitoba & Manitoba Sanatorium, Ninette. Salary range \$265 - \$295 depending on qualifications & appointment. Effective January 1st salaries will be revised upwards. 3-wk. vacation, 40-hr. wk. 10 statutory holidays, group insurance plan. Interesting nursing with white, Indian & Eskimo patients both in general & tuberculous wards. Apply: Director of Nursing Services, Sanatorium Board of Manitoba, 668 Bannatyne Ave., Winnipeg, Manitoba.

Registered Nurse to act as Matron in 10-bed rural Hospital. Minimum salary \$320 per mo. For full particulars apply to: Secretary-Treasurer, Box 235, Fisher Branch, Manitoba. Registered Nurse for duties of Matron, for 11-bed hospital, 7-bassinettes, good salary & conditions. Apply: Superintendent, Lorne Memorial Medical Nursing Unit, Swan Lake, Manitoba.

Registered Nurse (for general floor duty). Salary \$290 per mo. less \$25 for full maintenance, yearly increments, 44-hr. wk. For further information apply to: John Hiscock, Secretary-Treasurer, Baldur Medical Nursing Unit, Baldur, Manitoba.

Registered Nurse (1—Immediately) for 11-bed hospital. Salary: \$300 per mo. with increments, less \$25 per mo. full maintenance, living quarters in hospitals. Please apply to: Birch River Hospital Unit, Birch River, Manitoba.

Registered Nurses, Licensed Practical Nurse for 15-bed mission hospital. Starting salary \$270 & \$180. Daily bus service to Winnipeg. Apply: Superintendent, Elizabeth M. Crowe Memorial Hospital, Eriksdale, Manitoba.

Registered Nurse (1) Licensed Practical Nurse (1) for 30-bed hospital. Salary \$270 & \$195 per mo., respectively with \$5.00 increases every 6-mo. Excellent working conditions; 40-hr. wk., overtime pay; living quarters. Apply stating age & qualifications to: Mrs. R. Maiers, Superintendent, District Hospital, Roblin. Manitoba, or phone 180 collect.

NORTH WEST TERRITORIES

General Duty Nurses (2) for 44-bed hospital in progressive northern gold mining town. Salary \$267.50 with \$10 increments yearly for 3-yrs. Maintenance \$25, 1-mo. annual vacation. Transportation, Edmonton - Yellowknife plus freight on 100 lbs. of baggage provided. Apply: Director of Nursing, District Hospital, Yellowknife, N.W.T.

TORONTO GENERAL HOSPITAL

requires

NURSING STAFF

Variety of Opportunities, Valuable Experience in this large teaching centre. Attractive Personnel Policies. Five Day Week. The Toronto General Hospital has opened its new building which contains centralized Operating Rooms; Recovery Rooms; Surgical Supply Service; Obstetrics and Gynecology; Neurology and Neurosurgery; Admitting and Emergency; Rehabilitation and Physical Medicine; Urology and Ophthalmology.

For information write to:

Director of Nursing, Toronto General Hospital, Toronto 2, Ontario.

PEDIATRIC SUPERVISOR

for 20-bed Pediatric Unit

DUTIES TO INCLUDE ADMINISTRATION OF THE UNIT AS WELL AS TEACHING OF STUDENT NURSES. ESPECIALLY ATTRACTIVE SALARY OFFERED.

For details apply to: Director of Nursing

GENERAL HOSPITAL, CORNWALL, ONTARIO.

NOVA SCOTIA

General Duty Nurses (4) Operating Room Nurse (1) for well equipped modern 20-bed hospital on scenic Eastern Shore of Nova Scotia's mainland. Salary in accordance with scale set by R.N.A.N.S. Contact: Superintendent, Eastern Shore Memorial Hospital, Sheet Harbour, Nova Scotia.

General Duty Nurses for modern 35-bed hospital situated on beautiful South Shore. Good personnel policies. Excellent living quarters. Apply Superintendent, Fishermen's Memorial Hospital, Lunenburg, Nova Scotia.

General Staff Nurses for 400-bed Medical & Surgical Sanatorium, fully approved student affiliation & postgraduate program. Full maintenance. Recreational facilities. Vacation with pay. Sick benefits after 1-yr Blue Cross coverage. Attractive salary; 40-hr. wk. For further particulars apply Supt. of Nurses, Nova Scotia Sanatorium, Kentville, N.S.

ONTARIO

Operating Room Supervisor (Immediately) for 86-bed hospital. Good salary, employee benefits & statutory holidays, living accommodation available in residence. Locate in Collingwood & enjoy its many winter sports along with excellent swimming & other summer activities. Apply: Director of Nursing Services, General & Marine Hospital, Collingwood, Ontario.

Head Nurses (2) for Medical Units — previous supervisory experience essential, good personnel policies. Apply to: Director of Nursing, The Doctors Hospital, 45 Brunswick Avenue, Toronto, Ontario.

Registered Nurse as Superintendent (Immediately) for 30-bed hospital, stating previous experience & salary expected. Furnished 3 room apartment provided. Apply to: Secretary, Englehart & District Hospital Board, Box 609, Englehart, Ontario.

Assistant Superintendent with X-Ray experience for 31-bed General Hospital. Apply: Supt., Louise Marshall Hospital, Mount Forest, Ontario.

Registered Nurses for 50-bed Hospital, Obstetrical & General Duty. Rotating shifts, 40-hr. wk. Apply: Director of Nursing, Ajax & Pickering General Hospital, Ajax, Ontario.

Registered Nurse (1-immediately) for Margaret Cochenour Memorial Hospital (modern 15-bed) located on lake in Red Lake mining & tourist area. New nurses' residence beautifully furnished. Salary \$300 basic with increment plan. Maintenance including uniform laundry, \$30 per mo., 44-hr. wk., holidays, 4-wk. vacation with pay yearly, transportation expense will be paid after 6-mo. employment. Apply stating age & references: I. MacNaughton, Matron, Cochenour, Ontario.

Registered Nurses (Several) for immediate & future vacancies in modern 42-bed hospital. Starting salary: \$265 per mo. plus shift allowance. 40-hr. wk. 4 wk. vacation after 1 yr. Apply: Superintendent of Nurses, New Liskeard & District Hospital, New Liskeard, Ontario.

Registered Nurses for Canadian Army. Officer status. Salary starts \$275 - 6-mo. \$375 - 3-yr. \$409. Regular Staff duties & opportunities for specialization; 30 day leave per year with pay, free medical & dental care; full pay when hospitalized; excellent pension plan for career officers, retirement 45-49. Opportunities for travel. For particulars apply: Army Headquarters, (D Man M2) Ottawa, Ontario.

Registered Nurses (Toronto Area) for 30-bed hospital for chronic illnesses. Salary \$12 per day; 5-day wk.; 3-wk. vacation per year. Apply: L. Mackie, Director of Nursing, The Villa Private Hospital, Box 490, Thornhill, Ontario.

Registered Nurses & Certified Nursing Assistants for 160-bed hospital. Starting salary \$255 & \$180 respectively with regular annual increments for both. Excellent personnel policies & residence accommodation available. Assistance with transportation can be arranged. Apply: Superintendent, Kirkland & District Hospital. Kirkland Lake, Ontario.

Registered Nurses & Certified Nursing Assistants for General Duty. Salary commensurate with experience & qualifications. Apply: Supt., Louise Marshall Hospital, Mount Forest, Ontario.

Registered Nurses & Certified Nursing Assistants for 26-bed hospital. R.N. salary \$290-\$335. 28-day vacation after 1-yr. C.N.A. salary \$210-\$240, 2-wk. vacation after 1-yr., 3-wk. after 2-yr. Credit for past experience \$5.00 increment every 6-mo. 44-hr. wk., 8 statutory holidays. Room & board residence \$28.50 per mo. 1-day sick leave per mo. Apply to: Mrs. G. Gordon. Superintendent, District Memorial Hospital, Box 37, Nipigon, Ontario.

Registered Nurses for Surgical Floor in 163-bed Sanatorium. Excellent personnel policies. Residence accommodation available. Apply: Director of Nursing, Sudbury & Algoma Sanatorium, P.O. Box 40, Sudbury, Ontario.

Registered Nurses for General Duty in modern 18-bed. Private Hospital in iron mining town. 180-mi. north of Sault Ste Marie, Ontario. Excellent accommodation & personnel policies. Starting salary \$268 minimum to \$303 maximum for experience, less \$20 per mo. maintenance. Transportation allowance after 6-mo service. Operating Room Nurse, starting salary \$288 minimum with postgraduate course, \$323 maximum with 3-yr. experience or more. Apply: Superintendent, Miss O. Keswick, Lady Dunn Hospital, Jamestown, Ontario.

Registered Nurses for General Duty Staff. Salary \$260 per mo., ideal community, winter & summer recreation. Apply to: Director of Nursing, Huntsville District Memorial Hospital, Huntsville, Ontario.



Residence, Cook County School of Nursing

HERE NEVER STOP
LEARNING . . .
GROWING

... THEY WORK AT

COOK COUNTY HOSPITAL

... in one of the Largest Most Stimulating Medical Centers in the World

Here's an opportunity to gain unique and valuable experience in a public hospital — world's largest for acute medical conditions. Cook County Hospital offers you the stimulation of working with more than 2,500 other doctors and nurses in one of the world's largest and most exciting medical centers. Housing is available at nominal cost. Salaries begin at \$340-\$372.50 for a $37\frac{1}{2}$ hour week. And you're only minutes from Chicago's fabulous Loop and local universities.

Graduate Nurses! Write today to Director, Cook County School of Nursing, Dept. C., 1900 West Polk Street, Chicago 12, Illinois.

DIRECTOR -- SCHOOL OF NURSING

For a School of 90 students, organized independently of Nursing Services. The school program follows the pattern of 2 years of nursing education plus 1 year of internship.

Salary: \$5,400-\$6,000 per annum.

Requirements: Degree & experience in the administration of a nursing education program.

Apply to: R. Buckner, Administrator,

Metropolitan General Hospital Windsor, Ontario

DIRECTOR OF NURSING

Modern hospital 42-adult beds, 11-bassinets, located in a Company operated town & serves a population of approximately 6,000. Salary range from \$357 - \$477 per mo., commensurate with experience & qualifications. Community organized recreation, residence accommodation & all conventional benefits available.

Apply giving full particulars of training & experience to:

ADMINISTRATOR, ANSON GENERAL HOSPITAL, IROQUOIS FALLS, ONTARIO.

Registered Nurses (2) for General Duty in modern 90-bed hospital, salary \$255 per mo. 3 annual increments, accumulative sick leave. Excellent recreational facilities in town near cities & resorts. Room & meals at reasonable rates. Apply: Director of Nursing, Dufferin Area Hospital, Orangeville, Ontario.

Registered Nurses for General Staff & Operating Room in modern hospital (opened in 1956). Situated in the Nickel Capital of the world, pop. 50,000. Salary: \$270 per mo. with annual merit increments, plus annual bonus plan, 40-hr. wk. Recognition for experience. Good personnel policies. Assistance with transportation can be arranged. Apply Director of Nursing, Memorial Hospital, Sudbury, Ontario.

Registered General Duty Nurses for modern hospital, building expansion under way increasing to 100-beds this year. Starting salary \$250 per mo., \$215 for Graduates. 40-hr. wk., group life, accident & sickness insurance free to employees. Opportunities for advancement, pleasant community. Apply: Director of Nursing, Leamington District Memorial Hospital, Leamington, Ontario.

Registered General Duty Nurses for 28-bed General Hospital. Starting salaries \$255-\$270 according to qualifications, 40-hr. week, good personnel policies. Adjacent attractive residence available. Room & board \$40; recreation facilities. For further information please apply: Miss A. Burnett, Superintendent, Niagara Hospital, Niagara-on-the-Lake, Ontario.

Registered General Duty Nurses (4) Certified Nursing Assistants (2) replacements for ones who have been married. For 105-bed hospital in a town of 15,000 population. Gross salary ranges from \$210-\$240 with annual increments. 3-wk. vacation, 7 statutory holidays, Blue Cross medical/surgical participation, 14-day sick leave, no night duty. except in Obstetrical Dept. 8-mi. from Camp Petawawa, 2-hr. from Ottawa & 4-hr. from Montreal with excellent train & bus service. Active, interesting community social life in the heart of the beautiful Ottawa Valley. Active Ski, Curling & Golf Clubs, also the home of the famous Pembroke Lumber Kings Hockey Team. 2 Theatres & a "Drive-In". Forward application to: The Director of Nursing, The Cottage Hospital, Pembroke, Ontario.

General Duty Nurses for an accredited 64-bed hospital. Starting salary: \$250-\$260, Good personnel policies with sick leave benefits, holidays & paid vacations. Apply Director of Nursing, Douglas Memorial Hospital, Fort Erie, Ontario.

General Duty Nurses for 100-bed hospital, up-to-date facilities in a beautiful location on the shore of Lake Erie. Salary \$267 per mo. with recognition for P.G. courses, 40-hr. wk. effective January 1, 1960. Residence available. Apply: Director of Nursing, General Hospital, Port Colborne, Ontario.

General Duty Nurses (all departments) for 350-bed General Hospital, gross starting salary \$255 per mo., 40-hr. wk. Apply to: Director of Nursing, The Doctors Hospital, 45 Brunswick Ave., Toronto, Ontario.

General Duty Nurses for all departments. New 250-bed hospital opening early in 1960 in the Niagara Peninsula. 5-day wk. with 3-wk. annual vacation. Residence accommodation available. Apply: Director of Nursing, Welland County General Hospital, Welland, Ontario.

General Duty Nurses (Male & Female) & Certified Nursing Assistants (Immediately) for 88-bed hospital, 40-hr. wk., 8 statutory holidays & other employee benefits. Collingwood is situated on Georgian Bay & is noted as a vacationland with 7-mi. sand beach along with great skiing on the Blue Mountains in winter. For further information apply: Director of Nursing Services, General & Marine Hospital, Collingwood, Ontario.

General Duty Nurses & Operating Room Nurses (Immediately) for 100-bed General Hospital 25-mi. from Toronto. Good salary, modern residence available. Apply: Director of Nursing, Peel Memorial Hospital, Brampton, Ontario.

General Duty Nurses, Operating Room Nurse (Immediately) for 47-bed hospital, 8-hr. duty, 5½-day wk., annual vacation with pay, statutory holidays, full maintenance in nurses' residence. Apply: Superintendent, General Hospital, Kincardine, Ontario.

McKellar General Hospital, Fort William, Ontario has openings in all departments for General Staff Nurses. Basic salary \$250 per mo., 40-hr. wk. Good personnel policies for other benefits. Residence accommodation available. Apply to: The Director of Nursing.

Operating Room Nurses for general operating room work which includes cardiovascular neurosurgery, genito-urinary & orthopedic surgery. Good salary & personnel policies. Apply: Director of Nursing, Victoria Hospital, London, Ontario.

Operating Room Nurses for eye, ear, & throat operating room. Good salary & personnel policies. Apply: Director of Nursing, Victoria Hospital, London, Ontario.

Operating Room Staff Nurses for modern well equipped department, gross starting salarry \$255 per mo., rotating hours of duty. Apply to: The Director of Nursing, The Doctors Hospital, 45 Brunswick Ave., Toronto, Ontario.

Public Health Nurse (qualified) for completely generalized program. Salary range, pension plan & other personnel policies given on request. Applicant must have car. Apply to: Dr. W. H. Cross, Muskoka District Health Unit, Bracebridge, Ontario.

Public Health Nurse, (R.N. & P.H.N. degrees) Kent County Board of Health Unit. Apply: W. M. Abraham, Secretary-Treasurer, Kent County Board of Health, 21 Seventh Street, Chatham, Ontario.

VICTORIAN ORDER OF NURSES FOR CANADA...

requires

PUBLIC HEALTH NURSES

for Staff and Supervisory positions in various parts of Canada.

Applications will be considered from Registered Nurses without Public Health training but with University entrance qualifications

SALARY, STATUS AND PROMOTIONS ARE DETERMINED IN RELATION TO THE QUALIFICATIONS OF THE APPLICANT.

Apply to:

Director in Chief,

Victorian Order of Nurses for Canada 5 BLACKBURN AVENUE Ottawa 2, Ont.

THE GENERAL HOSPITAL OF PORT ARTHUR

has openings for

GENERAL STAFF NURSES

in all services

For further information apply to:

DIRECTOR OF NURSING, GENERAL HOSPITAL, PORT ARTHUR, ONTARIO.

Are you a

General State Registered Nurse?

Do you enjoy
Nursing
which brings you into

Closer Contact

with your

Patients

and their families?

Are you interested in

Research, Medical Advancement
& Rehabilitation?

Have you some or no experience in

Neurological & Neurosurgical Nursing?

Do you want a

Short Term Appointment

in a unique & useful sphere?

Have you also read the advertisement under Postgraduate Nursing Education?

Then write, giving particulars of your training, to:—

Matron,
THE NATIONAL HOSPITAL
QUEEN SQUARE,
LONDON W.C.1., ENGLAND

THE WINNIPEG GENERAL HOSPITAL

is recruiting

GENERAL DUTY NURSES FOR ALL SERVICES

Please send applications direct to:

THE DIRECTOR OF NURSING,
THE WINNIPEG GENERAL
HOSPITAL,

WINNIPEG 3, MANITOBA

Public Health Nurse (Qualified) for generalized program in Etobicoke Township (suburb of Toronto). Minimum salary \$3,570, starting salary based on experience. Car allowance \$670 per annum. 4-wk. vacation after 1-yr. Pension Plan, P.S.I. & Blue Cross benefits. Apply: Director of Public Health Nursing, Township of Etobicoke, 550 Burnhamthorpe Rd., Etobicoke, Ontario.

Public Health Nurses (Qualified) for a generalized program in the City of Oshawa. Salary range \$3,500 - \$4,370, annual increment \$175, starting salary based on experience. 5-day wk., 4-wk. vacation, pension plan, group insurance, hospitalization & P.S.I. employer shared. Transportation provided. Apply: Dr. C. C. Stewart, Medical Officer of Health, 50 Centre Street, City Hall, City of Oshawa, Ontario.

Public Health Nurse for generalized public health nursing service; maternal & child health, tuberculosis, school health, etc. Salary \$3,500 - \$4,500 annually; annual increment \$200, hospital plan, P.S.I., pension plan, sick leave — $1\frac{1}{2}$ days per mo., accumulative. 4-wk. vacation yearly. Transportation provided or allowance for use of private car. Apply to: Dr. J. B. Cook, M.O.H. & Director, Sudbury & District Health Unit, Sudbury, Ont.

Public Health Nurses (2 - Bilingual) for generalized public health nursing service; maternal & child health, tuberculosis, school health, etc. Salary \$3,500 - \$4,500 annually; annual increment \$200, hospital plan, P.S.I. pension plan, sick leave 1½ days per mo., accumulative. 4-wk. vacation yearly. Transportation provided or allowance for use of private car. Apply to: Dr. J. B. Cook, M.O.H. & Director, Sudbury & District Health Unit, Sudbury, Ontario.

QUEBEC

Supervisor of Nurses for Institution of Aged. Challenging opportunity in expanding department for person with initiative, warmth & enthusiasm. Please reply stating age, experience & qualifications, together with names & addresses of 2 references, to: Mrs. S. Angell, Montreal Hebrew Old People's & Sheltering Home, 4373 Esplanade Avenue, Montreal, Quebec.

Nursing Superintendent for modern, accredited 60-bed hospital. Living accommodation available. Apply stating qualifications & salary expected to: Superintendent, Barrie Memorial Hospital, Ormstown, Quebec.

Assistant Head Nurses; Afternoon Supervisor excellent personnel policies. Apply Director, Shriners' Hospital for Crippled Children, 1529 Cedar Avenue, Montreal, Quebec.

Registered Nurses & O.R. Supervisor for modern 60-bed General Hospital, 40-mi. south of Montreal. Salary \$275 per mo. in effect by February 1960, 5 semi-annual increases; monthly bonus for permanent evening & night shifts, 44-hr. wk., 4-wk. vacation. Board & accommodation available in new motel-style nurses' residence. Apply: Superintendent, Barrie Memorial Hospital, Ormstown, Quebec.

Registered Nurse Immediately: for small General Hospital 40-mi. from North Bay, Ontario. Good salary in effect, 1-mo. annual vacation. Living accommodation in nurses' residence. Pleasant community life with variety of winter & summer recreational activities. Please apply to: Hospital Matron, I. Irwin R.N., Canadian International Paper Company, Temiskaming, Quebec, or to: Mrs. M. Weldon, Industrial Relations Department, Canadian International Paper Company, Sun Life Building, Montreal, Quebec.

Registered General Duty Nurses for 28-bed General Hospital in Huntingdon, Quebec, 45-mi. from centre of Montreal with excellent bus service. Gross salary \$235 with full maintenance in nurses' home at \$35; 3 increases at 6-mo. intervals to \$250; 44-hr. wk., 8-hr. rotating shifts; 1-mo. annual vacation; 7 statutory holidays: 2-wk. sick leave, Blue Cross paid. Apply: Mrs. D. Hawley, R.N., Huntingdon County Hospital, Huntingdon, Que.

BERMUDA

Registered Nurses. Excellent opportunities in Private Nursing are available in Bermuda. Rates similar to those in effect in Province of Quebec. For information regarding openings write to Matron, King Edward VII Memorial Hospital, Bermuda.

Registered Nurses for General Duty Staff. Salary commences at £46-0-0 per mo. with full maintenance. Transportation allowance. For full particulars apply Matron, King Edward VII Memorial Hospital, Bermuda.

Registered Nurses for Operating Room with operating room postgraduate courses and/or experience, for 140-bed hospital. Travel allowance paid. For particulars, write Matron, King Edward VII Memorial Hospital, Bermuda.

SASKATCHEWAN

Registered Nurses (Female) for accredited 82-bed hospital, salary \$255 - \$295 per mo., this will be increased by \$20 on January 1, 1960. 40-hr. wk., no split shifts. Living accommodation in nurses' residence, laundry of uniforms provided for \$8.00-\$12 per mo. Transportation refunded after 6-mo. service. Apply: Superintendent of Nurses, Union Hospital, Canora, Saskatchewan.

SUBURBAN TORONTO

GRADUATE NURSES & CERTIFIED NURSING ASSISTANTS

Are invited to enquire re: employment opportunities in a well staffed new 125 bed hospital in suburban Toronto. General duty salary range: \$270-\$320 per mo. Certified Nursing Assistants \$200-\$220 per mo. 5 day week. Residence accommodation optional. Personnel manual forwarded on request.

Enquire to:

DIRECTOR OF NURSING, HUMBER MEMORIAL HOSPITAL, 200 CHURCH STREET, WESTON, ONTARIO — CH 4-5551

CALIFORNIA

REGISTERED NURSES

(General Duty with opportunity for advancement)

New modern 130-bed General Hospital in dynamic college city in beautiful San Joaquin Valley only 2 hours from Los Angeles

Only evening & night positions open
Starting salary \$350 per mo.
5-day, 40-hr, work wk, Progressive personnel policies.

Transportation cost to California will be reimbursed after 2-yr, satisfactory service.

Send full particulars immediately to:

DIRECTOR OF NURSING SERVICE, GREATER BAKERSFIELD MEMORIAL HOSPITAL P.O. BOX 26, BAKERSFIELD, CALIFORNIA

GENERAL DUTY NURSES

FOR ALL DEPARTMENTS

Gross salary \$276 monthly (\$127 bi-weekly) with annual increment \$10. monthly (\$4.60 bi-weekly) for three years, if registered in Ontario, \$256. monthly (\$117.80 bi-weekly) until registered. Rotating periods of duty, 40-hr. per wk., 8 statutory holidays. 14-days vacation & 12 working days leave for illness with pay after 1-yr. Pension plan available. Ontario Hospital Insurance with Blue Cross supplemental & Physicians' Services Incorporated, partial payment by hospital.

APPLY

DIRECTOR OF NURSING, GENERAL HOSPITAL, OSHAWA, ONTARIO.

THE PETERBOROUGH CIVIC HOSPITAL

REQUIRES

NURSES FOR GENERAL DUTY IN ALL SERVICES.

For further information write:

THE DIRECTOR OF NURSING
PETERBOROUGH CIVIC HOSPITAL, PETERBOROUGH, ONTARIO

Registered Nurses for modern 191-bed JCAH fully accredited General Hospital, expanding to 374-beds by 1960. Located on beautiful San Francisco Peninsula, 20-min. drive from the heart of the city. Openings in all services. Excellent personnel policies. Many extra benefits & opportunities for advancement. Top salaries. Apply: Personnel Director, Peninsula Hospital, 1783 El Camino Real, Burlingame, California.

Registered Nurses (California) for progressive ultra-modern 200-bed hospital (near Beverly Hills), in medical surgical units & operating room. Starting salary \$330 per mo. with 6-mo. increase & yearly increases thereafter; 5-day, 40-hr. wk., 8 paid holidays annually, paid vacation, paid sick leave, free hospitalization & life insurance, plus unemployment & disability insurance. Opportunities for advancement & in-service education program. Work in a friendly efficient atmosphere possessing many new time & effort saving devices. Off-duty time may be spent in the sun & social activities of "Southern California Living". Apply Director of Personnel, Mount Sinai Hospital, 8720 Beverly Blvd., Los Angeles 48, California.

Registered Nurses General Duty for 230-bed approved teaching hospital, resort city. Salary \$330 plus \$22.50 shift differential, provision for housing allowance. Apply: Director of Nursing, Cottage Hospital, Santa Barbara, California.

General Duty Nurses (English Speaking) 500-bed General Hospital in sunny Southern California. \$330-\$375 base plus \$33 shift differential upon registration. Operation & Delivery Room Nurses \$340-\$385 upon registration plus \$33 shift differential. Employee health & pension plan. Generous holiday & vacation benefits. Nurses' residence. Apply: Director of Nursing, Cedars of Lebanon Hospital, Hollywood 29, California.

General Duty Nurses for 600-bed teaching hospital in central California. In-service educational program, college community, good fringe benefits. Salary range \$341-\$413. Apply: Personnel Director, 732 East Main St., Stockton 2, California.

General Duty Nurses for 100-bed County Hospital, accredited JCAH. San Joaquin Valley, 40-hr. wk., liberal sick leave, 3-wk. annual vacation, 12 annual holidays. Starting salary open, range \$314-\$392, plus \$10 shift differential. Rooms in modern nurses' home at \$10 per mo. Write, wire or phone: Superintendent of Nurses, County General Hospital, Tulare, California.

Staff Nurses (all departments) Head Nurse positions (several) Come to sunny California, 450-bed Queen of Angels Hospital, excellent working conditions, starting salary \$330 for Staff Nurses — \$380 for Head Nurses — plus PM & Night premiums — merits increase program, vacations, sick pay etc. Apply: Personnel Director, 2301 Bellevue Avenue, Los Angeles 26, California.

Staff Nurses for 300-bed General Hospital. Attractive personnel policies plus differential for specialties, afternoon & night duty. Opportunities for advanced education. Apply to: Director of Nursing Service, Kaiser Foundation Hospital, Oakland 11, California.

General Staff Nurses (Grow & develop with us) new 400-bed hospital under construction. Fully approved. Intern-resident program. Developing teaching center. Starting salary \$330 per mo., \$15 per mo. merit increases at 6, 12, 24 & 36-mo. 40 hr. wk., 2-wk. paid vacation, paid sick leave to 30 days; 7 paid holidays. One of Southern California's most outstanding locations. Apply: Director of Personnel, Seaside Memorial Hospital, 1401 Chestnut Avenue, Long Beach 13, California.

General Duty Nurses for 50-bed General Hospital located in college town in mountainous portion of Colorado. Salary \$300 per mo. with periodic increases. Fringe benefits include meals, uniform laundry, sick leave & vacation. Registration requires 3-mo. training in Psychiatry & Pediatrics on a segregated service. Contact: Superintendent, Community Hospital, Alamosa, Colorado.

Registered General Duty Nurses for 154-bed General Hospital with expansion program under way. Along the shores of Lake Michigan, 25 mi. from Chicago. Salary: \$365 for days, \$395 for evenings, \$385 for nights, 5 day wk. Good personnel policies. Apply Personnel Director, Highland Park Hospital Foundation, 718 Glenview Ave., Highland Park, Ill.

General Duty Nurses for 320-bed General Hospital. Only a few blocks from Lake Michigan Beach & Lincoln Park; near Chicago Loop. Hospital accredited by J.C.A.H. & school of nursing accredited by N.L.N. Apartments available close to hospital. Liberal personnel policies. Must be eligible for Ill. registration; openings on all shifts. Write: Director of Nursing, Augustana Hospital, 411 W. Dickens Ave., Chicago 14, Illinois.

Operating Room Nurses (Days & P.M.) 154-bed General Hospital located in beautiful residential suburb along the north shore of Lake Michigan just north of Chicago. Modern ranch style nurses' homes with attractively furnished private bedrooms. 40-hr. wk. Salary: \$390 days, \$420 evenings, other employee benefits. Contact: Personnel Director, Highland Park Hospital Foundation, Highland Park, Illinois.

REGIONAL NURSING OFFICER

required for employment by

WORLD HEALTH ORGANIZATION

for

WHO REGIONAL OFFICE, SOUTH EAST ASIA NEW DELHI, INDIA

Duties include technical responsibility for planning Nursing programs of WHO in designated areas of the Region; advising and assisting National Health Administration with development of their nursing and midwifery services and with programs for training of nurses and midwives.

Apply to: WHO, PALAIS DES NATIONS, GENEVA, SWITZERLAND, marking envelopes SEARO.

Only candidates seriously considered for employment will receive individual replies.

REGISTERED NURSES

\$3,150 - \$3,540

(According to Qualifications)

CERTIFIED NURSING ASSISTANTS \$2,040 - \$2,400

Sunnybrook Hospital, Toronto, Ont.

Westminster Hospital, London, Ont.

Deer Lodge Hospital, Winnipeg, Man.

Pension Plan; 3-wk. paid vacation, 3-wk. accumulative sick leave; 5-day wk.; low-cost living in staff residence — for Nurses. Application forms available at Civil Service Commission Offices, National Employment Offices & main Post Offices should be forwarded to the Civil Service Commission Office in the province where the vacancy in which you are interested exists.

ONTARIO: 25 ST. CLAIR AVENUE EAST, TORONTO - MANITOBA: 266 GRAHAM AVENUE, WINNIPEG

NURSING SUPERVISORS

required for

MENTAL HEALTH SERVICES,

ESSONDALE, PROVINCE OF BRITISH COLUMBIA Salary: \$324 - \$389 per month

Duties are those of nursing supervisors in modern psychiatric & geriatric units.

Applicants must be British Subjects, registered nurses, with training in a mental hospital setting & supervisory experience.

For further information & application forms, apply to:

THE PERSONNEL OFFICER, B.C. CIVIL SERVICE COMMISSION, ESSONDALE, BRITISH COLUMBIA. IMMEDIATELY. COMPETITION No. 59:152

REGISTERED NURSES

CERTIFIED NURSING ASSISTANTS

REQUIRED FOR

44-bed hospital with expansion program, 40-hr. wk. Situated in the Niagara Peninsula. Transportation assistance.

For salary rates & personnel policies APPLY TO: DIRECTOR OF NURSING, HALDIMAND WAR MEMORIAL HOSPITAL, DUNNVILLE, ONTARIO

Registered Nurses — Salary open, commensurate with experience, differential for evenings & night service. Openings in Obstetrical & Medical-Surgical areas. Must be eligible for registration in the State of Michigan. Apply to: Personnel Department, Woman's Hospital, 432 E. Hancock Avenue, Detroit 1, Michigan.

GRADUATE STAFF NURSES — YOU WILL LIKE IT HERE

Opportunities for men & women on the service of your choice. A 953-bed teaching hospital with a friendly atmosphere, well planned orientation program, active graduate nurse club, cultural advantages & excellent transportation facilities.

Starting salary: \$325 per mo., 6 holidays, sick leave, 3 wk. vacation.

For further details write:

Director — Nursing Service, University Hospitals of Cleveland, Ohio.

REGISTERED NURSES

FOR THE OPERATING ROOM, OBSTETRICAL AND MEDICAL SURGICAL UNITS OF A 350-BED GENERAL HOSPITAL

Gross salary \$260 - \$290 per month if registered in Ontario.

Differential of \$10 for evening and night duty.

40-hour week. Sick leave cumulative to 30 days.

3 weeks vacation and eight statutory holidays.

Apply:

DIRECTOR OF NURSING SERVICES,
METROPOLITAN GENERAL HOSPITAL, WINDSOR, ONTARIO

SUPERVISOR (Additional)

- For Nursing Office
 - Interested in Medical and Surgical Supplies
 - Opportunity for an executive future in "Extended Illness"
 - Good salary-working conditions, pension.
 - Living-in residence optional.

Apply Administrator:

The Queen Elizabeth Hospital, Toronto, Ontario.

REGISTERED NURSES NURSING ASSISTANTS

Required for all departments in new 160-bed hospital, centrally located between Toronto and Hamilton, in a very progressive community.

Good salary and personnel policies, pension plan, 40-hour week.

Apply stating age, qualifications to:

DIRECTOR OF NURSING,
OAKVILLE-TRAFALGAR MEMORIAL HOSPITAL, OAKVILLE, ONTARIO

JEWISH GENERAL HOSPITAL

MONTREAL, QUEBEC

This modern 400-bed hospital has senior positions available in Nursing Service Administration as well as vacancies for general duty nurses and nursing assistants. Excellent personnel policies and salary.

For information, write to:

DIRECTOR OF NURSING

JEWISH GENERAL HOSPITAL

3755 COTE ST. CATHERINE ROAD

NURSES

Assignments available in Latin America for graduate nurses with advanced preparation & experience in public health and/or nursing education; B.S. or B.A. degree preferred.

Minimum of 5 years experience at supervisory, teaching, administrative or consultant level essential. Working knowledge of Spanish or Portuguese required for majority of assignments.

Starting salary US\$6,000 annually, tax reimbursable, plus health insurance, generous leave & other benefits.

Interested candidates should write to:

PAN AMERICAN HEALTH ORGANIZATION, PERSONNEL OFFICE, 1501 NEW HAMPSHIRE AVENUE, N.W., WASHINGTON 6, D.C.

CERTIFIED NURSING ASSISTANTS

REQUIRED IMMEDIATELY

For modern 300-bed General Hospital. Salary Range \$175 to \$202 in six months.

Excellent employee benefits include:

40-hour 5-day week

Regular rotation of shifts with pay differential for evening and night duty.

Hospitalization, Medical Insurance (P.S.I.) and Group Life Insurance premiums subsidized by employer.

9 Statutory Holidays.

Apply: Personnel Director,

Sarnia General Hospital, Sarnia, Ontario.

GUELPH GENERAL HOSPITAL REQUIRES

STAFF FOR THE FOLLOWING POSITIONS:

Assistant Head Nurses — General Wards (3), General Staff Nurses, Certified Nursing Assistants, Active Hospital 200-beds, Pleasant city 36,000 — 3 colleges. Excellent salary & personnel policies. Additional salary for postgraduate study in specialty.

For further information apply to:

DIRECTOR OF NURSES, GENERAL HOSPITAL, GUELPH, ONTARIO.

UNIVERSITY HOSPITAL

SASKATOON, SASKATCHEWAN

Requires

General Staff Nurses for Medical, Surgical, Obstetrical and Pediatric Services. Forty hour week. Salary \$270 to \$310 gross per month. Differential for evening and night duty. Residence accommodation if desired.

Apply to:

DIRECTOR OF NURSING, UNIVERSITY HOSPITAL, SASKATOON, SASKATCHEWAN

CITY OF WINNIPEG HEALTH DEPARTMENT

requires

NURSING SUPERVISOR

Minimum requirements for this position are a certificate in Public Health Nursing with at least three years experience. Preference will be given to an applicant with a B.Sc. degree and training in supervision.

This position offers a 5 day week, pension plan, group insurance, holiday and sick pay benefits. Salary range \$343-\$415 with starting salary dependent upon academic background.

Apply:

CITY OF WINNIPEG,
PERSONNEL DEPARTMENT,
4th FLOOR, 160 PRINCESS ST.,
WINNIPEG 2. MAN.

WOODSTOCK GENERAL HOSPITAL Woodstock, Ontario

requires

Registered Nurses for Operating Room, Obstetrical, Medical and Surgical units.

For further information write:

THE DIRECTOR OF NURSING, GENERAL HOSPITAL, WOODSTOCK, ONTARIO.

PUBLIC HEALTH NURSE (EXPERIENCED)

REQUIRED BY

Ontario Hydro in a Northern Ontario colony to begin February 1960.

General health program includes employee and family care. Practical knowledge of obstetrics and pediatrics is desirable.

Salary conforms to R.N.A.O. schedule with additional benefits.

Write giving full details of education & experience to:

SUPERVISOR, EMPLOYMENT SERVICES, 620 UNIVERSITY AVENUE, TORONTO, ONTARIO. Staff Nurses 600-bed general & tuberculosis teaching institution in central valley City. Accredited State & Junior Colleges in immediate vicinity, liberal personnel policies. Full maintenance available. Write — Director of Nursing Service, Fresno County General Hospital, Fresno 2, California.

Registered Nurses (free transportation) Spend your winter in the Sunny Southwest, in New Mexico — "The Land of Enchantment". Vacancies for staff duty in Medicine, Surgery, Obstetrics, Pediatrics & Operating Room. Starting salaries \$300 per mo., \$15 differential evenings & nights. Free transportation via 1st Class Air to Albuquerque & return in exchange for 1-yr. employment contract. Apartment available at \$17 per mo., excellent job benefits, no shift rotation. Write or call: Director of Nursing, Presbyterian Hospital Center, 1012 Gold Avenue, S.E., Albuquerque, New Mexico, Phone CHapel 3-5611.

Graduate Nurses (Staff & Operating Room) for 88-bed modern accredited General Hospital. Liberal personnel policies, college town 30,000, 85% sunshine belt, altitude 3,860. Dry, mild, all year climate. Apply: Director of Nurses, Memorial General Hospital, Las Cruces, New Mexico.

Staff Nurses (all services) for University of Texas Medical Branch, teaching hospital (air conditioned). Good personnel policies. Base salary, rotation: \$290 per mo. Evenings or night. \$304 per mo. Apply: Director Nursing Service, University of Texas Medical Branch, Galveston, Texas.

Registered Nurses (Scenic Oregon, vacation playground, skiing, swimming, boating & cultural events) for 295-bed teaching unit on campus of University of Oregon medical school. Salary to start: \$339. Pay differential for nights & evenings. Liberal policy for advancement, vacations, sick leave, holidays. Apply: Multnomah Hospital, Porland 1, Oregon.

ONTARIO

General Staff Nurses (4) for convalescent area of 10-beds. Must rotate on all shifts, 8-hr. 5-day wk., good personnel policies, pension policy in effect., 3-wk. annual vacation, 8 statutory holidays. Salary open at present. Apply: Director of Nursing, General Hospital, Stratford, Ontario.

Director of Nursing (with postgraduate training in teaching & administration) for modern 140-bed hospital with school of nursing. Apartment & cafeteria available. Apply stating qualifications & salary expected to: A. G. Middlemiss, Administrator, Plummer Memorial Public Hospital, Sault Ste. Marie, Ontario.

Registered Nurse for 20-bed psychiatric limit. Apply: Director of Nursing, Women's College Hospital, Toronto 5, Ontario.

Registered Nurses for General Duty in all departments — including operating room, premature & newborn nursery. Good salary & personnel policies. Apply: Director of Nursing, Victoria Hospital, London, Ontario.

General Duty Nurses Excellent salary scales & personnel policies. Apply to: Director of Nurses, Parry Sound General Hospital, Parry Sound, Ontario.

Public Health Nurse (Qualified) Generalized program includes some bedside nursing. Salary \$3,200 - \$4,250, annual increment \$150, 5-day wk., car provided or car allowance. Apply to: Dr. Charlotte M. Horner, Director. Northumberland — Durham Health Unit, Cobourg, Ontario.

BRITISH COLUMBIA

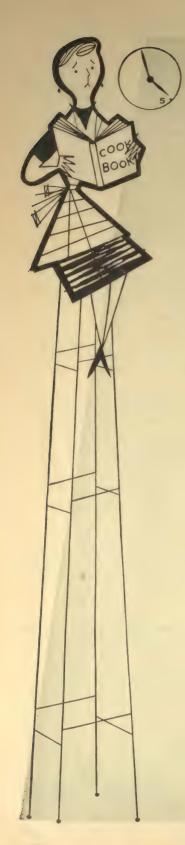
Supervisor (Nursing Service) for 200-bed General Hospital with School of Nursing. Salary range \$310-\$372 per mo. Starting salary based on experience & preparation. B.C. Registration essential. Apply to: Director of Nursing, Royal Inland Hospital, Kamloops, British Columbia.

Graduate Nurse (registration not essential) for small Salvation Army Hospital on Vancouver Island. Private living accommodation provided in residence. Salary & policies as recommended by R.N.A.B.C. Apply: Mary Moore Home & Hospital, Box 274, Cobble Hill, British Columbia Phone Cobble Hill 108.

QUEBEC

Registered Nurses & Trained Nursing Assistants for hospital specializing in Chest Diseases (in the Montreal area). Excellent personnel policies, working conditions & accommodation in the Nurses' Home. Reply to: Box 1000, Ste. Agathe des Monts, Quebec.

Public Health Nurse (Bilingual) D.P.H. helpful but not necessary. Responsible position connected with a variety of duties in the Montreal area. Hospital car & travelling expenses supplied. Ideal working conditions. Attractive personnel policies. Apply in writing, giving full particulars, to: Box J, The Canadian Nurse Journal, 1522 Sherbrooke Street West, Montreal 25, Quebec.



THIS little housewife had a problem - sweet-tooth Hubby on a sweet-free diet. (And beginning to get nervous about it.) She tried everything. Fancy salads. Bigger helpings. But Hubby's frown darkened by the day. Then one day she read in a magazine about a discovery, a new non-caloric sweetener. One that she could actually cook and bake with - in any food, at any temperature. One which gave the perfect taste of sugar - with no bitter aftertaste in ordinary use. That night there were cookies, pudding, coffee - sweet coffee - and a big, big smile across the table . . . Affort

... and so she started using

Sucaryl®

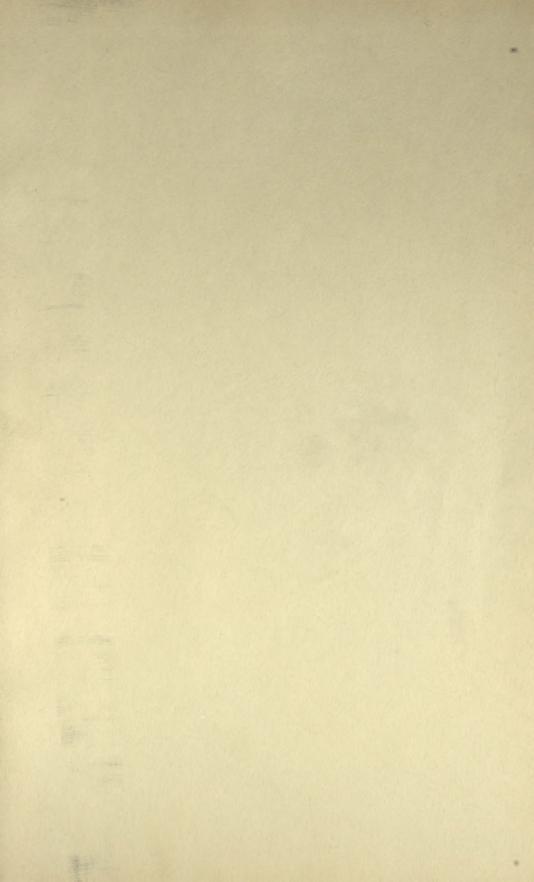
(Cyclamate, Abbott)

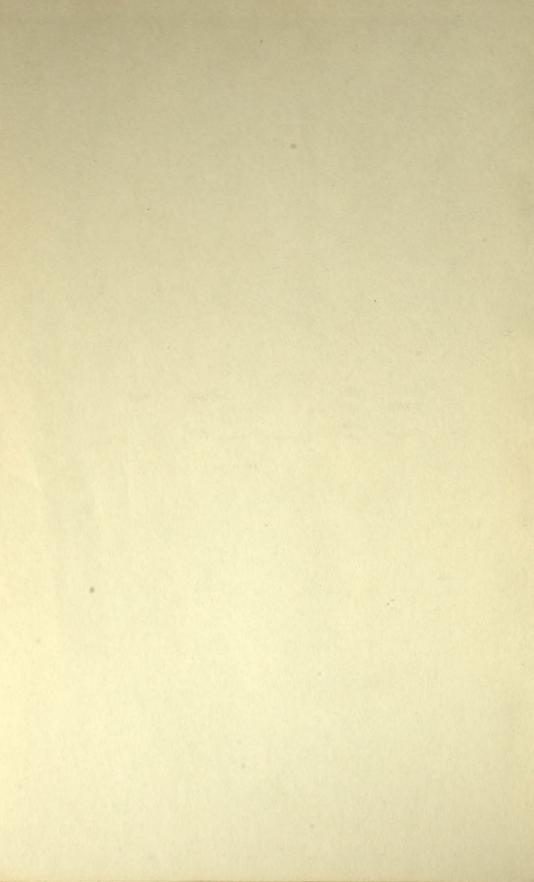
For samples and recipe booklets, write Abbott Laboratories Montreal.













Réseau de bibliothèques Université d'Ottawa Échéance

Library Network University of Ottawa Date Due

WAN 0 5 2005 WAN 0 7 2005

